World Vision

GRANDMOTHER
PROJECT CHANGE THROUGH CULTURE

Involving Grandmothers to Promote Child Nutrition, Health and Development

A guide for programme planners and managers

By Dr Judi Aubel, Grandmother Project: Change through Culture

GRANDMOTHER
PROJECT CHANGE THROUGH CULTURE
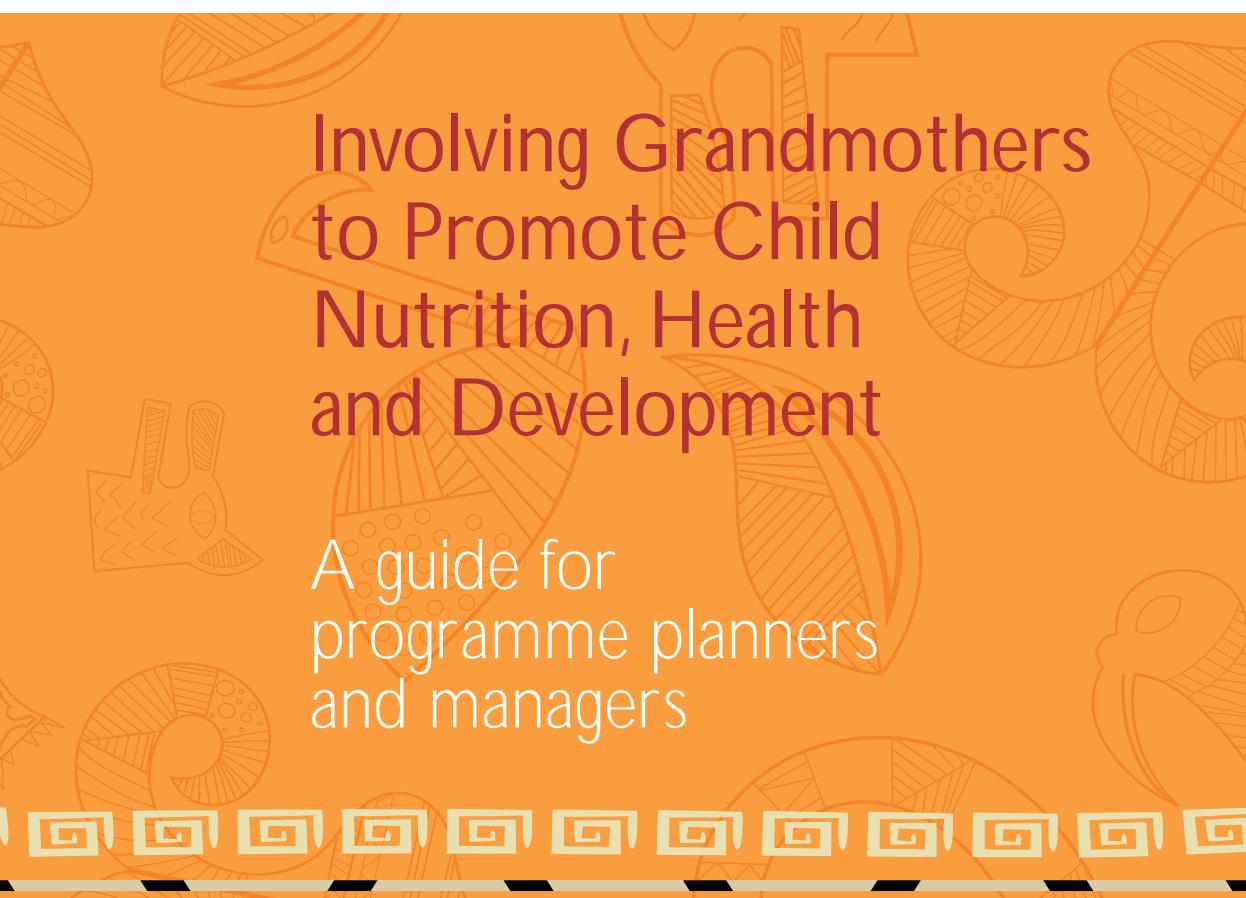
Involving Grandmothers to Promote Child Nutrition, Health and Development

A guide for programme planners and managers

By Dr Judi Aubel,
Grandmother Project:
Change through Culture

Terms of Use

World Vision offers the materials that make up the *Involving Grandmothers to Promote Child Nutrition, Health and Development: A Guide for Programme Planners and Managers* for your use. You are free to reproduce and use all the materials under the following conditions:

- World Vision's logo and Grandmother Project logos are retained on materials and not replaced with your own logo.

- Source of the materials must be acknowledged and, where appropriate, the copyright notice included.

- Grandmother Project is acknowledged as owner and developer of the methodology (also known as the 'grandmother-inclusive approach' or 'Change through Culture approach'). World Vision is acknowledged for its funding and implementation and contextualisation of the activities carried out using this methodology.

- No fees are charged and the materials are not sold.

Published by the Nutrition Centre of Expertise, Health and Nutrition - Sustainable Health, on behalf of World Vision International.

For further information about this or other nutrition tools and publications, contact the Nutrition Centre of Expertise: loria_kulathungam@worldvision.ca.

For information about World Vision International publications, contact wvi_publishing@wvi.org.

World Vision International would appreciate receiving any details of any use made of this material in training, research or programme design, implementation or evaluation.

Photo Credits

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and their communities worldwide to reach their full potential by addressing the causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity or gender.

Acknowledgements

Foreword

Improving nutrition practices among families continues to be a challenge, despite the clear positive impact nutrition has on saving lives and protecting children's health and development. Breastfeeding, for example, is the most readily accessible nutrition intervention; yet global (reported) exclusive breastfeeding rates have remained stubbornly low over the past decades (34% in 1995; 39% in 2011). Actual rates may be even lower. This is surprising given the evidence that if positive breastfeeding practices were implemented at scale in countries with a high burden of undernutrition and disease, 800,000 deaths could be prevented each year.

Reasons for inadequate nutrition for women and children are many: quality foods may not be available or accessible, cultural beliefs and norms may not be beneficial, health care may be inadequate, or sanitation and hygiene may be poor. On the other hand, there are resources within families and communities that are often overlooked, or considered barriers to good nutrition. Grandmothers are one such central, but largely undervalued, community and family resource. Grandmothers are highly respected within most non-Western cultures. They advise and guide younger generations on a variety of issues related to family life, including how to feed and care for pregnant women, infants and young children. Yet most health and nutrition programmes focus exclusively on children and women of reproductive age, and either ignore grandmothers or view them as an obstacle rather than a resource.

