



Mamanieva Project

World Vision Sierra Leone

Process Evaluation Report

September 2015

Table of Contents

1. INTRODUCTION	4
Context	4
The Grandmother Approach	4
Project Description	5
Figure 1. Mamanieva Project Conceptual Framework	5
2. PROCESS EVALUATION METHODS	6
Overview and Evaluation Design	6
Evaluation Location	7
Table 1. Selected Villages	7
Evaluation Population	7
Development of Data Collection Tools	8
Table 3. Data Collection Tool Topic Overview by Target Population	8
Data Collection	9
Data Analysis	10
Ethical Considerations	10
Limitations	10
3. PROCESS EVALUATION FINDINGS	11
3.1 Fidelity	11
3.1.1 Perceptions of the Mamanieva Approach	11
3.1.2 Meeting Types	12
3.1.3. Topics Discussed	13
3.1.4. Participatory Engagement	13
3.1.5 Engagement of “Grandmother Leaders”	14
3.1.6 Media of Engagement	15
3.2 Reach and Coverage	16
Table 4. Number of Community Meetings Held (Planned vs. Actual)	16
Table 5. Mamanieva Participants by Meeting Type	17
3.2.1 Utilization of Monitoring Tools	18
3.3. Acceptance	19
3.4 Factors Affecting Implementation	20
3.4.1 Ebola Outbreak	20
3.4.2 Insufficient food resources	21
3.4.3. Accessibility	21
3.4.4 Project Staffing	22
3.4.5 Funding	23
3.4.6 Engagement with Men	23
3.4.7 Community Literacy	24
3.5 Sustainability and Scale-Up	24
3.5.1 Sustainability	24
3.5.2 Scale-up	25
4. Discussion	25
1. Increased Engagement with Ministry of Health	25
2. Improved Management of Field Monitoring Tools	26

3. Expansion of Topics to Transition Mothers into Long-Term Child Health and Improved Food Security	26
4. Identification of Separated Intergenerational Meetings	27
5. Facilitation of Men’s Observation of Sessions	27
6. Continuation of Adult Education Skill Development	27
7. Revision of Messaging to Reduce Misconceptions	27
5. APPENDICES	28
Appendix 1. In-depth interview and focus group discussion guides.....	28
Appendix 2. Dialogue Meeting Monitoring Tool Example (Included Verbatim).....	45
Appendix 3. Grandmother-Led Meeting Monitoring Tool Template.....	47
Appendix 4. Grandmother-Led Meeting Monitoring Tool Template (For GM Leaders).....	48

1. INTRODUCTION

Context

Maternal malnutrition and suboptimal infant and young child feeding practices contribute significantly to the high prevalence of stunting, underweight, and wasting in Sierra Leone. In Sierra Leone, particularly in rural communities, elder women provide support to younger women during pregnancy, labor, delivery and the postpartum period. These elder women (hereafter referred to as “grandmothers”) include a variety of different women including grandmothers, mother-in-laws, aunts or non-related older women who provide advice and support such as religious elders, traditional healers, or birth attendants. These supports range from sharing of knowledge and experiences to caring directly for mothers or children. During this time, grandmothers have the potential to exert significant influence on maternal nutrition and infant and young child feeding practices.

The Mamanieva project is a quasi-experimental operations research project being implemented by World Vision Sierra Leone, Sierra Leone Ministry of Health, World Vision Germany, The Nutrition Center of Expertise, the Grandmother Project, and Emory University, with a three-year study period between October 1, 2013 and September 30, 2016. The Mamanieva project utilizes a mixed methods participatory approach to explore the role of grandmothers as advisors and caregivers for child nutrition and pilot a grandmother-inclusive strategy that engages grandmothers through participatory community based activities to raise their awareness and ownership of optimal child nutrition practices.

The Grandmother Approach

The grandmother-inclusive change through culture approach was developed by Dr. Judi Aubel based on the understanding that grandmothers are in a powerful cultural position to promote intergenerational learning and use dialogical communication methods to support positive behavior change. The Grandmother Approach can be defined as a set of five core steps to incorporate grandmothers in community behavior change:

- 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).

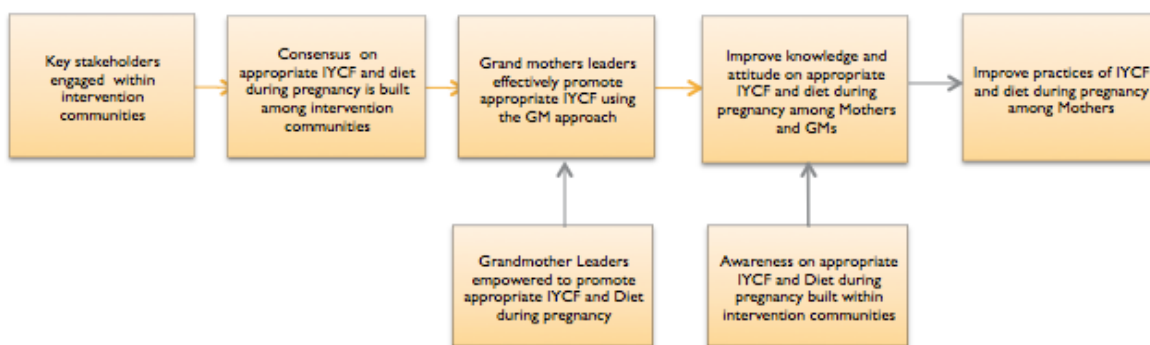
Project Description

The Mamanieva research project is based on the belief that grandmother leaders, when empowered with appropriate infant and young child feeding and maternal nutrition knowledge, improve knowledge, attitudes, and practices on related topics among mothers and grandmothers in their community. The Mamanieva project utilizes participatory learning methods with grandmother leaders to promote infant and young child feeding practices and diet during pregnancy to pregnant women and women with children under two years old.

The World Vision Area Development Programme selected for the Mamanieva Project encompasses all of Bum chiefdom. Bum chiefdom is located in Bonthe District in the southern province of Sierra Leone. It has a population of approximately twenty-three thousand and the main economic activities are fishing, agriculture, and petty trading. The Chiefdom is a Sherbro speaking area but is predominantly Mende tribe. The land area is divided into two main habitats, the main land and the riverine areas; the bulk of the population resides on the main land. The Mamanieva project occurs in consenting villages located in two sections in Bum, Torma and Fikie, with villages in Torma serving as the intervention villages and villages in Fikie section serving as control villages.

The conceptual framework for the Mamanieva project is shown below (Figure 1.)

Figure 1. Mamanieva Project Conceptual Framework



The main objectives of the Mamanieva operations research project are to:

- 1) Identify the roles of grandmothers as they relate to infant and young child feeding in southern Sierra Leone using qualitative and quantitative research

- 2) Develop culturally appropriate, participatory activities that engage grandmothers' existing knowledge and expertise and promote dialogue on optimal child feeding practices
- 3) Qualitatively assess changes in infant and young child feeding practices, namely timely initiation of breastfeeding, duration of exclusive breastfeeding and optimal complementary feeding practices and the pathways through which these changes occurred
- 4) Document feasibility, acceptability and capacity requirements of the grandmother-inclusive approach to inform future programming through a modified process evaluation

Prior to the process evaluation, a baseline study was conducted and a project curriculum and adult learning tools were developed based on the findings of the baseline. The formative qualitative baseline research identified that while women appeared to have knowledge of the recommended practices, four categories of factors contributed to child nutrition belief systems and undermined the practice and support of exclusive breast feeding and timely introduction of adequate complementary foods: 1) food insecurity; 2) traditional / cultural norms and beliefs; 3) roles and influence of family system; and 4) limited accessibility to health systems. Both the quantitative and qualitative components of the baseline research highlighted the need for a holistic strategy that works to shift belief systems of communities rather than increase the knowledge of mothers. The resultant curriculum supports a dynamic, participatory adult learning approach that aims to empower grandmothers to become agents of change in their communities.

A process evaluation was conducted in June 2015 to meet objective 4 by evaluating the implementation of Mamanieva in terms of reach, coverage, fidelity, factors affecting fidelity, acceptance, sustainability, and scale-up. The following report describes the process evaluation project, methods, findings, and key recommendations.

2. PROCESS EVALUATION METHODS

Overview and Evaluation Design

A cross-sectional qualitative process evaluation was conducted to assess reach, coverage, fidelity, acceptance, sustainability, and scale-up of the Mamanieva Project. Data were collected using semi-structured in-depth interviews with project staff and key informants, focus group discussions with community members, and review of monitoring data and other project documents. The process evaluation was designed and tools were developed in May 2015; data collection was conducted in June and July 2015, and data analysis and write-up of findings occurred from July to September 2015. One research assistant conducted all focus group discussions while the primary researcher conducted English-language in-depth interviews and took detailed field notes during data collection. Staff located in the World Vision Sierra Leone

Bum ADP Office supported in-field study design and data collection efforts. The primary methods are described below in detail.

Process Evaluation Location

The process evaluation was conducted in 8 purposively selected intervention villages that represent the heterogeneity of the 15 project intervention villages, differentiated by the perceived accessibility during the research period. The intervention villages were categorized as “easy to reach,” “moderately difficult to reach,” and “difficult to reach” during the research period based on distance and road quality; easy to reach villages were reached without challenge utilizing project motorbikes on the established road network, while moderately difficult to reach and difficult to reach villages were reached using a combination of project motorbikes, community canoes, and foot travel along established roads, waterways, and non-established pathways. The perceived accessibility applies both to the process evaluation activities as well as implementation of project activities during the same time period and into the rainy season.

The selected villages included five (out of nine) easy, one (out of two) moderately difficult, and two (out of four) very difficult to reach communities (Table 1). These villages were selected by the primary researcher in collaboration with Mamanieva global and field staff.

