

2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



# Learning Report

# The Grandmother

# Inclusive Approach

# For Improved Child Nutrition



# The Grandmother Inclusive Approach in brief

## Objectives

- To build the knowledge, skills, and behaviours pertaining to child well-being among grandmothers who provide primary care for children.
- To alleviate stress levels of grandmothers by facilitating community dialogues and building social support systems to address issues related to shifts in childcare roles.

## Key Facts



**2 districts**

Samrong Tong and  
Basedth in Kampong Speu



**Phnom Penh**

Informal settlements



**Project lifetime 13 months**

October 2020 to December, 2021



**600+**

grandmothers participated



**3,500**

Numbers of children  
reached



Total costs

**47,000\$**



Source of Funding

**World Vision**

Canada



# The Context

From 1998 to 2019, the Cambodian national economy sustained an average 7.7% economic growth a year, one of the highest in the world<sup>1</sup>. This remarkable growth has been partially driven by the rapid development of the garment industry in the country. Today Cambodia counts more than 600,000 jobs in this sector and 85% are held by women<sup>2</sup>. The rapid economic growth was also accompanied by growth in other kinds of paid employment opportunities in urban areas, driving an increase in the total number of migrant workers. Women comprise 57% of all internal migrants to urban centres and are mainly between the ages of 20-34 years, the prime child-bearing and caring ages for women<sup>3</sup>.

**More than  
600,000 jobs  
in the garment  
industry**

**85%  
are held  
by women**

**A 2019 study by the  
International Organization  
for Migration (IOM)  
suggested that, in almost  
half of all households in  
Cambodia, grandmothers  
are the primary caregivers**

While the income boost brings benefits to the family of these migrants, it is also accompanied by issues such as poor breastfeeding and complementary feeding practices due to barriers of cost, time and mothers quickly returning to work. Migrant laborers often leave children with grandparents resulting in changes of caregiver roles, dynamics, and functions for the child's parents and grandparents.

While the grandmothers reported having love and care for their grandchildren, the primary care giving role also creates a hardship for them. A recent study evaluating grandparent caregiving in Cambodian skip-generation households found that grandparents often face difficult ethical dilemmas trying to balance caregiver responsibilities and caring for their own health needs<sup>4</sup>. With often limited support from other members in the family, grandmothers experience high levels of stress, feelings of sadness and depression. With limited culturally acceptable options to renegotiate a fairer distribution of responsibilities, they are left to manage overwhelming workloads in isolation that in turn erode their mental wellbeing and health.

<sup>1</sup> World Bank 2020

<sup>2</sup> International Labour Organization 2019

<sup>3</sup> Overview of International Migration in Cambodia.

<https://bangkok.unesco.org/sites/default/files/assets/article/Social%20and%20Human%20Sciences/publications/Brief%20%20-%20Country%20Brief%20-%20Cambodia.pdf>

<sup>4</sup> Schneiders, 2021

# The Grandmother Inclusive Approach (GMIA)

This pilot project is an adaptation to the Cambodian context of the Grandmother Change through Culture approach<sup>5</sup>. Following a design phase, the project was implemented for 13 months in three project sites, Basedth and Samrong Tong districts in Kampong Speu province and in informal settlements in Phnom Penh.

## Design (Jan-Sept. 2020)

**The formative study** (February, 2020) assessed the roles, norms and attitudes of grandmothers regarding maternal and child nutrition in relation to the other members of the family.

### Development of the facilitation material:

- Based on the formative assessment and baseline assessment findings, the content for 12 monthly sessions for the grandmother groups and 6 intergenerational meetings was developed.
- In line with the stories contained within the facilitation material, illustrations were prepared for the Cambodian context and used during the monthly change sessions with grandmothers.

## Implementation (Oct20-Oct21)

### Recruitment and training of the community volunteers:

- Nine community volunteers were recruited in total across the three project sites to facilitate the activities of the project.
- They were trained on a quarterly basis on the facilitation material.



<sup>5</sup> Please see <https://grandmotherproject.org/> for more information.

### **The grandmother groups:**

- Fifty-two groups counting 632 grandmothers with children under 2 years were created (10-12 grandmothers from the same community per group).
- They met on a monthly basis for 12 months.
- These meetings were designed to:
  - Reduce (through information and discussion), the harmful practices identified during the formative study and the baseline survey (antenatal care, post-natal care, feeding practices, new-born care, hygiene and discipline).
  - Reduce the level of stress experienced by grandmothers through facilitated sessions focussing on personal health and wellbeing and the possibility for the grandmothers to share with their peers about the challenges they faced.
- An average of 510 grandmothers attended each one of the 12 monthly sessions (9.8 participants per group per meeting).