Why this bias against grandmothers? Is it substantiated? The evidence is building that involving grandmothers can lead to significant improvements in infant and young child feeding, health and broader development issues. Grandmothers are receptive to new ideas, depending on the approach used. Much of the evidence is coming from the Grandmother Project, founded by Dr Judi Aubel. World Vision, therefore, commissioned Dr Aubel to write a guide for programme planners and managers, based on her successful experiences. This practical, step-by-step guide, *Involving Grandmothers to Promote Child Nutrition, Health and Development,* will enable NGOs and governments to include grandmothers respectfully, using a 'Change through Culture approach' in their nutrition, health and development programming.

Our hope is that many programmers in World Vision, other NGOs and governments will use this guide to intentionally involve grandmothers, empowering them in their traditional roles, so they can be more effective in improving the nutrition, health and development of their families and subsequent generations.

Carolyn MacDonald, PhD

Nutrition Director and Nutrition Centre of Expertise Lead
World Vision International

Contents

Contents continued

List of Tables

List of Figures

Acronyms and Definitions

CHDW — Community health and development worker

> *Includes paid or voluntary community health and/or nutrition workers, community development workers, as well as NGO staff involved in health and development work.*

CNHD — Child nutrition, health and development

> *Community programmes that impact children, such as nutrition, health, agriculture and broader development, (i.e. economic development, education, early childhood care and development.)*

Community Actor — *In the context of this publication, community actor refers to community members actively involved in the process of development, rather than passive target groups or beneficiaries.*

CtC — Change through Culture

GM — Grandmother

GMP — Grandmother Project

> *An international development organisation working to improve the health and well-being of women and children by building the capacity of development partners to implement culturally grounded, grandmother-inclusive and intergenerational community programmes.*

> *Please note that GMP is an abbreviation commonly used to refer to Growth Monitoring and Promotion, but in the context of this publication, GMP refers to Grandmother Project.*

KAPs — Knowledge, attitudes, practices

NCoE — Nutrition Centre of Expertise

NGO — Non-governmental organisation

UNICEF — United Nations Children's Fund

WRA — Women of reproductive age

WV — World Vision

A house without a grandmother is like a road that goes nowhere.

Senegalese proverb
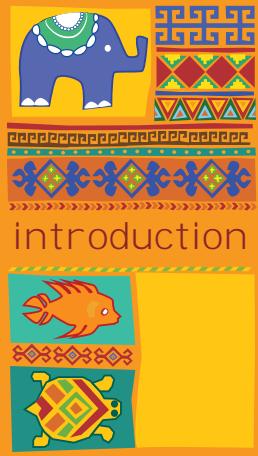
Introduction to the Guide

1. Rationale for the Guide

Grandmothers play a critical role in family and community life in societies all around the world, especially in caring for young children and advising and educating younger women on all aspects of family well-being. In non-Western societies in Africa, Asia, Latin America and the Pacific, grandmothers have a particularly strong influence within the family context on the practices of younger women as well as on the decisions made by fathers and other men.

Grandmother-inclusive programmes, with technical support from Grandmother Project (GMP), have contributed to improving the well-being of children and women in various countries including Senegal, Mali, Mauritania, Uzbekistan and Laos.

GMP and its partners have learned that when grandmothers and other elders are acknowledged, included and given access to new information, their commitment and contribution to family and community health and well-being increases.

Based on GMP's experience, grandmothers are open to new ideas when they are engaged through participatory learning methods based on respect and dialogue. Empowering grandmothers; enhancing communication between grandmothers, younger women and men; and strengthening the role of grandmother groups can also contribute to strengthening understanding and social cohesion within families and communities.

Grandmother with village children in Senegal

The approach developed by GMP includes grandmothers but it does not involve only grandmothers. We refer to our approach as grandmother-inclusive to emphasise the need to explicitly and actively involve grandmothers in programmes for women and children along with other family and community members, especially mothers of young children. In all cultural contexts in Africa, Asia, Latin America and the Pacific, grandmothers continuously interact with and influence the practices of younger mothers in matters related to child nutrition, health and development. In community nutrition, health and development (CNHD) programmes that impact children, there should always be activities involving younger mothers as well as grandmothers. All of the activities and tools presented in this Guide can be used with mothers as well. The priority for CNHD activities should be on grandmothers and younger mothers, given the central roles they play in this area. Depending on the role played by fathers, as analysed in Step 1 of the GMP methodology, it is also important to design activities that involve them and that will be of interest to them.

Despite the crucial role played by grandmothers in families and communities, some development programmes:

- focus exclusively on children and women of reproductive age in isolation
- ignore grandmothers' influence on younger generations and on men
- view grandmothers as an obstacle rather than a resource.

2. Audience and purpose of the Guide

This Guide is for non-governmental organisation (NGO) and government programme managers who design, implement and evaluate community programmes that promote child nutrition, health and development.

The Guide's purpose is to help programme managers increase their knowledge, skills and commitment to:

- respect and build on culturally designated roles of family members
- include grandmothers as key actors in programmes on child nutrition, health and development
- strengthen communication between the generations within families and communities
- promote participatory communication methods that strengthen community capacity to analyse situations and take action.

3. Content of the Guide

Below is a brief description of each chapter in the Guide:

- **Introduction** introduces the Guide, describing its purpose and intended users.
- **Chapter 1** explains the rationale for including grandmothers in programmes dealing with child nutrition, health and development.

- **Chapter 2** presents GMP's grandmother-inclusive Change through Culture (CtC) approach, a generic methodology that can be used to address various issues regarding the health and well-being of children, women and families.

- **Chapter 3** discusses the attitudes, knowledge and skills needed to effectively implement a grandmother-inclusive approach in programmes.

- **Chapter 4** presents the five key steps in GMP's grandmother-inclusive methodology.

- **Chapter 5** presents examples of results obtained using a grandmother-inclusive approach in child nutrition and health programmes in Senegal and in Laos.

- **Annex A** provides a sample of a group interview guide for grandmothers, to be used in the Step 1 Community Assessment.

This Guide also includes:

- *Reflection questions* prompting you to think critically about some of the ideas presented in the Guide. They are best used with a group of colleagues to stimulate discussion as to how they can or cannot be applied in your current programmes.

- *Practical examples* from GMP and partners' field experience that illustrate how ideas and strategies are used in a specific setting.