Table 1. Selected Villages		
<i>Village name</i>	<i>Distance from ADP office</i>	<i>Accessibility during research period</i>
Victoria	9 km	Easy to reach
Kelleh	11 km	Easy to reach
Torma	14 km	Easy to reach
Nyandehun	17 km	Easy to reach
Dodo	18 km	Easy to reach
Makita	21 km	Moderately difficult to reach
Kpangba	22 km	Difficult to reach
Barlie	30 km	Difficult to reach

Evaluation Population

In depth interviews were conducted with World Vision staff, including field staff in Sierra Leone and program staff with World Vision Sierra Leone, World Vision Germany and the World Vision Nutrition Center of Expertise. In depth interviews were also conducted with one community clinic director located in Bum chiefdom. A total of 7 in-depth interviews were held in-person and over Skype:

- Sierra Leone Mamanieva Staff Members (Coordinator and Facilitator) (2)

- Ministry of Health Staff (Torma Community Clinic Director) (1)
- Mamanieva Area Development Program Manager, Bum Chiefdom (1)
- World Vision International Health Advisor (1)
- World Vision Germany Technical Advisor for Nutrition and Health (1)
- World Vision International Senior Research & Evaluation Advisor, Nutrition (1)

Focus group discussions were held with members of Mamanieva intervention communities, specifically elder women (grandmothers), pregnant women and women with children less than 2 years (mothers), community leaders, and husbands of participating mothers. In each community, 1 FGD grandmothers (n=~15 women per group), 1 FGD with mothers (n=~12 women per group), and 1 FGD with community leaders and/or elders (n=~3 individuals per group) were conducted. Due to (1) time constraints on field data collection periods that would lead to facilitator fatigue if additional focus groups were held in each village, (2) the presence of solely male community members in 7 out of 8 community leader focus group discussions, and (3) the primary focus on identifying females’ roles in the Grandmother Project approach, only 3 FGDs with husbands (n=~4 men per group) were conducted for this process evaluation; the selected villages for husband FGDs (Victoria, Dodo, and Makita) represent both easy and moderately difficult to reach intervention villages.

Recruitment of Ministry of Health staff and community members was conducted by the Mamanieva Project Coordinator, who arranged discussions with target populations in the same manner as all previous project meetings: the Coordinator would call or visit target villages 1-2 days before the desired data collection day, and requested participation and mobilization of target community members. All project participant women were invited to participate in the focus group discussions. The Town Chief or Chief Elder in each village selected a representative group of community leaders and of husbands, where applicable.

Development of Data Collection Tools

To develop the qualitative data collection tools (Appendix 1), the primary researcher established discussion themes for each participant group in collaboration with World Vision Germany, World Vision International, and Emory University. Using these themes, the primary researcher developed English-language semi-structured interview and focus group discussion guides (Table 3). The data collection tools were reviewed and revised by Emory University and World Vision Germany and International staff before arrival to Sierra Leone. Upon arrival to Sierra Leone, the interview and discussion guides were reviewed, revised, and translated into Mende by the Mamanieva Project Coordinator and Research Assistant.

Table 3. Data Collection Tool Topic Overview by Target Population			
<i>Target Population</i>	<i>Method</i>	<i>Sample Size¹</i>	<i>Topics Discussed</i>
Grandmothers and mothers	Focus Group Discussion	16	Activities in Mamaneiva sessions, Topics discussed, Perceptions of facilitators, Most

			significant changes made, Challenges faced in practicing behaviors
Community leaders	Focus Group Discussion	8	Perceptions of Mamanieva project, Changes observed since start of Mamanieva, Community context, Current and future involvement with Mamanieva
Men	Focus Group Discussion	3	Perceptions of Mamanieva project, Changes observed since start of Mamanieva, Current and future involvement with Mamanieva
Ministry of Health staff	In Depth Interview	1	Scope of responsibilities in community, current involvement with Mamanieva project, Challenges to adequate nutrition, Perspectives of Mamanieva sustainability and scale-up
Mamanieva field staff	In Depth Interviews	2	Description of Mamanieva, Perceptions of Mamanieva, Most successful and least successful session, Project, Changes since project initiation, Support needed and support received
Mamanieva global staff	In Depth Interviews	3	Responsibilities on team, Challenges encountered during implementation, Facilitators of success, Sustainability and scale-up
¹ Represents the number of discussions / interviews held with each participant type			

Data Collection

Focus group discussions were conducted in the Mende language by a trained research assistant, and lasted an average of 60 minutes. The research assistant audio-recorded and took hand-written notes during all focus group discussions, and each discussion was debriefed in English to the researcher at the end of each day. Debrief discussions were recorded and transcribed as detailed summaries.

In-depth interviews were conducted in English by the primary researcher and lasted an average of 75 minutes. Each interview was audio-recorded and transcribed verbatim by the primary researcher.

Review of monitoring documents and quarterly reporting was conducted by the primary researcher, and consisted of detailed summarization of each document and triangulation of program activities against in depth interview thematic findings.

Data Analysis

Qualitative interview and focus group discussion transcripts were imported into the qualitative analysis software MaxQDA version 11. Coding of data was completed using MaxQDA, and thematic analysis was carried out based on identified inductive and deductive codes.

Ethical Considerations

The Emory University Institutional Review Board (IRB) approved this process evaluation under the primary Mamanieva research project IRB approval, as it does not change the scope of the project. The primary researcher is CITI-certified and the research assistant was trained on qualitative methods and research ethics including ethical data collection and management. The in depth interviews and focus group discussions that occurred in Sierra Leone were audio recorded after verbal informed consent was received from each participant. In order to protect against coercion or undue influence, all Sierra Leone-based in depth interview and focus group discussion participants were informed that their participation in this study was to remain completely voluntary; they were given the options to not answer any questions that were not applicable or made them feel uncomfortable and to stop their participation at any point. The research assistant also reminded participants that responses would not negatively influence the benefits they receive from World Vision during and beyond the data collection period. The in depth interviews held via Skype were not recorded, but participants were informed that the researcher was taking detailed notes during the interview.

Limitations

There were a variety of limitations to this process evaluation, primarily surrounding logistical constraints that may reduce the breadth and detail of the findings.

- (1) Due to logistical constraints of the primary researcher, in-country data collection took place over 10 days. An optimal process evaluation would have occurred over a longer period of time to enable pilot testing of data collection tools, observations and data collection in each of the 15 intervention communities, observations and data collection in control communities, and an expanded scope of interviewees.
- (2) During the process evaluation data collection period, the third Mamanieva field staff member was on leave and therefore not included in the process evaluation. Though this staff member would have been beneficial to the process evaluation, it is not believed that this is a major limitation due to the extensive participation of the other two field staff members.
- (3) The research assistant hired for this evaluation had no previous training in qualitative methods. Though the primary researcher conducted a one-day training on qualitative methods and research ethics before data collection began and discussed

methodological improvements to be made after each daily debrief, the effectiveness of group facilitation and probing questions may have been limited.

- (4) The reliance on a translator to conduct this research limits the degree to which detailed understanding of participant data was captured. Due to logistical constraints, verbatim transcriptions and translations of focus group discussions were not feasible. Because the focus group discussions were communicated in English via detailed summaries by the translator, there are no verbatim quotes to support the findings of the process evaluation.

3. PROCESS EVALUATION FINDINGS

3.1 Fidelity

The core components of fidelity to the Mamanieva approach are participatory sessions that engage and promote grandmothers as influential community leaders while using adult education methods to train on the topic of maternal and child health, particularly nutrition. Based on these foundations, the Mamanieva project has operated with high fidelity.

3.1.1 Perceptions of the Mamanieva Approach

Mamanieva global and field staff members were asked to describe the purpose of the Mamanieva Project. Each individual identified the purpose of the project as a research study to test the approach of the Grandmother Project, and specifically to see whether or not this approach is effective in the context of child malnutrition in Sierra Leone. One staff member spoke to the long-term objective to identify the role of and engage grandmothers as change agents, stating that the “bigger picture is to see how we can incorporate grandmothers in health and nutrition programming using a systematic approach.” Across all staff members, the purpose of the Mamanieva Project was evident and the clear vision helps guide all program activities in line with the overarching project goal.

Mamanieva field staff members were asked to describe the “grandmother approach” as delineated in the Grandmother Project, the foundation of the Mamanieva Project. Both field staff members indicated that they were taught the Grandmother Approach by Dr. Judi Aubel, the developer of the model, and felt strongly grounded in the approach. One staff member specifically described that the Grandmother Approach involves 5 specific steps, with a strong emphasis on explaining the key steps of affirmation of grandmother’s powerful roles in families, dialoguing on the topics intended for positive change, and building the capacity of grandmother leaders to promote positive change within their communities; these three steps are the most relevant to the daily work of field staff, and highlight the strong staff understanding of the approach used in the project. Furthermore, both staff identified the overarching goal of the approach as strengthening grandmothers’ role as community-based agents of change for maternal and child nutrition.

Finally, no staff member could identify a way in which the approach used in the implementation of Mamanieva has significantly differed from the planned approach, thus all believed that the project has been implemented with high fidelity.

3.1.2 Meeting Types

There are four types of meetings identified as part of the Mamanieva Project, each of which aligns with the intended program activities.

(1) Stakeholder Meetings: These centralized meetings are held in Torma Village, Bum. Grandmother Leaders are invited to these meetings, which provide an opportunity to engage in discussion about maternal and child nutrition on a large-scale with grandmothers from each intervention community. The difference between stakeholder meetings and community dialogue meetings, as described by a Mamanieva staff member, is that grandmother empowerment and capacity building are key activities targeted at stakeholder meetings. These activities enable grandmothers to take on responsibilities as leaders in their communities. The Mamanieva field staff follow up on the stakeholder meetings to engage in community-level dialogue meetings in conjunction with Grandmother Leaders.