### **The intergenerational meetings:**

- These meetings were organized every 2 months (6 meetings in total) with the grandmothers and the members of their families.
- During these meetings, they discussed the workload of the grandmothers, how to better share responsibilities related to household chores and childcare and about good feeding practices for children (including exclusive breastfeeding).
- On average 636 family members and grandmothers attended each one of the intergenerational meetings (10-13 participants per group per meeting).



## **Methodology of the Evaluation**

The baseline survey measured indicators pertaining to beliefs, knowledge, and practices related to child well-being, self-efficacy of grandmothers and the well-being of grandmothers. It was conducted in July 2020 among 300 grandmothers caring for children under 2 years old in the 3 target locations of the project (Baseth and Samrong districts and Phnom Penh). The endline survey was conducted in November 2021 among 300 grandmothers caring for children under 2 years old in the same 3 target locations.



# Key Learnings and Recommendations

The positive findings from the evaluation show that the *Grandmother Inclusive Approach* has high potential to enhance the impact of nutrition programming focused on improving feeding practices of pregnant women and children under five-years of age in skip-generation households.

## On the effectiveness of the Grandmother Inclusive Approach in relation to beliefs, knowledge, and practices related to child nutrition and child care

Through the formative study, a series of beliefs, knowledge, and practices related to child nutrition and child care were identified and prioritized. They were included in the monthly meetings of the grandmother groups. The evaluation of the project shows that this approach was effective at influencing the following:



### Harmful traditional practices and behaviours

The final evaluation shows a significance increase in the proportion of grandmothers who know that the following practices are harmful to babies: discarding colostrum milk, applying pain killer balms for young babies, coining for babies, keeping the new mother and newborn child in hot saunas and consumption of wine among new mothers.

Proportion of grandmothers who believe (correctly) that at least 4 traditional practices are harmful to babies

Baseline	Endline
50%	84%



### Misconception about nutrition of pregnant women and complications during pregnancy

Pregnant women were found to consume less food during pregnancy due to their fear of increased foetus size that, they believe, could lead to complications during pregnancy. The evaluation shows a good improvement in this area.

Proportion of grandmothers who know pregnant women should consume more food during pregnancy

Baseline	Endline
46%	55%



### Hygiene practices among grandmothers

Handwashing with soap before cooking, washing, feeding children and after using the toilet is important to reduce infections among children. The evaluation shows a good improvement in this area.

Proportion of grandmothers who reported washing their hands with soap at appropriate times

Baseline	Endline
85%	95%



### Harsh physical or psychological discipline

The baseline showed that a high percentage of grandmothers uses harsh physical or psychological discipline with grandchildren. By the end of the project, there was a significant reduction in the percentage of grandmothers who reported using harsh physical or psychological discipline from 66% at baseline to 40% at endline.

Proportion of grandmothers who reported using harsh physical or psychological discipline

Baseline	Endline
66%	40%



### Dietary diversity of children

The baseline showed that there was a need to increase dietary diversity for a significant proportion of targeted children. The final evaluation found that the percentage of grandmothers reporting that grandchildren aged 6-23 months received a diverse variety of foods increased from 71% at baseline to 83% at endline.

Proportion of grandmothers reporting that grandchildren aged 6-23 months received a diverse variety of foods

Baseline	Endline
71%	83%



## On the effectiveness of the pilot project on the wellbeing of the grandmothers and their families

While the project led to a reduction in the level of stress of the grandmothers and an improvement of the relationships among members of the households, no significant impact was registered on the mental health of grandmothers.



### Stress levels in targeted households

Both formative research and the baseline assessment showed that grandmothers have multiple responsibilities and commonly do not have time and resources to take care of their own physical and mental health. This was well incorporated in the facilitation material and discussed during the intergenerational meetings to promote better recognition of the workload of grandmothers and suggested methods to better share responsibilities within households. The evaluation shows that this approach resulted in a significant decline in the stress levels of the grandmothers. Mothers and fathers also said during group discussions that as a result of the program, they felt calmer and more patient with their family members, including their children.

Proportion of grandmothers describing their level of stress/exhaustion as 'very high' or 'high'

Baseline	Endline
30%	18%



### Relationships among members of the household

During Focus Group Discussions with grandmothers, respondents said parents better recognize their efforts and work and try to help reduce their workload. They noted that they had improved their relationships with the other family members who were more likely to discuss household tasks, instead of expecting them to be solely responsible for all tasks. This analysis was also confirmed by project staff and volunteers.



### Health and mental health of the grandmothers

Beyond the reduction in stress, the evaluation shows that the project did not have a significant impact on the health and mental health of the grandmothers taking part (as measured in the percentage of grandmothers who reported feeling 'sad' or 'depressed' in the previous week or the percentage of grandmothers that described their overall health as 'very good' and 'good'). Organizations interested in implementing the Grandmother Inclusive Approach should consider including strategies to measure and address the social-psychological needs of grandmothers. They should also coordinate with organisations that can provide care to the elderly and ensure they receive timely support for physical and mental health.