- *Quotes* from experts and community members, such as grandmothers and other elders, community health and development workers (CHDWs), teachers and local leaders, illustrating various ideas discussed in the text.

- *Need more information* sections provide titles of manuals and guides that are relevant to the ideas discussed in various chapters of the Guide.
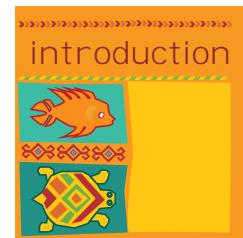
4. How to use the Guide

You are encouraged to read the entire Guide and to answer the reflection questions before starting to plan how to apply the new ideas presented here. Reading the Guide in a study group with colleagues is an excellent way to discuss the new information and to learn from each other.

Development managers with considerable field experience—conducting assessments, using qualitative methodologies, applying participatory models, using adult learning methods and implementing community programmes— can use the Guide on their own. For others, the Guide is best introduced with technical assistance through training or on-the-job mentoring.

What is a 'grandmother'?

The term 'grandmother' is used to refer to all more experienced, older women in the family and community who provide advice, supervision and support to parents and their children as they grow up. Grandmothers can be between 30 and 80+ years of age but the older they are, the more their experience is recognised and the higher their status in the community.

World Vision
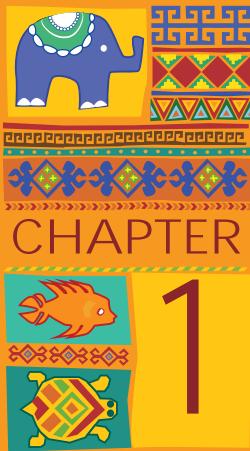
Why Involve Grandmothers in Child Nutrition, Health and Development Programmes?

Most programmes that aim to improve children's nutrition, health and development involve younger mothers but do not explicitly involve senior women, or grandmothers.

The rationale for involving grandmothers stems from the roles that they play, especially with young children from the day they are born and in their earliest years of life. There is increasing evidence of their role and influence in non-Western societies around the world, including Africa, Asia, Latin America, the Pacific, Aboriginal Australia and Native North America.

1. Role of grandmothers in child growth and development in non-Western cultures

In 2005 the founder of the Grandmother Project, Dr Judi Aubel, carried out an extensive review of the roles of grandmothers in more than 40 non-Western cultural contexts.[1] This study revealed that, while much of grandmothers' knowledge and practices is culturally specific, there are core roles that grandmothers play, related to women, children and families, that appear to be universal. These core roles involve care-giving, advising and teaching. Table 1 summarises findings of the review. The study also showed that virtually all grandmothers are committed to promoting the well-being of younger women and grandchildren, not only within the immediate family but also in the wider community. In addition, the review revealed that in most cases, the core roles played by grandmothers are similar in both rural and urban settings.

Table 1: The core roles of grandmothers across non-Western cultures

The core roles of grandmothers across non-Western cultures
- Advise and guide younger generations on a variety of issues related to family life.
- Transmit religious and cultural values and traditions to younger generations.
- Support young mothers in child care and upbringing of children.
- Promote family health and provide home treatment for illnesses of children and other family members.
- Advise male family members on issues regarding the well-being of children and women.
- Advise pregnant women and young mothers after birth.
- Provide support to women and children within both the immediate family and neighbourhood.

[1] Aubel, Judi, *Grandmothers: A Learning Institution,* (2005) Washington, D.C.: Creative Associates International/USAID.

Another recent review assessed the specific role and influence of grandmothers on child care and nutrition practices in 85 cultural contexts. The findings (Table 2) showed that in all societies, grandmothers are both advisors to younger women and direct caregivers.

Table 2: Roles of grandmothers supporting child care and nutrition

Advising mothers with infants and young children:
Breastfeeding, including colostrum feeding
Diet of breastfeeding women
Prelacteals and traditional teas
Complementary feeding
Feeding during childhood illness
Direct caring for children:
Giving water and other liquids to infants
Preparing children's food
Feeding children
Preparing home remedies for sick children
Caring for sick children
Bathing infants and children
Direct caring for mothers:
Assisting with domestic tasks to give mothers more time for child care
Providing child care to allow mothers to do other tasks
Supporting young mothers emotionally

Source: Aubel, J. *The roles and influence of grandmothers and men: Evidence supporting a family-focused approach to optimal infant and young child nutrition,* (2011) Washington, D. C.: USAID.

Reflection questions

1. In the socio-cultural contexts in which you are working, what roles do grandmothers play related to children's nutrition, health and development?

2. After reading this section, has your perception of grandmothers' roles changed in any way?

Grandmother in Mauritania with grandchildren and neighbour children she cares for

2. Who decides which community groups to involve in child nutrition, health and development programmes?

In most cases, decisions regarding which community groups will be involved in a child nutrition, health and development (CNHD) programme are made by programme 'experts'. Asking communities who should be involved is a good way to ensure the cultural relevance of the programme and also to increase community ownership of and commitment to it.

In GMP's experience in various countries, when community members have been asked 'Who should be involved in a CNHD programme?' they have always identified grandmothers as priority participants. From the communities' point of view, grandmothers play a central role in families as advisors and caregivers related to CNHD, and for that reason they should be involved in such programmes. Also, if programmes dealing with CNHD focus only on women of reproductive age (WRA), communities may feel offended that such programmes ignore the *grandmother resource.*

The grandmother is like a big tent under which all other family members sit.
Grandmother, Mauritania
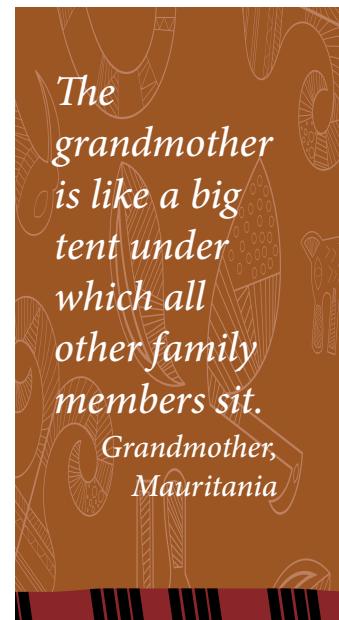
Many NGOs have come to our community but never before did they involve the grandmothers. Anyone who is truly interested in the well-being of children should involve the grandmothers. In this programme, grandmothers play a central role. Before, we felt like we were closed inside a dark room. Now we feel like we are out in the light.