(2) Dialogue Meetings with Grandmothers: Dialogue meetings with grandmothers are World Vision facilitated, participatory learning meetings within each community. As opposed to the Stakeholder Meetings, all grandmothers (Grandmother Leaders and non-Grandmother Leaders) are engaged during the dialogue meetings. World Vision visits each community about once a month to conduct the same topical dialogue meeting in each intervention village.

(3) Grandmother-led Intergenerational Meetings: Intergenerational meetings are participatory meetings led by Grandmother Leaders within their communities, with other grandmothers and mothers as participants. Grandmothers, mothers, community leaders, and men all described that grandmothers learn about health topics from World Vision facilitators at stakeholder and dialogue meetings and then go on to facilitate meetings within their communities. These meetings are one of the key vehicles of change in the Mamanieva conceptual framework, and are occurring every 1-2 weeks within communities.

(4) Grandmother Praise Sessions: Grandmother praise sessions are meetings in which communities come together to allow mothers to identify the ways in which grandmothers have positively impacted their lives and the community as a whole. These sessions build the confidence of grandmothers, and encourage them to continue to act as leaders within their communities. These sessions have been crucial to maintaining the leadership of grandmothers, as described by a Mamanieva field staff member:

“The praise sessions improve the relationship built with the grandmothers and mothers... The mothers raise the profiles of the grandmothers, and the grandmothers became very

happy... everything is praising the grandmothers and everything that they are doing for them and the children, blessing them. This makes the grandmothers very happy so that they continue to carry on the good work... this motivates the grandmothers.”

3.1.3. Topics Discussed

Community members and project field staff described the following topics as the primary focus areas in the Mamanieva Project dialogues:

1. Exclusive breastfeeding (including importance of early initiation) for at least 6 months
2. Complementary feeding (including preparation demonstration)
3. Consumption of iron-folic acid tablets
4. Reduction of physical exertion and other improved care practices for pregnant women
5. Diet for pregnant women and linkage to child health
6. Attendance at regular antenatal care appointments
7. Hygiene
8. Delivery in health facility

In focus group discussions, both grandmothers and mothers described each of these topics in great detail, indicating a significant amount of learning from the Mamanieva facilitators. Discussions with staff members indicated that seasonal mapping and food grouping activities have also taken place during dialogue sessions, but these activities were not specifically mentioned by community members in focus group discussions.

3.1.4. Participatory Engagement

All focus group discussion participants described Mamanieva sessions, with or without World Vision involvement, as including the same core elements: singing, review of previously learned topics, and discussion of the new focus topic. Mothers and grandmothers indicated the utilization of interactive storytelling and singing activities during the new content portion of each of their sessions, and expressed that these activities help them understand and remember the focus topic information as well as encourage them to engage with each other during and after the session.

However, monitoring records from grandmother-led sessions indicate that Grandmother Leaders often have trouble asking probing questions, thus participatory engagement may be limited in groups led by grandmothers without adequate facilitation skills. Additionally, one challenge identified through the grandmother-led session monitoring records is the organization of information presented by grandmothers; for example, one Grandmother Leader group presented both “good” and “bad” stories of infant nutrition practices at one time, without adequate distinction between the stories to highlight which practice is encouraged. When Mamanieva staff have been present at grandmother-led sessions, they have helped

guide Grandmother Leaders in probing questions and improving engagement. Nevertheless, these difficulties threaten the participatory nature of the Mamanieva project, and may indicate the need for further training to improve Grandmother Leader facilitation and reliability in absence of Mamanieva staff observation and intervention.

All three interviewed Mamanieva field staff indicated that they perceived the complementary food preparation food demonstration session as the most “successful” session in which they had participated or observed. The reason that this session was regarded as a success is the high level of participant engagement in the session, indicating that a primary focus of Mamanieva staff members is participatory engagement. No staff member could identify a particular session that they believed did not go well, though the general perception of these three members was that a “bad” session would consist of a session with low participation. One challenge that was identified as a possible hindrance to a positive session is inability to contact community members to inform them of an upcoming community visit; in these cases, field staff members choose to inform the communities of upcoming Mamanieva sessions in person by visiting the community in question. As one staff member described, “as long as we inform them, they will come.” Because the notification of the process evaluation villages occurred in the same manner as regularly occurring dialogue session notifications, it was observed that such notification methods have enabled high levels of participation by community groups and that the Mamanieva field staff will employ increasingly targeted methods to ensure that intervention communities are adequately notified of upcoming sessions.

3.1.5 Engagement of “Grandmother Leaders”

The development and identification of “Grandmother Leaders” presented as a key activity in the capacitation of grandmothers. Grandmother Leaders consist of a small group of women within each intervention community that serve as a direct link between Mamanieva Project staff and community members. Community members identify Grandmother Leaders through the following criteria, which were developed by World Vision Sierra Leone staff in collaboration with intervention community members.

1. Ageing woman that commands respect in the community
2. Influential senior woman in the community
3. Committed to community service in helping pregnant women, newborn mothers, and young children
4. Must have been playing some advisory role in the life of young women or mediating in family affairs
5. Must have been demonstrating love and care for younger children
6. Traditional birth attendants (TBAs) automatically become Grandmother Leaders

According to Mamanieva field staff, the selection of Grandmother Leaders has not caused any discontent due to the involvement of community members throughout the selection process. This method is regarded as successful by the Mamanieva team because Grandmother Leaders provide a “reliable connection” to the mothers within the community. As one staff member

said, “every leader that the community has selected has at least one skill that we need in this project.... for instance some leaders are very good mobilizers.” The topic of Grandmother Leaders was not directly discussed with project participants, as the theme was not evident until after the facilitation of focus group discussions with target populations. However, the ways in which some Grandmother Leaders have benefitted through this position were mentioned in focus group discussions. One grandmother group indicated that they are grateful of Mamanieva not only because of the powerful health impact it has on their families, but also because of the new skills that participation as a Grandmother Leader has given them, including adult education and the ability to write with a pen.

One identified challenge with the Grandmother Leader process is that many grandmothers who would like to be selected as leaders and become more involved with the project do not meet these specified criteria. However, the staff members indicated that there have been no perceptions of unfairness with leader selection and that both participants and staff view Grandmother Leaders as beneficial. One additional potential challenge is the automatic inclusion of traditional birth attendants (TBAs) as Grandmother Leaders; because the TBAs, by nature of their profession, may support practices that go against Mamanieva teachings (i.e. delivery in a health facility), it is important to ensure that these Grandmother leaders are not working against the messaging of Mamanieva whether intentionally or unintentionally.

Because there is not a shortage of Grandmother Leaders, the criteria do not seem to prohibitively restrict the number of eligible grandmothers, however a more detailed discussion of Grandmother Leader criteria may be necessary to assess each criterion’s impact on the eligible population pool.

3.1.6 Media of Engagement

Every grandmother and mother group identified singing and storytelling as the main media of engagement during Mamanieva sessions. A smaller number of community groups mentioned skits, board and card games, and review of pictorial tools as types of activities conducted as part of Mamanieva sessions. Both groups of beneficiaries indicated that singing and storytelling are the most effective tools for discussing and learning topics, because these media are the easiest for the groups to understand and recall. In particular, groups learn from the introductory Mamanieva song that describes each of the primary topics and recommendations of Mamanieva sessions.

The MOH expressed that the main difference between what government-led community health education compared to the Mamanieva Project dialogues is the medium of expression. Generally, the education provided to community members is topically the same as Mamanieva, however community health posts education using just pictures and posters to convey their messages. The MOH identified the use of creative media as what makes Mamanieva impactful; Mamanieva participants have sung the Mamanieva songs during their clinic visits to share information with other community members and engage in dialogues. The MOH staff said that

this activity “means the message has gone through and that they can really express themselves...they use their knowledge to teach and engage others”.

3.2 Reach and Coverage

The target populations of the Mamanieva research project are pregnant women, women with children under 24 months, and grandmothers. The pregnant women and women with children under 24 months are collectively referred to as the “mother” groups for the purpose of this evaluation. The target populations are primarily reached through dialogue meetings and intergenerational meetings. In FY 14, the Mamanieva project staff met 62% of the annual output targets for both dialogue and intergenerational meetings; during this time, the Ebola outbreak drastically impacted the ability to reach targets due to mandatory cessation of Mamanieva meetings between July and August of 2014. As of June 2015, the Mamanieva project staff met 70% of the FY 15 output targets for dialogue and intergenerational meetings (Table 4). Focus group participants indicated that World Vision leads Mamanieva sessions in their communities every 1-2 months, while grandmothers lead intergenerational meetings in their communities every 1-2 weeks.

Table 4. Number of Community Meetings Held (Planned vs. Actual)				
Quarter	Dialogue Meetings Planned	Dialogue Meetings Actual	Intergenerational Meetings Planned	Intergenerational Meetings Actual
FY 14 (October 2013 - September 2014)	144	89	144	89
FY 15 to date (October 2014 - June 2015)	135	95	135	95

According to focus group discussions, nearly all female members of each community are reached through Mamanieva programming. All sampled beneficiary groups indicated that the majority of all grandmothers, pregnant women, and women with children under two years of age attend every dialogue and intergenerational meeting held in their community. The consensus across grandmother and mother groups is that they attend Mamanieva sessions because they are learning new information, and they have noticed their children and grandchildren becoming healthier since implementing lessons learned in Mamanieva sessions.