## On the limits of the Grandmother Inclusive Approach

The evaluation shows that the pilot project had limited impact in some areas.



### Hygienically clean, safe and well-organized play areas

There was no significant change in the proportion of grandmothers' households with a hygienically clean, safe and well-organized play area between the baseline and final evaluation. Focus Group Discussions and interviews did not provide sufficient space to identify the reasons for the lack of effectiveness of the approach in this area.

Proportion of grandmothers' households with a hygienically clean, safe and well-organized play area

Baseline	Endline
64%	68%



### Health Care Seeking Practices

The proportion of grandmothers who reported appropriate management of diarrhea and care-seeking for childhood illnesses did not significantly improve between baseline and final evaluation. In interviews, staff and volunteers suggested different reasons to explain the lack of impact in these areas. First, they raise the issue of the unavailability of zinc and other drugs at the health centre in some cases. The possibility of the unavailability of the drugs at the health centres is also acting as a significant barrier, discouraging grandmothers to seek health care at the facilities. In some other cases, the grandmothers did not have the resources to pay for transportation to the health centre (or they did not have the time to go).

Proportion of grandmothers who report appropriate management of diarrhea

Baseline	Endline
14%	10%

Proportion of grandmothers who practice timely and appropriate care-seeking of childhood illnesses

Baseline	Endline
29%	33%



## On the implementation of the key components of the approach

Consultations with the participants during the endline survey and reflections workshops with staff and volunteers enabled the identification of several interesting learnings and recommendations on how to implement the key activities of the project model for maximum impact.



### The Community Volunteers

The volunteers play a critical role in the success of the project and their capacities to facilitate meetings is a critically important success factor. It is crucial to invest significantly in capacity building at the initial stages of project implementation, especially in public speaking and facilitation skills.



### Content of the meetings of the grandmother groups

A session on the prevention of COVID-19 and the benefits of immunization (especially for pregnant and lactating women) should be added to the curriculum.



### Format of the meetings of the grandmother groups

- Include more discussion opportunities, especially about the beliefs or practices that did not significantly change within the pilot experience
- Adapt the content of the sessions to the education level of the grandmothers by using more games and songs.
- Repeat the key messages often to boost grandmothers' understanding and recall and incorporate cues to action so grandmothers remember what was taught in the lessons while doing their daily tasks.
- Develop, print and distribute adapted handouts (visual and simple) during each meeting for the grandmothers to take home with the key messages from the sessions so they can use them to remember the tips shared by facilitators. This handout can also be used by the grandmothers to share the key messages from the meetings with the other members of their households.



### Logistic of the meetings of the grandmother groups

- Invite grandmothers one day ahead of the session to avoid them missing or forgetting to attend and provide clarity on the time and place for meetings.
- Provide a child friendly space during the meetings so that grandmothers are not distracted.
- Offer the sessions on the weekend when parents may be at home and can watch the grandchildren while the grandmothers attend the sessions.



### **Participation in the intergenerational meetings**

Securing the participation of other members of the families has been challenging, even when the meetings were organized on the weekends. To improve participation, the following strategies have been suggested by some participants and volunteers:

- Ask the village chief to invite targeted family members to attend the meeting.
- Since men may be reluctant to join meetings led by young facilitators, it may be important to have older facilitators leading the intergenerational meetings.

However, a significant number of participants, staff and volunteers expressed doubts that these strategies by themselves will improve the participation of the key members of the families and they have suggested to conduct this activity through home-visits, family by family. However, this change in the format of the intergenerational meetings would increase the cost of the project model.



### **Content of the intergenerational meetings**

- A session to create a response plan with roles and responsibilities when a child gets sick should be added to the curriculum.



### **Linkages to other stakeholders**

- The participants, staff and volunteers suggested involving the following stakeholders in the implementation of the project:
- Health Centre staff to provide training to facilitators and supervision.
- Members of Commune Councils for Women and Children (CCWC) to supervise implementation and provide financial support through the commune budget.
- Members of Village Health Support Groups (VHSGs) to lead or support during the sessions on health awareness raising.
- Informal settlement leaders and village leaders to mobilize community members to take part in the meetings, especially for the intergenerational meetings

The members of the VHSGs could also play a significant role beyond the implementation of the project to follow up, through home visits, with the grandmothers who took part in the project and support them in the long-term.

# World Vision



**World Vision** is an international partnership of Christians whose mission is to follow our Lord and Saviour Jesus Christ in working with the poor and oppressed to promote human transformation, seek justice and bear witness to the good news of the Kingdom of God.

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