– Grandmother in Senegal
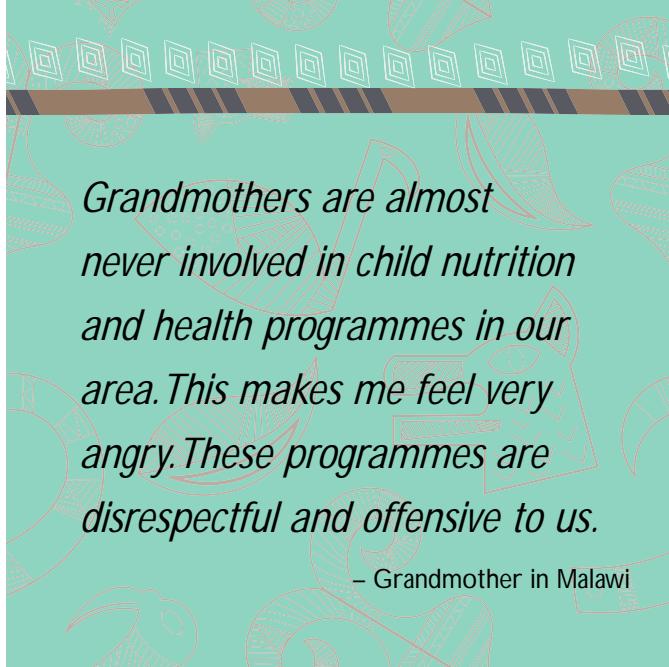
Grandmothers are almost never involved in child nutrition and health programmes in our area. This makes me feel very angry. These programmes are disrespectful and offensive to us.

– Grandmother in Malawi

Reflection questions

1. In community CNHD programmes you have been involved with, were communities asked who should be involved in activities dealing with CNHD issues, or did programme planners make those decisions on their own?

2. Do you think it is feasible to ask communities who should be involved in CNHD programmes?

3. What are some implications of not including grandmothers in CNHD programmes?

3. Why do many CNHD programmes not involve grandmothers?

The fact that many CNHD programmes do not involve grandmothers can be explained by two sets of factors: firstly, biases against them on the part of development programme staff and secondly, certain traditions in programme planning within development organisations. Several negative stereotypes of grandmothers (Table 3, left column) contribute to the fact that most CNHD programmes do not explicitly involve grandmothers. In GMP's experience using a grandmother-inclusive approach, each of these biases has been disproved (Table 3, right column).

Table 3: Frequently heard biases against grandmothers and past experiences using a grandmother-inclusive approach

Biases against grandmothers (GMs)	Experiences using a grandmother-inclusive approach
GMs no longer have a significant influence on CNHD practices of mothers and families.	Experiences in Africa and Asia have shown that in most cases, GMs still have a big influence on CNHD in both rural and urban areas.
GMs have a negative influence on CNHD.	Some of their practices are beneficial while others are harmful.
GMs are illiterate and, therefore, unable to learn.	When an adult education approach is used based on respect and dialogue, GMs are able to learn and to change.
Old people are unable to learn or change.	Old people can learn and change their ways if a non-threatening and participatory approach is used that builds on their experience and knowledge.
Most GMs are decrepit and dependent.	The majority of GMs are actively contributing to family well-being

Traditional attitudes that discredit older people's knowledge and experience, as reflected in popular sayings:

'You can't bend an old piece of bamboo.'
Laos

'You can't teach an old dog new tricks.'
United Kingdom and U.S.A.
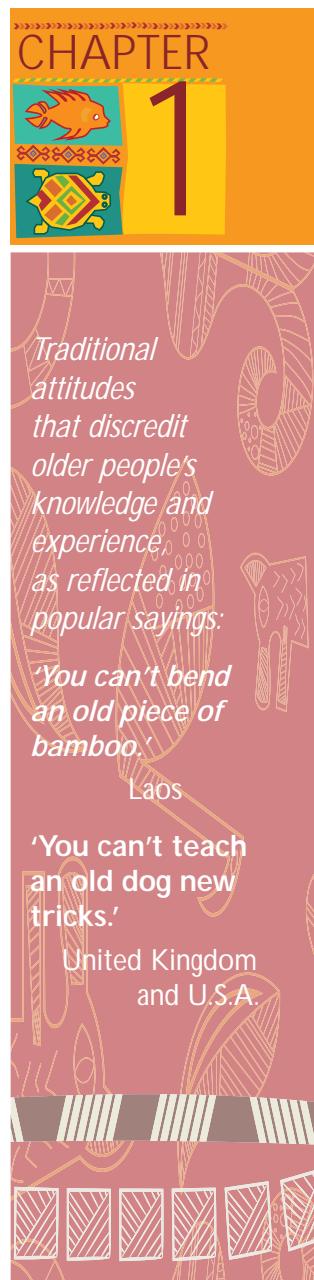
A second factor that contributes to the exclusion of grandmothers from CNHD programmes is the approach used by most development organisations in which the focus is on 'risk groups', i.e. mothers and young children. This approach does not take into consideration family actors who influence those at risk.

These two sets of factors that limit involvement of grandmothers are quite widespread, but they can be overcome. Clearly, in a programme that plans to involve grandmothers, a critical step is for both programme managers and community outreach staff to reflect on and overcome these biases in order to see grandmothers primarily as a resource rather than as a constraint.

The following chapters describe the Grandmother Project's Change through Culture approach. This is a method for working with communities to strengthen the role of cultural advisors, particularly grandmothers, for improved CNHD outcomes.

Three grandmother leaders in Mali

Grandmothers' receptiveness to new ideas:
'We are not necessarily opposed to new ideas. It all depends on the approach used with us.'

'Usually when health and development workers come to our village, they ask to meet with younger people and those who have been to school. We haven't been to school, so we are never invited. Even though we are not included, of course we know what they are talking about. Now, if they do not invite us to share our knowledge and experience, why should we be interested in the ideas they are promoting?

In the case of this project, the approach was very different. When staff came, they met first with the male traditional community leaders – they showed us that they understand how our village is organised. That was the appropriate way to start. Then they came to us, the grandmothers. They sat on the mat with us. They showed respect for us and our knowledge and experience. They asked us our opinions and showed interest in our experiences. They asked if we would consider combining our ideas with new ideas. Why wouldn't we be interested in what they had to say and in trying out some of the new ideas? Of course, we accepted their proposal for dialogue. We tried what they suggested and found that their ideas worked.'