The reasons cited for missing meetings are tending to immediate agricultural fieldwork (6 villages), illness (2 villages), and dissatisfaction with the absence of financial incentives for attendance (1 village). For all reasons, participant groups indicated that a very small number of women miss Mamanieva sessions, if at all. The majority of groups indicated that they teach women what they have missed during a session upon the women’s return to the community. In

one village, participants indicated that a reason to cease attendance at Mamanieva sessions is the growth of a woman’s child over 2 years of age, at which point the mother does not believe the topics to be applicable to her and her family.

According to completed dialogue session and grandmother-led session monitoring documents, a wide range of target population members is reached at each Mamanieva session, with dialogue meetings on average much larger than intergenerational meetings (Table 5). It is important to note that the number of monitoring documents analyzed is equivalent to less than 10% of all meetings held (as identified in quarterly reports, including meetings that occurred previous to the development of monitoring tools), indicating a small sample size that may not provide an accurate estimate of attendance statistics.

Table 5. Mamanieva Participants by Meeting Type			
Meeting Type	Average Number of Total participants in attendance (range)	Average Number of Grandmothers in attendance (range)	Average number of Mothers in attendance (range)
Dialogue Meetings	42 (11-108)	13 (4-40)	16 (5-68)
Intergenerational Meetings	13 (4-25)	6 (2-14)	5 (2-10)
Note: Detailed attendance records are not currently kept for praise meetings or stakeholder meetings, thus such meeting types are not captured in this table.			

In at least one village (Nyandehun), the Grandmother Leaders split women into two distinct groups for their grandmother led intergenerational sessions: one group for pregnant women and one group for mothers of young children. However, the reasons for such separation were not identified. This separation did not occur during the World Vision-led dialogue meetings in this village.

While the majority of topical sessions focus on just one of these populations at a time, the cyclical nature of pregnancy and lactation may facilitate the inclusion of all women in all Mamanieva sessions. Because women in this village are excluded from some topics depending on whether they are pregnant or mothers, the coverage of Mamanieva topics to both pregnant women and mothers is uneven across villages. The separation of women by pregnancy status was not identified as a practice until the final day of data collection, thus the extent to which target group separation occurs across all intervention villages is unknown and should be identified. Furthermore, the reasons for such separation should also be identified to better understand the possible benefits and limitations of separation.

In addition to target populations of grandmothers, pregnant women, and mothers of children under two years of age, elder men, young men, and some young girls attend Mamanieva sessions. Quantitative data collection for these populations is not consistently reported in

monitoring documents and therefore an estimation of reach to non-target populations based on monitoring documents is unavailable. According to focus group discussions with women and community leaders, the men and girls quietly observe the sessions and become more educated about the topics relevant for women and their children. According to one monitoring document from June 2014, a group of observing men wanted to “hijack” the dialogue session through command of discussion; this challenge was addressed at the time by Mamanieva staff, who asked men to quietly observe, and was not presented again as a challenge.

Community leaders, most of whom are men, also play a critical role in mobilizing and facilitating arrangements for Mamanieva sessions to occur. As described in one village, community leaders are the individuals who are informed that Mamanieva staff is coming to their community, as the grandmothers often don't have their own mobile phone. The community leaders communicate the arrival of the Mamanieva facilitators, and ensure that there is adequate meeting space and amenities for the session to “go on well” and with “no disturbance.”

3.2.1 Utilization of Monitoring Tools

Three monitoring tools have been developed to help assess reach and coverage of the Mamanieva project: one for dialogue meetings to be used by WV staff, one for grandmother-led intergenerational meetings to be used by WV staff, and one for intergenerational meetings to be used by grandmother leaders. For this process evaluation, data from the first two monitoring tools was evaluated; the intergenerational meeting tool to be used by grandmother leaders is still in early stages of implementation and data was not yet available for analysis.

According to Mamanieva field staff, session facilitators should complete a monitoring form for each type of session observed or facilitated. At the end of a quarterly or annual reporting period, the Mamanieva Project Coordinator utilizes these monitoring tools to develop statistics, identify challenges, and assess enabling factors of successful sessions. At the time of evaluation, completed monitoring documents were collected both electronically and on paper, from files that were stored on multiple computers and in binders in the Mamanieva office. Because of the variety of storage media and locations, aggregating data from monitoring documents was challenging.

A monitoring tool for World Vision-led dialogue meetings was introduced in June 2014 by Emory University (Appendix 2). This tool provides a template for Mamanieva staff members to record a summary of activities, topical issues or challenges presented by participants, highlights or key success stories, engagement score and discussion of engagement, and logistical or other challenges for each meeting. Between June 2014 and June 2015, 42 Dialogue Meeting Monitoring Tools were completed and made available to the primary researcher at the ADP office. In this same period, approximately 110 dialogue meetings were facilitated by Mamanieva staff, indicating a low (38%) completion rate of monitoring tools and highlighting a need to improve completion rate of such tools.

In April 2015, two monitoring tools for intergenerational meetings were developed by WV field staff with inputs from Emory and WV Germany and WV NCOE staff: one tool is intended for World Vision staff (Appendix 3) and one tool is intended for low-literacy Grandmother Leaders (Appendix 4). The World Vision staff tool enables record-keeping on session participants by gender and target population, length of sessions, questions asked and answered, and additional comments about session challenges and facilitators. Similarly, the Grandmother Leader tool enables pictorial record-keeping on sessions' participants by target population, topics discussed, and overall perception of meeting success. At the time of evaluation, 30 World Vision staff monitoring tools for grandmother-led meetings were completed and collected in the ADP office with completion dates between April 15 and May 13, 2015. In Quarter 3 of FY15 (April-June), approximately 45 grandmother-led intergenerational meetings were held, indicating a quarterly completion rate of at least 67%. As previously highlighted, Grandmother Leader tools were not yet completed or collected within the ADP office. Based on discussion with Mamanieva field staff about preliminary implementation of the Grandmother Leader tool, training and capacitation on use of the tool has been challenging due to women's low education levels; though the tool was specifically developed for low-literacy populations, training on fundamental record-keeping components including the ability to hold a writing utensil and conceptualize counting via tick-marks has been prioritized and must be completed before full utilization of the tool can commence.

3.3. Acceptance

Mamanieva is widely accepted in all of the intervention communities, largely due to the positive interaction and trust the participants have with the Mamanieva field staff. In each community, members identified Simba (Joseph), Alice, and Anita as the three Mamanieva staff with whom they interact. Across all villages, there was widespread acceptance and appreciation of the Mamanieva staff. Community members explained that they are grateful to the Mamanieva project staff because in each village, Mamanieva is the only project of its kind. They are excited to learn new information, and have seen positive outcomes of the lessons they have learned in the project. Furthermore, community members identified each Mamanieva facilitator to be knowledgeable of topics that directly helped them and their family, encouraging in their support to the grandmothers and mothers to carry out IYCF and maternal health practices, and willing to engage in discussion to help them fully understand the topics presented. Though grandmothers and mothers expressed support of all three facilitators, 5 of the focus groups identified Simba (Joseph) as their preferred facilitator because he speaks fluent Mende, enabling the group to understand the topics very quickly and thoroughly, and also because he takes the time to stop and engage with the community when he sees community members outside of Mamanieva sessions.

Despite exhaustive probing, community members could not identify any aspects of facilitators or their facilitation that should be changed. As one of the grandmother groups' discussion was summarized, "If they were not treating them well, they would not go to the Mamanieva sessions. They wouldn't leave their field work to come." One group of community leaders

indicated that are very appreciative of the fact that Mamanieva facilitators have always visited on the time and day that they said they would. For this reason, the community has learned to trust them and is encouraged to practice what they have been taught.

Furthermore, one group of grandmothers expressed that they enjoy Mamanieva because of the way that the project has emphasized the role of the grandmother in the community. As this notion was summarized by the research assistant who facilitated the session and translated the information back to the consultant,

“They feel that they are important. They are assigned a particular duty, and they feel belonging.”

One of the field staff explained that the success of the project so far is due to the ability to bring communities closer together, and provide unity. This is accomplished through the recognition of grandmothers as key facets of the community.

Each of these components has led to a very high level of acceptance within the intervention communities, and influences grandmothers and mothers to listen and share the advice provided by Mamanieva.

3.4 Factors Affecting Implementation

3.4.1 Ebola Outbreak

The West African outbreak of Ebola, which began in Sierra Leone in May 2014 and continues to affect the country, affected the implementation of Mamanieva and nearly every aspect of Sierra Leonean life. Though only 5 cases of Ebola were reported in Bonthe District, the lowest of all districts, the devastating effects and consequent behavior change campaigns still affected Bonthe.

During the initial and rapid spread of the Ebola virus, the Sierra Leone government declared legal restrictions on public gatherings. In July and August of 2014, the Mamanieva Project did not facilitate any sessions due to this restriction, and Grandmother Leaders did not hold community Mamanieva sessions. All field staff and community members interviewed identified this as one of the main challenges to implementation of Mamanieva. According to the ADP Manager, the restriction is still in place, but because the “disease is not prevalent here, we take chances.” Additionally, the MOHS staff indicated that the Ebola outbreak has drastically impacted attendance at clinics; according to the staff interviewed, “women just started attending clinics at pre-Ebola levels around April 2015. “

Though the Ebola outbreak has negatively affected communities across Sierra Leone, many grandmother and mother focus group discussion participants identified a positive outcome of

the Ebola outbreak: improved hygiene. The Ebola virus brought to light the importance of personal hygiene and cleanliness of the overall household environment. For this reason, many of the beneficiaries of the Mamanieva Project indicated that they have improved their hygiene practices.

3.4.2 Insufficient food resources

When asked about which challenges are difficult to practice, focus groups with mothers in three villages identified insufficient food resources for mothers as key constraints to improved infant and young child feeding practices. In particular, mothers indicated that when their stomachs are “empty,” they feel unable to breastfeed and choose to complement breastfeeding with other liquids. One group of mothers indicated that when they “don’t have enough food to eat, since they only have cassava, their breast milk is just filled with water.” This group indicated that they give their children as much breast milk as possible, but supplement their breast milk with hot water so that their child “can sleep.”