– A grandmother leader involved in Helen Keller International/GMP project, Mali

Discussion during Day of Praise of Grandmothers in Senegal

Reflection questions

1. Do any of these biases against grandmothers exist in your organisation or place of work? If yes, why do these biases exist and how can they be overcome?

2. Are grandmothers actively involved in the CNHD programmes developed by your organisation? If so, is their involvement beneficial? If not, why are they not involved?

A people that loses its culture is a lost people.

Afar proverb, Djibouti
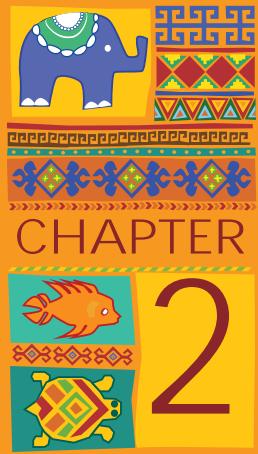
Overview of Grandmother-Inclusive Change through Culture Approach

Key concepts of the Change through Culture (CtC) approach

The Change through Culture (CtC) approach for working with communities has two main purposes:

1. to acknowledge and reinforce positive cultural resources and community assets.

2. to promote adoption of optimal CNHD norms and practices.

In this innovative approach, it is of critical importance that the two purposes be addressed in order, i.e. starting with the positive. Some aspects of the CtC approach are similar to those used by other organisations, while others are unique to GMP. Four key concepts underpinning this approach are quite specific to GMP:

1. **Build on cultural values, roles and resources.**

2. **Include grandmothers.**

3. **Strengthen communication between generations.**

4. **Use dialogical communication methods to build community consensus.**

1. Build on cultural values, roles and resources

In all societies, cultural values and identity are of great importance to people. In community programmes, two key aspects of culture that should be taken into consideration are (1) the community or social norms and cultural values that determine practices and behaviour, and cultural values that determine practices or behaviour and (2) the organisation, or social structure, of families and communities, including roles and influence of family and community members in household decision-making.[1]

A 2001 UNESCO conference on culture and development emphasised the importance of building on cultural realities:

'When development recognises culture it produces change rooted in a community's own values, knowledge and lifestyle and thus tends to be more successful. When development imposes external cultural values it damages the operating system by devaluing indigenous knowledge and local capacity on which that community is built.[2]

[1] Aubel, Judi, 'The role and influence of grandmothers on child nutrition: Culturally designated advisors and caregivers', *Maternal & Child Nutrition*, (2012), 8:19–35.
[2] Gould, Helen, 'Culture and social capital', in François Matarasso, ed, *Recognising Culture: A Series of Briefing Papers on Culture and Development*, (2001) London: Comedia, The Department of Canadian Heritage, and UNESCO, 69–75. <http://unesdoc.unesco.org/images/0015/001592/159227e.pdf>

In GMP's CtC approach, great emphasis is put on acknowledging and building on culturally defined values, roles and resources. Key facets of non-Western cultures that serve as a foundation for CtC community programmes include the following:

- Elders have experience and influence in family decision-making.

- Grandmothers are committed and involved in all aspects of CNHD.

- The transmission of knowledge is from elder to younger generations.

- Roles of men and women are gender specific, and roles vary between older and younger males and females.

- Younger women do not make independent decisions regarding children and women's health and well-being. Rather, most decisions are made collectively within families.

- Respect for elders and their wisdom is a fundamental value.

- Extended and multi-generational families influence attitudes of individual family members.

- Informal social networks exert a strong influence on individual attitudes and practices.

- Intergenerational relationships and communication are valued.

- Formal and informal leaders of both sexes and various ages influence members of their own peer groups.

- Social norms have a strong influence on the attitudes and practices of individual women.

Reflection questions

1. How do CNHD programmes in your country intentionally take into account cultural values, roles and resources?

2. Think about each characteristic of non-Western cultures (listed above) and ask yourself: 'Is this a characteristic of the cultural setting in which I work?' If so, how can programmes build on this cultural reality?

2. Include grandmothers

Within families, the role of grandmothers is to pass on traditions related to different facets of CNHD. They play a central role in communicating the 'rules' or 'social norms' regarding child care, including how to massage an infant, how to toilet train a young child, and when and what foods to give to young children. At the community level it is the peer social networks of grandmothers that contribute to perpetuating traditional norms and practices. It is also through those

Elders' role in communication within families

'Communication is mapped along lines of seniority' (in Africa).

Collins O. Airhihenbuwa, 2005

'Elders are considered the storehouses of knowledge and wisdom within the family and community' (in India).

Narender K. Chadha, 2004
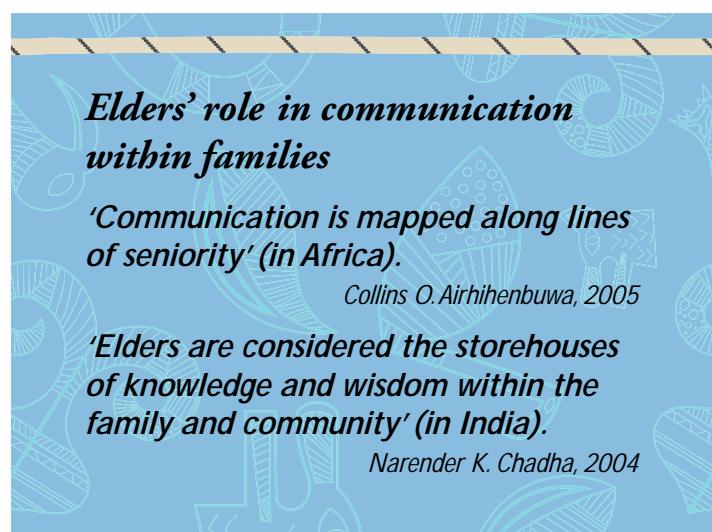
networks that changes in community norms can be introduced. While many programmes focus on *changing individual behaviour,* in this approach the focus is on *changing community and social norms,* which have a powerful influence on bringing about lasting changes in individual behaviour.

In the CtC approach, the grandmothers and their peer groups are powerful catalysts of change. For this reason they are actively involved in all aspects of CNHD programmes to promote community-wide and sustained change.

It is important to emphasise that in the CtC approach, it is not just grandmothers who are involved. Special attention is given to ensure the active involvement of all relevant community actors, including younger women, traditional community leaders, religious leaders and men.

Volunteer group composed of grandmothers and women of reproductive age

Reflection questions

1. How do you think grandmothers will feel if they are involved in CNHD activities and they are asked to share their knowledge and experience?

2. If CNHD activities are organised in the community and grandmothers are specifically invited to participate and share their experiences, how do you think that other community members will view that programme?

3. Strengthen communication between generations

The famous quote (at right) by the Malian philosopher Amadou Hampâté Bâ, points out the significance of the wisdom of the elders and its importance to younger generations. Communication between generations is the mechanism by which younger people can benefit from the knowledge and experience of the elders. Unfortunately, in many places communication between generations is decreasing as elder and younger family and community members are pulled in different directions between tradition and modernity.

In order to bring about harmonious change within family and community systems, there must be communication and consensus between generations and also between the sexes regarding priority practices to adopt. In the case of CNHD programmes, strategies should be identified that contribute to strengthening communication, particularly between older and younger women who are intimately involved in these child-related issues, but also with men, who play an important supporting role.

In Africa, when an elder dies, it is as though a whole library has burned down.

Amadou Hampâté Bâ, philosopher and writer, Mali (1901–1991)
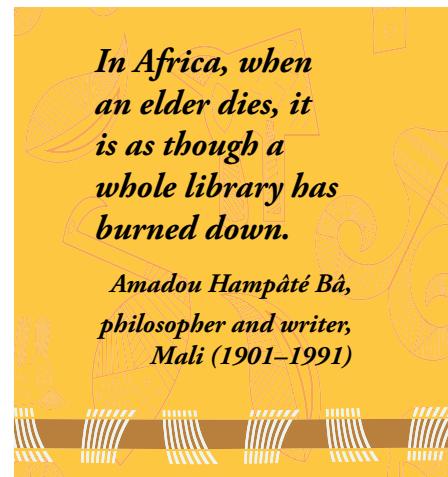
Ghanaian scholars Joseph Adjaye and Osei-Mensah Aborampah maintain that if development programmes ignore the experience and contributions of older generations to families and communities, this can contribute to further damaging relationships between young and old.[3]

In the CtC approach, considerable attention is given to strengthening communication both between generations and between men and women. Specific strategies that contribute to this include:

- initial rapid assessments to identify roles of family members (both men and women, younger and older)
- discussions with younger women to increase their recognition of and respect for older women's knowledge and experience
- communication materials, such as stories and drawings that depict grandmothers in a positive light
- carefully facilitated activities bringing older and younger women together to discuss topics related to CNHD issues
- in all community activities, encouragement of both younger and older women to share their opinions, and encouraging men to listen to them.

Reflection questions

1. Is there good communication between younger and older people, and between men and women, in the communities in which you work? If not, what can be done to increase communication between these groups?

2. If activities dealing with CNHD are organised to provide 'modern' information to younger mothers, and grandmothers are not involved, what effect can this have on attitudes of younger women towards their mothers-in-law or their own mothers?

3. How do communities feel if younger women in the community are encouraged to 'teach' older ones?

[3] Adjaye, Joseph K and Aborampah, Osei-Mensah, 'Intergenerational cultural transmissions among the Akan of Ghana', *Journal of Intergenerational Relationships,* (2004), 2(3/4), 23–38.

4. Use dialogical communication methods to build community consensus

Various types of activities can be used to promote the health and well-being of children and women by strengthening relationships and communication within and among peer groups of different ages and sexes. Communication or adult education activities aim to promote dialogue and consensus building that will support both collective and individual change.

The communication methods used by many organisations are based on North American theories on how to market new ideas. The dominant approach to communication in health-development programmes involves developing and disseminating *persuasive messages* through multiple channels in order to convince different community target groups to adopt new and improved practices. This approach is, however, increasingly criticised for being a top-down and one-way type of communication. An alternative approach, used by GMP and various other organisations, involves a *community empowerment* strategy in which community groups are involved in activities that require dialogue and problem-solving to promote social and individual change.
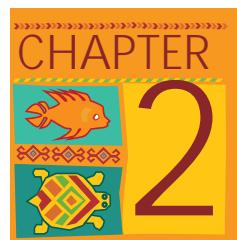
Community empowerment means that groups are able to take control of their own lives through increased problem-solving capacity and through their ability to mobilise resources, both within and outside of the community.

Paulo Freire, the grandfather of adult education

Brazilian educator Paulo Freire critiqued development programmes that use a banking approach to education in which information is 'deposited' into the minds of the learners or, in other terms, that provides communities with solutions to their own problems. He criticised this approach and said that it is in fact harmful as it reinforces community dependency on outsiders. Rather, he called on programmes to use a problem-posing approach in which communities are challenged to critically analyse both past experiences and new information, to come to their own decisions regarding the best solutions according to them. Freire said that this latter approach contributes to increasing their sense of empowerment while decreasing their attitude of dependency on outsiders to solve their problems.

In the CtC approach, communication activities with community leaders and groups are based on several key principles of adult learning:

- respect for learners' knowledge and experience

- horizontal relationships between facilitators and learners

- learning content based on everyday situations and experiences that are familiar to participants

- learning facilitators who challenge adult learners to critically examine alternatives and to make their own decisions about what to do

- learning activities that challenge learners to compare and to combine traditional, or popular, beliefs and practices with 'new' information and to 'construct' their own solutions.

In the CtC approach, participatory adult education methods are used to promote learning for empowerment. This approach and its methods are recommended not only for grandmothers and not only for CNHD programmes. GMP believes that this approach should be used with various groups in the community and to address all development topics.

The importance of the words we use related to communication and education of communities

The words we use to refer to communities and to the role of development agents in those communities reflect different ways of seeing communities and their development. For example, if we view the community as a *target group*, our approach to working with them is more likely to be directive or top-down. If, on the other hand, we view them as *partners,* we are likely to have a more collaborative relationship with them.