For three villages, complementary feeding was perceived as the best topic because they have seen the ways in which complementary feeding has helped the young children “grow well and healthy.” Previously, communities were feeding their young children just cassava or rice, but since they have been taught to make complementary food with beans and fish, they have seen improvement. However, these groups also indicated challenges in obtaining all of the necessary ingredients for complementary feeding due to economic inability to purchase food and unavailability of all components in their village, particularly the villages that are inaccessible during the rainy season. It is important to note that during the Ebola outbreak, access to food resources was reduced dramatically as the operation of public markets was limited, which may have exacerbated food insecurity for these groups.

3.4.3. Accessibility

World Vision field staff, MOHS staff, and some community leaders indicated that accessibility between communities and resources is one of the biggest barriers to the implementation of the Mamanieva project and to wider maternal and child health in Bum Chiefdom. For “moderately difficult” and “difficult” to reach communities, members face numerous challenges to health-seeking behaviors, particularly during rainy season.

Six communities in particular (Barlie, Mojiba, Koyama, Makita, Lponga, and Gbangba) become inaccessible to the Mamanieva project staff during the rainy season because of their location behind rivers. During the rainy season, most community members are also unable to travel to clinics and face limited nutrition resources due to market inaccessibility. Additionally, the MOHS does not travel to villages that are hard to reach during the rainy season, as it is “too much of a risk” and the logistical challenges of transportation are “too big to overcome because [they] don’t have the resources to get there.” The inaccessibility to four of the 15 Mamanieva

intervention communities distinguishes them from the rest of the communities, as they receive inconsistent and temporally varied services and project activities.

3.4.4 Project Staffing

One of the biggest challenges to implementation described by Mamanieva leadership staff is recruitment of adequate personnel. As described by leadership team members:

“This approach seems to require a lot of skill and expertise that we could not find within the country where we are implementing it. We need to have someone who has adult education and nutrition education at the same time, and community mobilization skills...we’ve had to settle for individuals who have some of these skills and have used a lot of consultancies and students to complement... to make up the capacity that we didn’t have in-house.”

Beyond the technical adult education and nutrition skills necessary for project staff, another significant challenge faced in staffing is the limited ability for field staff to speak the local dialect, Mende. While one of the field staff speaks fluent Mende, groups indicated that when the non-Mende speakers facilitate sessions, “sometimes the messages don’t flow.” This challenge may lead to ineffective or inefficient education of key populations, thereby affecting the uptake of optimal maternal and child health practices.

In addition to identifying and recruiting field staff, the unpredictable staffing of the World Vision Sierra Leone headquarters presented an additional challenge to coordination of implementation. The Health and Nutrition Coordinator had a high workload and required more support from the leadership team than anticipated to complete tasks such as budgeting, and then departed from the role. This role was never re-filled, and other study team members were required to share the additional responsibilities of this position. Because personnel recruitment was challenging, particularly due to a high degree of turnover in Sierra Leone-based staff, the timeline for project implementation was delayed and the overall study period has been expanded by one year. Where certain skills and expertise were not available for full-time staff members, consultants were hired to do specialized work (trainings, development of pictorial tools, curriculum development, etc.)

In addition to staff-related challenges to implementation, there have also been many staff-based facilitators to successful implementation. Mamanieva leadership from World Vision Germany and the NCOE highlighted that the commitment of the staff on this project is one of the most significant contributors to implementation success. In particular, the regular coordination meetings and support from each of the partner institutions is perceived as one of the facilitators to implementation. Similarly, the field staff indicated the quick response to inquiry, consistent encouragement, and provision of necessary consultants as a key factor of success that was provided by the global team. As one staff member described, “many people have their hands in this project and are involved, this is why it is so successful.”

3.4.5 Funding

Another primary challenge indicated by global Mamanieva staff is the on-going difficulty in ensuring adequate funding for the Mamanieva project. As described by one staff member, the amount of money that was initially provided by World Vision Germany was insufficient based on the identified needs to (1) bring on technical consultancies to fill staffing gaps and (2) extend the project by one year based on logistical constraints, and had to be increased. The budgetary increase was crucial for continued operation of the study as intended, and it will be critical to ensure that adequate funding is planned for future program activities and eventual scale-up. As discussed by multiple staff members, it is crucial to have enough funding to implement the project as intended, adequately monitor and evaluate the project, and invest in capacity building to support operations with a high degree of integrity, reach, and coverage; the need for such adequate funding is not only necessary in the research stage, but also to effectively and sustainably carry out this approach in the future.

3.4.6 Engagement with Men

One key aspect of implementation and uptake of Mamanieva lessons that should be taken into consideration is the engagement the Mamanieva project has with men. Although men are not included in the Grandmother Approach, men may play an important household role that affects the observation of optimal infant and young child feeding practices. Grandmothers, mothers, community leaders, and Mamanieva field staff each mentioned the importance of educating men on maternal and child health in order to better facilitate the uptake of Mamanieva practices.

Women in one group described how after each Mamanieva session, they request the support of their husband on enacting changes learned in Mamanieva. For example, one woman said that she would request her husband to take over farming responsibilities during her pregnancy by explaining, “Mamanieva said that we should be eating good food as pregnant women, now you have to feed me well to help myself and the baby in my womb... before this time, you were allowing me to go to the farm and do hard work - Mamanieva says we can’t do that.”

Community leaders echoed this sentiment by explaining that men are instrumental in helping their wives adhere to the advice from the Mamanieva project. The community leaders indicated that they themselves will make sure that their wives don’t carry heavy loads and provide their wives food, and asked how their wives would be able to uptake all of these changes without the support of their husband. Although many women are able to advocate for improved nutrition resources and practices in the household based on their experiences in Mamanieva sessions, the community leaders explained that they believe it is easier to obtain and utilize improved nutrition resources and practices when women have the support of their husbands.

Mamanieva field staff also described the important role of men, explaining that both men and women are decision-makers, often over different components of the household that are all necessary to enable positive nutrition changes. As the staff described, “the men are the ones that need to understand why they should increase the money that is given towards the children’s food.... if they understand, they can make effort to make changes in the child health.”

3.4.7 Community Literacy

The education levels of Mamanieva participants are on average, extremely low. While efforts are currently being made to implement pictorial monitoring tools for Grandmother Leaders to monitor their sessions, the challenges associated with low literacy still remain prohibitively strong. Continued adult education training and skills development will be crucial to facilitate effective and reliable monitoring by Grandmother Leaders.

3.5 Sustainability and Scale-Up

All World Vision staff agreed that the first step needed in scale-up is to have a successful outcome to the Mamanieva Project study. Though this cannot be determined until the endline assessment is complete, considerations regarding sustainability and scale-up of Mamanieva can begin before the end of the study.

3.5.1 Sustainability

The interviewed MOHS staff member indicated that the future sustainability of the Mamanieva Project may lie in integrating the project approach into the responsibilities of community health workers (CHWs). According to the MOHS staff, the CHWs are literate to at least secondary school levels and are already working as educators in the community, with large support in training from World Vision. In the short term, the MOHS requested more involvement with the Mamanieva Project, particularly in relation to opportunities to instruct sessions. The MOHS staff indicated that involvement during the World Vision-led sessions would allow an opportunity for participants to become familiar with the MOHS in the Mamanieva Project context, enabling a possible transition to MOHS-led dialogues in the future. The MOHS interviewee indicated that transitioning to a fully community-based approach, as opposed to facilitation by external World Vision staff, would provide greater sustainability and non-reliance on outsiders; the beneficiaries of this project need to feel capable of making changes in their communities without outsiders, as “at the end of the day, they’re going to be in this alone... they need to know that they can do it.” While this is one possible linkage to sustainability of Mamanieva, a transition to community-led programming would have to occur in a manner that upholds the principles and integrity of the Grandmother Approach. Such a transition would require extensive planning, training, and supervision by World Vision staff to determine whether such an approach is feasible and sustainable for this group of community actors.

Additionally, global team staff indicated that a working group will be required to think about how the Mamanieva Project can be adapted for programs in a way that will minimize the costs of programming to the greatest extent possible while optimizing the ability to implement the Grandmother Approach with integrity for a long-term approach. Throughout the rest of the research period, a World Vision International staff member recommended that the time, money, and energy put into the study should be looked at as in investment that will inform future sustainability of programming.

3.5.2 Scale-up

Though scaling-up the approach used in the Mamanieva Project will not occur unless positive study results are achieved, this evaluation highlighted a variety of issues that should be taken into consideration if the approach is scaled up. As previously highlighted, the personnel needs for this project will be one of the largest challenges to future scale-up. It will be critical to work with different NGOs, governments, and donors to identify personnel and acquire appropriate funding to support capacity building and staffing of the project. Furthermore, scale-up of the approach will require significant amounts of technical support to apply this approach on a larger-scale and to different subjects.

4. Discussion

The process evaluation highlighted the high levels of fidelity and acceptance of the Mamanieva Project. While reach and coverage appear to be very high based on qualitative findings, currently available quantitative monitoring data does not imply as extensive of reach or coverage. Key threats to reach and coverage are inability to access certain communities during the rainy season. Key challenges to implementation include disease outbreak, transportation issues, insufficient food resources, and difficult staffing requirements. Key opportunities for strengthening community involvement and sustainability include potential involvement of the MOHS and men in supporting Mamanieva initiatives. Sustainability and potential for scale-up cannot be fully evaluated until the success of the research project is established, but has been discussed in a variety of venues, resulting in the establishment of a working group. Future implementation strategies and considerations should continue to be discussed in Mamanieva staff meetings as the end of the study approaches.

5. Recommendations

The following process recommendations are made for the remainder of the Mamanieva study period:

1. Increased Engagement with Ministry of Health

The Ministry of Health indicated its desire to be more involved with the Mamanieva project in an effort to build sustainability of the program and build the participatory capacity of Community Health Workers. By engaging Ministry of Health workers to lead Mamanieva dialogue sessions, the relationship between community health actors can be strengthened. First steps to engagement may include preliminary shadowing of Mamanieva staff by MOHS actors, trainings on the Grandmother Approach and Mamanieva curriculum, and co-facilitation of community sessions to assess integrity of a possible transition. Such engagement with the Ministry of Health may help lay the foundation for long-term involvement by actors external to World Vision.

2. Improved Management of Field Monitoring Tools

The management of dialogue and intergenerational meetings monitoring provides great potential for expedited and improved reporting and data-driven decision making. Improved management requires (1) increase utilization of monitoring tools, (2) full completion of each monitoring tool, and (3) improved storage of completed tools. Currently, tools are not filled out for all sessions, and all tools are not completed. The current management of monitoring tools leads to disorganized aggregation of data and diminishes the potential gains from monitoring data. The transition to a centralized and electronic monitoring database should be considered, as aggregated data that can be easily manipulated would provide improved data sources for reporting purposes. Additionally, maintaining a consistent observation on key challenges encountered in dialogue and intergenerational meetings would allow for timely feedback processes to occur to improve implementation. Finally, monitoring documents for all meeting types – including grandmother praise and stakeholder meetings – should be developed to better track and compare participation across all Mamanieva meeting types.

3. Expansion of Topics to Transition Mothers into Long-Term Child Health and Improved Food Security

Based on qualitative data, mothers of children who are older than two are not participants in Mamanieva sessions. Though the target population includes pregnant women and mothers of children under 24 months, an expansion of topics that apply to mothers and their children after departure from Mamanieva should be considered. Though grandmothers and mothers feel equipped to improve child health up to two years of age and as part of the Mamanieva group, multiple participants requested to be informed about long-term child nutrition and care. This information could be taught to all participants so that they may continue to practice optimal child nutrition practices throughout the future, as a long-term investment in reducing malnutrition in Sierra Leone.

Furthermore, the addition of food security and/or income generation interventions to Mamanieva programming is currently being discussed by Mamanieva staff members as supporting access to nutrient rich foods is a critical part of social and behavior change programs that seek to improve maternal and child nutrition. As identified through the process evaluation, one overarching factor affecting infant and young child feeding is the state of food insecurity in

households and overall communities; without adequate food resources, mothers may not be able to conduct practices such as complementary feeding and exclusive breast feeding due to real or perceived impacts of food insecurity. Because Mamanieva is currently operating on a voluntary basis, the addition of food security and/or income generation activities and interventions should be further discussed to improve the ability for mothers to improve infant and young child feeding.

4. Identification of Separated Intergenerational Meetings

As was realized at the end of the process evaluation, some Grandmother Leaders separate pregnant women and mothers of young children during dialogue sessions. Though information may only apply to one population at any given time, the cyclical nature of pregnancy and lactation should mandate the education of all women on all topics. It is unclear to what extent communities are separating mothers, and therefore further discussion of the causes and impacts of separation of these populations should occur.

5. Facilitation of Men's Observation of Sessions

As previously discussed, men have the potential to positively or negatively impact the uptake of Mamanieva teachings. Though the foundational Grandmother Approach does not explicitly include men, it is important to acknowledge the possible positive impact that men may have on the uptake of improved infant and young child feeding practices. In the immediate term, sustained engagement and encouragement of men as observers should be facilitated by the Mamanieva project team. In the long-term scale-up of a successful Mamanieva pilot, men should be included and engaged, particular if food security and/or income generation activities are integrated into future programming.

6. Continuation of Adult Education Skill Development

In order to fully capacitate Grandmother Leaders as agents of change in their communities, it will be important to continue to build skills to enable their ability to monitor intergenerational meetings. Pictorial monitoring tools are currently developed for this population, but continued skills training is needed for these tools to be used to their full potential.

7. Revision of Messaging to Reduce Misconceptions

The process evaluation highlighted misconceptions related to the impact of food security on breast feeding, particularly regarding the notion that food insecurity precludes exclusive breast feeding. This common misconception has led to reduced exclusive breast feeding practices amongst target populations, and should be specifically addressed in revised messaging for exclusive breast feeding. Additionally, Mamanieva field staff should remain vigilant in identifying any expressed misconceptions that can be addressed through revised messaging on Mamanieva topics.

5. APPENDICES

Appendix 1. In-depth interview and focus group discussion guides

Target group: World Vision Staff / Mamanieva Leadership Team

Hello, I am Lauren Theis and I am working with World Vision to understand how the Mamanieva project is working in the intervention villages. I'd like to speak with you today about your involvement with Mamanieva, logistics and perceptions of the sessions, the Mamanieva approach, and the future applications of Mamanieva. I want to use this information to help the Mamanieva team improve the project and its impacts.

This interview will take about 1 hour and your participation is voluntary. You all have the right to not answer any questions that you aren't comfortable with, and you may stop the discussion at any time.

This discussion will be confidential and anonymous, but information will be used to create an evaluation report. There will be no record of what you say with your name on it, and I am not going to quote you specifically using your name. However, I would like to use an audio recorder to make sure that I capture your words accurately, since your thoughts are very important. This recording will stay in my possession and destroyed once I write the final evaluation report. Are you willing to participate in this interview? [Wait for consent.] May I audio record this interview? [Wait until participant agrees].

Thank you. Do you have any questions before we begin the interview? [Answer all questions before beginning.]

Questions (60 minutes):

Thank you for agreeing to speak with me. To begin, I would like to ask about some background information about your involvement with Mamanieva and the logistics of sessions.

1. To begin, how would you describe Mamanieva to another community?
2. Please tell me about your responsibilities related to Mamanieva.
3. What are the perceptions of Mamanieva in the community?
4. Great, now please tell me about who attends the Mamanieva project sessions.
Probe: How many in the target populations (pregnant women/mothers with young children/grandmothers) attend each session?
Does the group of attendees change from session to session?
How many of the target population opt out of attendance?
Why might they opt out?

Who else is present at each session?

5. Okay, now tell me about how sessions are facilitated.

Probe: Who facilitates?

How are facilitators trained?

How many sessions have occurred?

How often do sessions occur?

How long do sessions last?

How much do facilitators talk vs. participants engage with each other (% of session)?

Great. Now that I understand how the sessions are facilitated, I'd like to hear about some specific sessions in more detail.

6. Describe the most successful session that you've observed/heard about.

Probe:

Why do you think this session was the most successful?

What do you think helped make this session so successful?

How can other sessions be refined so they are this successful?

7. Describe a session that you observed/heard about that did not go very well.

Probe:

Why do you think that this session did not go well?

How do you think these challenges can be avoided in the future?

Thank you for sharing your thoughts on those sessions. Now, I would like to talk to you about the processes of the Mamanieva project.

8. Tell me about how sessions are monitored. [Will ask using data from monitoring tool evaluation.]

Probe: In what ways do you keep track of each session?

What type of information is collected about each session?

What do you do with this information?

Describe a change that you've made based on this feedback.

9. Knowing that all programs change as they're being implemented to adapt to local contexts, how do you think Mamanieva has changed over time to adapt to local conditions?

a. What has been changed? (activities, approaches)

b. What has been added?

c. What has been taken away?

10. As you may know, the Mamanieva project was designed to follow the approaches developed by Dr. Judi Aibel and used by the organization The Grandmother Project. How do you describe the Grandmother Project approach?
11. How would you say Mamanieva is similar to the approach used by the Grandmother Project?
12. How would you say it is different?

I would now like to talk a bit more about general project management in the Mamanieva project.

13. Describe a time when you requested support for implementing Mamanieva
 - Probe:* Why did you request this support?
 - How did you request this support?
 - How/when has this support delivered?
 - Did you think the support you received was sufficient for you?
 - What support do you think would be helpful, but isn't currently possible?
 - What is needed to provide this support?

Thank you. I would now like to talk more about the future of Mamanieva. As you know if this project is successful, World Vision would like to scale this approach to other areas, within and outside of Sierra Leone.

14. Compared to other types of health, nutrition, and development projects, what do you like most about the Mamanieva project?
 - Probe:* What do you not like about the Mamanieva project?
(time burden, effectiveness, difficulty of work)
15. Based on your experiences, what recommendations would you give World Vision so that scale up would be successful?
 - Probe:* What would you change about the way Mamanieva has been implemented in Bum in another area?
16. What is needed to scale up this program in different areas?

Thank you for sharing your ideas. To close, I would like to ask a few additional questions regarding the impact of Mamanieva.

17. What are the significant changes you have seen in the communities related to Mamanieva objectives?
 - Probe:* Of these, which would you say is the most significant/most important change?
 - Why is this the most important change?

What changes did you expect to see but have not seen?

18. Is there anything else about the implementation of Mamanieva that you would like to tell me that I haven't asked about?

Target group: Facilitators

Hello, I am Lauren Theis and I am working with World Vision to understand how the Mamanieva project is working in the intervention villages. I'd like to speak with you today about your involvement with Mamanieva, logistics and perceptions of the sessions, the Mamanieva approach, and the future applications of Mamanieva. I want to use this information to help the Mamanieva team improve the project and its impacts.

This interview will take about 1 hour and your participation is voluntary. You all have the right to not answer any questions that you aren't comfortable with, and you may stop the discussion at any time.