> The grandmother activities have made us feel much stronger than before. Now not only do we have our traditional knowledge and experience, but we also have the knowledge of the doctors.
>
> *Grandmother, Senegal*
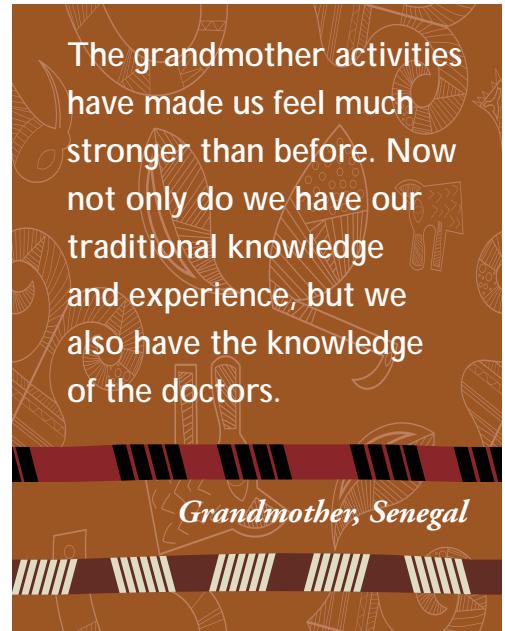
Table 4 presents several contrasting terms that are often used in development programmes. In the left column are words that reflect a more top-down/one-way communication approach, whereas the terms in the right column characterise a two-way communication approach that is more participatory and democratic.

Table 4: How the words we use influence our relationship with communities

Directive, top-down approach	Participatory, horizontal approach
Pre-defined **messages** are used to **persuade** communities what to do based on an assessment of problems and proposed solutions by CHDWs.	**Dialogue** is catalysed by CHDWs to **encourage community members to analyse problems and identify alternative solutions.**
Community members are **beneficiaries** of the activities and services that CHDWs provide to them.	Communities are **partners,** who actively participate with CHDWs in decision-making and implementation.
Community members are **audiences** or **target groups**, who are expected to listen to and adopt what CHDWs propose to them.	Community members are **independent actors,** who participate actively, reflect on different ideas and make decisions themselves.
CHDWs instruct communities on what they should do to improve their health.	**Facilitators** engage communities in analysis of alternatives and encourage them to seek consensus on what to do.
The programme objective is for the community members to accept the **knowledge, attitudes and practices** proposed to them.	The programme objective is for community actors to **critically analyse problems, assess alternative solutions and decide on the best solutions.**

In training and follow-up of field staff, the programme managers and supervisors should help programme staff to think about the terms they use to refer to communities and to their relationship with them.

Reflection questions

1. What is your understanding of the difference between a banking approach to working with community members and a problem-posing approach?

2. Following one of the principles of adult learning from the previous page, what should the CHDW do to show respect for the learners' knowledge and experience?

3. Is it more difficult for CHDWs to use a directive, top-down approach or a participatory, horizontal approach? Why?

4. What steps can the CHDW take to establish a participatory, horizontal approach with community members?
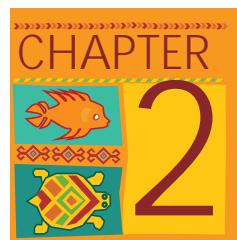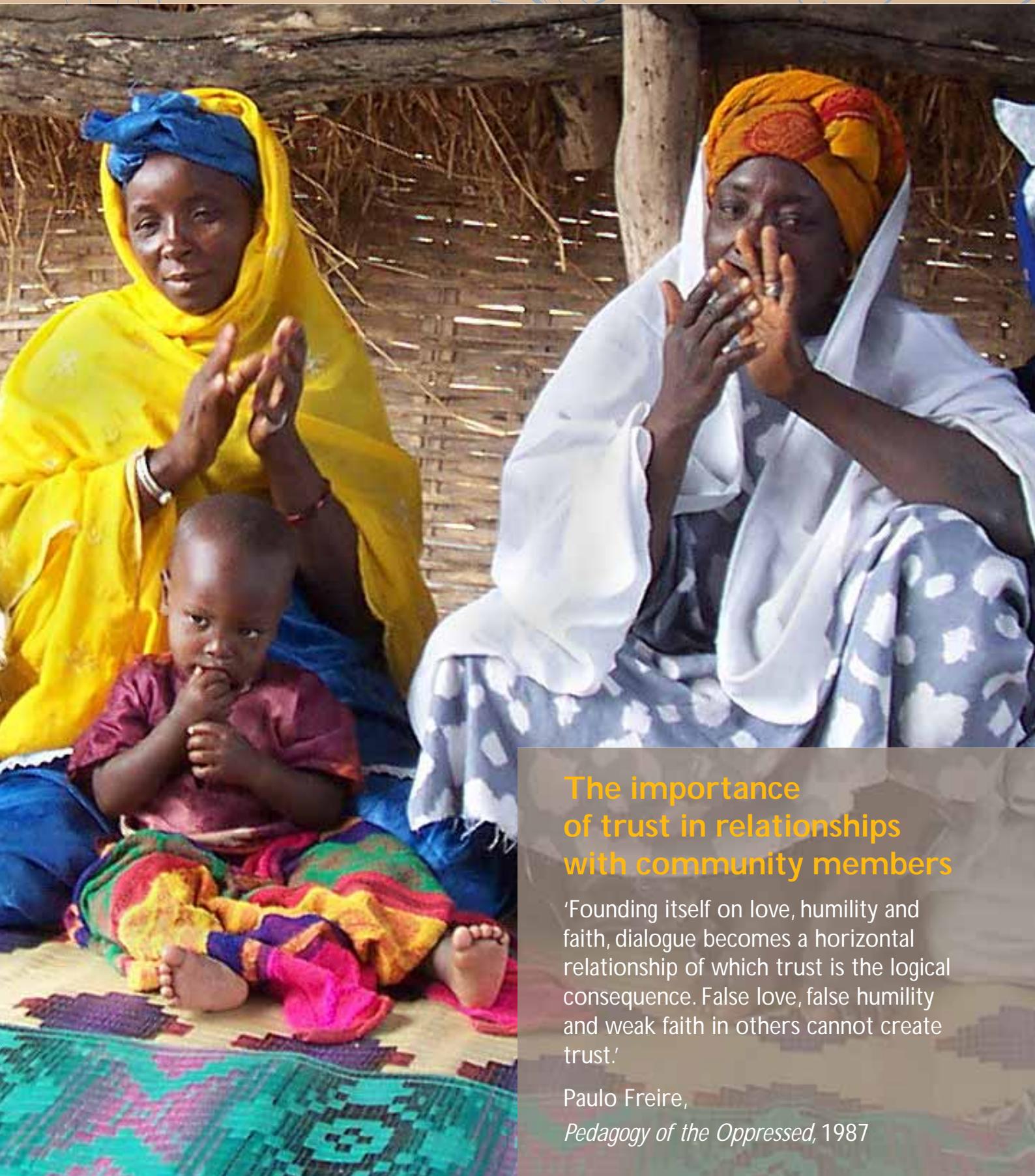
The importance of trust in relationships with community members

'Founding itself on love, humility and faith, dialogue becomes a horizontal relationship of which trust is the logical consequence. False love, false humility and weak faith in others cannot create trust.'