This discussion will be confidential and anonymous, but information will be used to create an evaluation report. There will be no record of what you say with your name on it, and I am not going to quote you specifically using your name. However, I would like to use an audio recorder to make sure that I capture your words accurately, since your thoughts are very important. This recording will stay in my possession and destroyed once I write the final evaluation report. Are you willing to participate in this interview? [Wait for consent.] May I audio record this interview? [Wait until participant agrees].

Thank you. Do you have any questions before we begin the interview? [Answer all questions before beginning.]

Questions (60 minutes):

Thank you for agreeing to speak with me. To begin, I would like to ask about some background information about your involvement with Mamanieva and the logistics of sessions.

1. To begin, how would you describe Mamanieva to another community?
2. Please tell me about your responsibilities related to Mamanieva.
3. What are the perceptions of Mamanieva in the community?
4. Great, now please tell me about who attends the Mamanieva project sessions.
Probe: How many in the target populations (pregnant women/mothers with young children/grandmothers) attend each session?
Does the group of attendees change from session to session?
How many of the target population opt out of attendance?
Why might they opt out?
Who else is present at each session?
5. Okay, now tell me about how sessions are facilitated.
Probe: How many sessions have you facilitated?

How often do sessions occur?
How long do sessions last?
How much do you talk vs. participants engage with each other (% of session)?

Great. Now that I understand how you facilitate the sessions. I'd like to hear about some specific sessions in more detail.

6. Describe the most successful session that you've facilitated.
Probe: Why do you think this session was the most successful?
What do you think helped make this session so good?
How can other sessions be refined so they are this successful?
7. Describe a session that you facilitated that did not go very well.
Probe: Why do you think that this session did not go well?
What could be done to make this session... more successful?
Avoided in the future?

Thank you for sharing your thoughts on those sessions. Now, I would like to talk to you about the processes of the Mamanieva project.

8. Tell me about how sessions are monitored. [Will ask using data from monitoring tool evaluation.]
Probe: In what ways do you keep track of each session?
What type of information is collected about each session?
What do you do with this information?

Describe a change that you've made based on this feedback.

9. What aspects of Mamanieva do you think are implemented very well?
10. What challenges have you experienced/observed related to the facilitation of Mamanieva?
Probe: What can be done to improve... sessions? Record-keeping? Evaluation?
What other programs are going on in the intervention communities?
How has Ebola impacted Mamanieva (if at all)?
11. As you may know, the Mamanieva project was designed to follow the approaches developed by Dr. Judi Aibel and used by the organization The Grandmother Project. How do you describe the Grandmother Project approach?
12. How would you describe the approach used in Mamanieva?

Thank you for sharing your ideas. To close, I would like to ask a few additional questions regarding the impact of Mamanieva.

13. What are the significant changes you have seen in the communities related to Mamanieva objectives?

Probe: Of these, which would you say is the most significant/most important change?

Why is this the most important change?

What changes did you expect to see but have not seen?

14. Is there anything else about the facilitation of Mamanieva that you would like to tell me that I haven't asked about?

Target group: Grandmothers/Mothers

Hello, my name is _____, and I am the moderator for this discussion. I am helping Lauren, who is working with World Vision to understand how the Mamanieva project works so they can make it work better and in more places. We want to hear your opinions and talk about some of your experiences with Mamanieva. We will use this information to improve Mamanieva in your community and hopefully expand Mamanieva to other communities.

This session will take about 1 hour and your participation is voluntary. You all have the right to not answer any questions that you aren't comfortable with, and you may leave the discussion at any time.

This discussion is confidential and anonymous. There will be no record of what you say with your name on it. We are not going to quote anyone specifically using their name. However, we would like to use an audio recorder to make sure we capture your words accurately, since your thoughts are very important to us; no one will know which person says any specific statement. Are you willing to participate in this discussion? [Wait for consent.] May we audio record this section? [Wait until all agree]. Lastly, Lauren will also be taking notes on what she observe. When any of this information is used in a report, it will not be linked with your name. Also, anything that you say will not change your ability to participate in Mamanieva sessions.

Remember, there are ___ women in this group. Please feel free to share your opinion, but be respectful to each other. We will be speaking one at a time, so everyone gets heard. There are no right or wrong answers, so please just tell us what you think.

Do you have any questions for me before we get started? [answer all questions before starting]

Introductory Questions (15 minutes)

1. First, please introduce yourselves and tell us how many children/grandchildren you have.

I want all of you to think back to the past Mamanieva dialogues. Think of all the ones with each other, with the young mothers, with everybody. Now, I want you to think about a song that you made up. Can you sing a song together as a group?

Now, that we've done that fun activity, let's talk about the dialogues!

2. Tell me what you do during a Mamanieva session.
Probe: What do you do with the information after a session?
Why do you think Mamanieva is important?
3. Tell me about who comes to the Mamanieva events.
Probe: Why do you/they come to the sessions?

Why do other women not attend the sessions?
What are reasons that women might stop attending sessions?

4. How often do you have sessions with World Vision facilitators?
Probe: Tell us how you are informed about Mamanieva meetings.
5. How often do you have sessions with just community members?
Probe: What do you do during the community sessions?
6. I would love to hear more about the topics you talk about at Mamanieva sessions – can you tell me some of the topics you’ve discussed?
Probe: Which of these topics did you enjoy the most? Why?
Which did you enjoy the least? Why?
7. Can you tell us about some of the activities you have done during Mamanieva dialogues?
Probe: Which activities did you enjoy most? Why?
Which activities did you not enjoy as much? Why did you not enjoy them?
Which activities did not make the information as easy to understand?
8. Now, please tell us about the World Vision facilitators that have taught your Mamanieva dialogues. What do you like about the facilitators?
Probe: Which facilitator do you like best? Why do you like this person best – what does he/she do differently than the other facilitators?

Most Significant Changes Questions (15 minutes)

Thank you so much for your skits and discussion. Now that we’ve talked about which sessions you really enjoy as well as some that you did not like, we would like to ask you about what happens after you leave the Mamanieva sessions and how you use the information that you discussed with the other Mamanieva participants.

9. What are some important changes that have happened since Mamanieva began in your community?
Probe: Of these changes you’ve talked about, which would you say is the most important?
Why would you say this is the most important?
10. Are there any practices you’ve learned about through Mamanieva that you have found very difficult to try or do? *Have them name them – For each one named have them identify the specific challenges to that practice.*
Probe: Of the practices that you’ve learned through Mamanieva, which do you do less frequently than others? Why?
How has Ebola impacted Mamanieva changes?

11. What other programs are going on in your community that are similar to the topics that you discuss in Mamanieva?

Closing Questions (10 minutes)

Thank you for sharing your experiences with Mamanieva sessions. Let's talk now about how to improve Mamanieva.

12. What other topics would you like to talk about in the sessions?

Probe: Why?

13. Based on what we discussed today, what are three recommendations you would give to World Vision to improve Mamanieva?

Probe: Which activities would you like to do more or less of?

Would you like the sessions to be shorter or longer, or happen more/less often?

Where would you like the sessions to happen?

Thank you for all that you've shared so far. I know that your time is valuable and I wanted to inform you that we are nearing the end of our 60-minute period. Is there anything else that you'd like to tell us about your experiences with Mamanieva that we haven't asked about?
[listen to all comments or address questions]

Wonderful! All your insight has been great and I am grateful that you were willing to share your opinions and perspectives with me. Thank you again for being a part of our focus group. Lauren really appreciates your help.

Target group: Men

Hello, my name is _____, and I am the moderator for this discussion. I am helping Lauren, who is working with World Vision to understand how the Mamanieva project works so they can make it work better and in more places. We want to hear your opinions and talk about some of your experiences with Mamanieva. We will use this information to improve Mamanieva in your community and hopefully expand Mamanieva to other communities.

This session will take about 30 minutes and your participation is voluntary. You all have the right to not answer any questions that you aren't comfortable with, and you may leave the discussion at any time.

This discussion is confidential and anonymous. There will be no record of what you say with your name on it. We are not going to quote anyone specifically using their name. However, we would like to use an audio recorder to make sure we capture your words accurately, since your thoughts are very important to us; no one will know which person says any specific statement. Are you willing to participate in this discussion? [Wait for consent.] May we audio record this section? [Wait until all agree]. Lastly, Lauren will also be taking notes on what she observe. When any of this information is used in a report, it will not be linked with your name. Also, anything that you say will not change your ability to participate in Mamanieva sessions.

Remember, there are ___ men in this group. Please feel free to share your opinion, but be respectful to each other. We will be speaking one at a time, so everyone gets heard. There are no right or wrong answers, so please just tell us what you think.

Do you have any questions for me before we get started? [answer all questions before starting]

Introductory Questions

1. First, please introduce yourselves and tell us how many children/grandchildren you have.
2. Who in your family is involved with the Mamanieva project?
Probe: How are they involved?

Thank you for introducing yourselves and telling us more about your involvement with the Mamanieva project. We'd now like to hear about what you think about Mamanieva.

Mamanieva Perceptions

3. How would you describe Mamanieva to someone who lives in another village, or who has never heard of it?
4. What do men in the community think about the Mamanieva project?

Probe: What do you like about the project (topics, format, your involvement)?
What do you not like about the project?

5. What do women in the community think about the Mamanieva project?

6. What are some important changes that have happened since Mamanieva began in your community?

Probe: Of these changes you've talked about, which would you say is the most important?

Why would you say this is the most important?

Thank you for sharing your opinions on Mamanieva. We would like to hear from you about how you think Mamanieva can be improved.

Future implementation questions

7. What topics would you like the Mamanieva project to facilitate?

Probe: Why these topics?

8. How would you like to be involved in the Mamanieva project in the future?

Thank you for all that you've shared so far. I know that your time is valuable and I wanted to inform you that we are nearing the end of our 30-minute period. Is there anything else that you'd like to tell us about your experiences with Mamanieva that we haven't asked about?
[listen to all comments or address questions]

Wonderful! All your insight has been great and I am grateful that you were willing to share your opinions and perspectives with me. Thank you again for being a part of our focus group. Lauren really appreciates your help.

Target group: Community Leaders

Hello, my name is _____, and I am the moderator for this discussion. I am helping Lauren, who is working with World Vision to understand how the Mamanieva project is working in intervention villages. We want to hear your opinions and talk about some of your experiences with Mamanieva. We will use this information to improve Mamanieva in your community and hopefully expand Mamanieva to other communities.

This session will take about 1 hour and your participation is voluntary. You have the right to not answer any questions that you aren't comfortable with, and you may stop the discussion at any time.

This discussion will be confidential and anonymous, but information will be used to create an evaluation report. There will be no record of what you say with your name on it, and I am not going to quote you specifically using your name. However, I would like to use an audio recorder to make sure that I capture your words accurately, since your thoughts are very important. This recording will stay in my possession and destroyed once I write the final evaluation report. Are you willing to participate in this interview? [Wait for consent.] May I audio record this interview? [Wait until participant agrees].

Thank you. Do you have any questions before we begin the interview? [Answer all questions before beginning.]

Questions (60 minutes):

Thank you for agreeing to speak with me. To begin, I would like to ask about some background information about your role in the community and your involvement with Mamanieva.

1. To begin, can you please describe your role in _____ [INSERT NAME OF COMMUNITY]?
2. Please tell me about how you have been involved with Mamanieva.
Probe: How did you first hear about Mamanieva?
How have you helped Mamanieva take place in your community?
Have you attended any sessions? (If yes, share your experience).

Great, now I would like to hear about the perceptions of Mamanieva by you and community members.

3. What is the purpose of Mamanieva?
How are the World Vision-led Mamanieva sessions run?
How are you informed that Mamanieva sessions will happen?
4. Which community members attend Mamanieva sessions?

Probe: Why do they choose to attend?

Which community women do not participate in Mamanieva?

Why do they not participate?

5. What do community members do with the information they learn at World Vision Mamanieva dialogues?

Probe: Do Grandmothers in your community hold their own information sessions?

How are those sessions run?

6. What other health and nutrition programs are happening in your community?

7. What do you think is good about the Mamanieva Project?

Probe: What do you not like about the Mamanieva project?

8. What are some barriers to maternal and child health in your community?

Probe: How do these barriers affect the work that the Mamanieva project is trying to do?

Thank you, now I would like to speak with you about the future of Mamanieva in your community.

9. What are some important changes that have happened since Mamanieva began in your community?

Probe: Of these changes you've talked about, which would you say is the most important?

Why would you say this is the most important?

10. Based on what we discussed today, what recommendations would you give to World Vision to improve Mamanieva?

Probe: Why? (structure, time, setting)

10. How would you like to be involved with Mamanieva in the future?

Thank you for all that you've shared. I know that your time is valuable and I wanted to inform you that we are nearing the end of our 60-minute period. Is there anything else that you'd like to tell us about your experiences with Mamanieva that we haven't asked about? [listen to all comments or address questions]

Wonderful! All your insight has been great and I am grateful that you were willing to share your opinions and perspectives with me. Thank you again for taking the time to speak with us. Lauren really appreciates your help.

Target group: World Vision Global Staff

Hello, I am Lauren Theis and I am working with World Vision to understand how the Mamanieva project is working in the intervention villages. I'd like to speak with you today about your involvement with Mamanieva, logistics and perceptions of the sessions, the Mamanieva approach, and the future applications of Mamanieva. I want to use this information to help the Mamanieva team improve the project and its impacts.

This interview will take about 1 hour and your participation is voluntary. You all have the right to not answer any questions that you aren't comfortable with, and you may stop the discussion at any time.

This discussion will be confidential and anonymous, but information will be used to create an evaluation report. There will be no record of what you say with your name on it, and I am not going to quote you specifically using your name.

Are you willing to participate in this interview?

Do you have any questions before we begin the interview?

Questions:

Thank you for agreeing to speak with me. To begin, I would like to ask about some background information about your involvement with Mamanieva.

1. Please tell me about your responsibilities related to Mamanieva
2. To begin, how do you describe the purpose of the Mamanieva project?
3. As you know, the Mamanieva project was designed to follow the approaches developed by Dr. Judi Aubel and used by the organization The Grandmother Project. How do you describe the Grandmother Project approach?
 - a. How would you say Mamanieva is similar to the approach used by the Grandmother Project?
 - b. How would you say it is different?

Thank you for sharing your thoughts on those sessions. Now, I would like to talk to you about the processes of the Mamanieva project from your position at the World Vision international level.

4. Tell me about how the program is monitored at the international level?
 - a. In what ways do you keep track of the activities going on in the field?
 - b. Please describe a change that you've made based on this feedback.

5. Knowing that all programs change as they're being implemented to adapt to local contexts, how do you think Mamanieva has changed over time to adapt to local conditions?
 - a. What has been changed? (activities, approaches)
 - b. What has been added?
 - c. What has been taken away?

I would now like to talk a bit more about general project management in the Mamanieva project.

6. Describe a time when a field staff member requested support for implementing Mamanieva
 - a. Why did they request this support
 - b. What support do you think would be helpful for the field staff, but isn't currently possible?
7. What challenges have you observed in the implementation of Mamanieva?
 - a. What other types of obstacles that you see as limiting the potential impact of Mamanieva?
8. From my experience in the field, Mamanieva has been positively received by the intervention communities. What do you think has made Mamanieva operate so well from the beneficiary perspective?

Thank you. I would now like to talk more about the future of Mamanieva. As you know if this project is successful, World Vision would like to scale this approach to other areas, within and outside of Sierra Leone.

9. What is your vision for Mamanieva, after the research period ends?
10. Compared to other types of health, nutrition, and development projects that you've worked on, what do you like most about the Mamanieva project?
11. What do you not like about the Mamanieva project (the way it has been run or roles that you've had to fill)?
12. Based on your experiences, what do you think will be necessary (either resource or generally considerations) to scale up Mamanieva?
13. What would you change about the way Mamanieva has been implemented in Bum in another area?

Thank you for sharing your ideas. To close, I would like to ask a few additional questions regarding the impact of Mamanieva.

14. Is there anything else about the implementation of Mamanieva that you would like to tell me that I haven't asked about?

Appendix 2. Dialogue Meeting Monitoring Tool Example (Included Verbatim)

Date: 16 th June 2014	Topic: consumption of IFA /iron tabs	during pregnancy
Location: NYANDEHUN	Meeting type: Dialogue meeting	
Number of GM: 19	Number of young mothers/ women: 15	
Others present (describe): men.		
Facilitators: Alice, Simba, Wilma and Aimee		

1. Summary of activities completed:

Dialoguing on the importance of antenatal care.

Discussed side effects if iron tabs

Skits done on the important of taking iron tabs.

Participants composed song in their local language to help them understand.

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

Participants having misconception that iron tabs cause bleeding during delivery and they were not thinking that all women lose some blood during delivery. Also, it makes them feel dizzy, creating fear in the minds of most women who then resist taking their iron tabs. In addressing this, iron tabs is not the one that causes bleeding, the iron tabs instead makes you to have your normal blood, energy and strength during delivery. Women just have to lose blood during delivery. The facility staff will not make prescriptions that will harm you by telling you to take much then giving you much of blood. All you need is to take as prescribed and ensure you keep from doing hard work, but many times our activities may have caused us this instead of the iron tabs. Dizziness may be for a while and may go away.

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

Young mothers had to bring their young children to the session; a good number are looking healthy because of complementary feeding practice improving in the community. In another development young mothers are working toward practice appropriate recipe, as one young mother brought to the session a recipe prepared with rice, groundnut and fish.

4. Engagement Score: ____7____ (on a scale of 1 to 10 with 10 being the most engaged you've experienced and 1 being the least)

Why did you give this rating?

Participants fast mobilized to attend dialogue session giving a very good representation of grandmothers who demonstrated knowledge positive towards consumption of iron tabs during pregnancy.

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

The engagement done in Mende was helpful to increase participation; skit contributed improving understanding of grandmothers knowing iron tabs give blood, energy and strength during delivery. The song composed had some things they should remember so that they can teach young mothers with.

5. Logistical or any other challenges with the meeting

Appendix 3. Grandmother-Led Meeting Monitoring Tool Template



MONITORING TOOL FOR GM-LED ACTIVITY (GRANDMOTHER PROJECT)

1-Date of activity----- Time: ----- to----- Duration-----

2-Location----- facilitator(s) Name-----

No of participants----- No of male ----- No of female-----

3-Category of participants----- (PW) -----, (Mothers/caretakers with children 0-5.9 months) ----- (Mothers/caretakers with children 6-23 months) ,(Others specify) (Grandmothers, Grandfathers etc) -----

4- Type of engagement (eg. Community meeting, Praise meeting, intergeneration meeting etc) --

5-Summary of activity (ies) -----

6- Specify (Cycle) Message content covered (A)-Diet during Pregnancy (B) IFA consumption (C) Reduced work load during pregnancy (D)Food groups and classifications (E) Early initiation of breast milk (F) Exclusive breastfeeding (G) Timely introduction of Complementary feeding (H)Hygiene practices(I) Birth spacing and family planning (J) Misconceptions- Breastfeeding and Sex (K) The importance of good food

(7)Summary of message (s) discussed

(A) -----

(B) -----

(8a) How many asked questions pertaining to the message content -----

(8b) How many answered questions pertaining to the message content-----

(8) Issues/challenges-----

(9)How was it addressed -----?

Appendix 4. Grandmother-Led Meeting Monitoring Tool Template (For GM Leaders)

World Vision Sierra Leone