Paulo Freire,
Pedagogy of the Oppressed, 1987
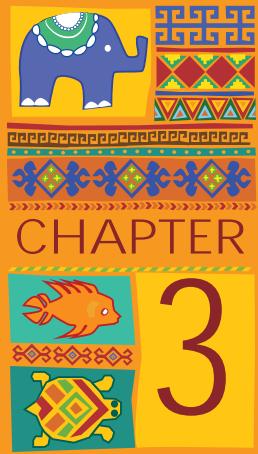
Attitudes and Skills Required to Implement a Grandmother-Inclusive Change through Culture Approach

The effectiveness of any community programme depends to a great extent on those responsible for implementing it. The most culturally relevant, innovative and well-planned CNHD strategy will not be effective if human resources are not available in sufficient number and quality to carry it out at the community level. **The successful implementation of a grandmother-inclusive CNHD programme depends very much on the attitudes and skills of the field workers who work with communities to carry it out.**

Depending on the objectives of the CNHD programme, the technical knowledge that field workers should master will vary. CNHD programmes deal with a variety of topics, including maternal nutrition, newborn care and breastfeeding, exclusive breastfeeding, hygiene of infants and young children, diarrhoeal disease, acute respiratory infection, complementary feeding, malaria prophylaxis and treatment, and early stimulation of young children.

GMP has identified three key categories of attitudes and skills that we believe are necessary, in addition to technical CNHD knowledge, for field workers, both paid and volunteer, to effectively implement a grandmother-inclusive approach:

1. **personal values and attitudes**

2. **understanding of and respect for community roles, relationships and resources**

3. **knowledge of how to facilitate change within communities**

Organisations should recruit individuals who already have as many of these attitudes and skills as possible and provide ongoing training and coaching to continue to reinforce these three sets of competencies.

1. Personal values and attitudes

In all societies, the quality of the relationships that exist between development staff and community actors is a **critical factor** in determining community interest and involvement in community programmes and, in turn, programme outcomes. The personal values and attitudes of field workers have a direct impact on the quality of the relationships they develop with community members.

Very often in community programmes, the focus of staff recruitment and training is solely on technical CNHD knowledge. When field staff are recruited, priority should be given to candidates who have positive *personal values and attitudes,* which will help them to establish fruitful relationships with communities.

The following personal values and attitudes contribute to building positive relationships with communities:

- sincere commitment to promoting the community's well-being

- humility

- respect for community authority and tradition

- solidarity with communities at times of crisis

- flexibility and adaptability in all situations

- faith in the capacity of communities to think and act in their own best interest

- commitment to 'facilitating' rather than 'directing' community activities.

Reflection questions

1. What characteristics of field workers do community members particularly appreciate?

2. What can field workers do to create a sense of confidence and trust in them on the part of community members?

3. What actions or attitudes of field workers will reduce community trust in them?

2. Understanding of and respect for community roles, relationships and resources

Children and women are part of family systems in which members in various categories (men and women, older and younger) play different but interrelated roles. Virtually all families have their own strategies for promoting the well-being of their members. Community-level workers need to understand and show respect for family and community values, roles and strategies if they are to gain the confidence of community members and if their activities are to build on what exists.

Table 5 lists various aspects of family and community systems with which CNHD programmes and staff should be familiar.

Table 5: Family and community systems related to CNHD

Family level	• Within families, various actors are involved in CNHD, especially younger women, older women, men and older female siblings. • All households have their own strategies to promote optimal CNHD and to deal with problems when they arise. • Various household and extra-household actors, not only children's biological parents, are involved with CNHD. • Economic factors can limit the choices available to households and individuals related to CNHD.
Community level	• Community organisations, groups, formal and informal leaders are community assets that programmes can build on. • Religious leaders and organisations influence values and practices related to many aspects of daily life. • Community health/development committees are vehicles for community participation and organisation. • Traditional channels and methods of communication exist in all communities.
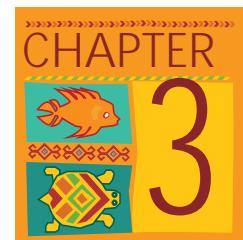
To be able to work effectively with communities it is important to have a good understanding of the characteristics of both family and community systems and to show respect for them. The foundation for a culturally grounded and grandmother-inclusive approach is the development of relationships with community actors, based on respect for their values, roles and strategies.

Sometimes CHDWs are much more aware of community problems, or deficits, than they are of their strengths, or assets. In a CtC approach, CHDWs must identify community strengths and respect community experience, values and strategies. In other words they need to **shift from focusing on community deficits to giving primary attention to community assets.**

3. Knowledge of how to facilitate change within communities

To effectively promote change in community norms and practices related to CNHD, programme planners and field staff need to:

1. understand how families and communities are organised in collectivist cultures

2. understand how to most effectively promote adult learning and change

3. possess the necessary knowledge and skills required to promote such change in communities.

Family and community organisation in collectivist cultures

Many health programmes that aim to bring about change in various health-related practices promote 'individual behaviour change' based on the assumption that individuals can independently make changes in their practices.

In individualist societies such as Canada, the United States, European countries and Australia, it may be easier for individuals to change on their own. But in collectivist societies in Africa, Asia, Latin America and the Pacific, it is much more difficult for individuals to adopt practices that are not accepted by their families or peer groups. For example, it is very difficult for an African mother to feed something to her child that is 'foreign' to the social environment in which she lives.

Promotion of change in collectivist societies

Table 6 lists several characteristics of collectivist, non-Western societies (left column) and recommended approaches for community programmes (right column) that take those characteristics into account.

Table 6: Approaches that can promote change in collectivist societies

Attitudes in collectivist societies	Approaches to promote change in collectivist societies
Cultural identity, roles and values are of critical importance to community members.	Programmes should view culture as a resource rather than as an obstacle and should explicitly identify and respect positive cultural roles and values. Communities are more receptive to programmes that promote integration of 'traditional' *and* 'new' values and ideas rather than only new ideas.
Elders are respected, given their age and experience.	Programme staff and strategies should recognise and respect the role and experience of elders and explicitly involve them. When they are respected, they are more encouraged to participate and consider the proposed changes.
Elders provide guidance to younger generations on appropriate norms and practices.	Programme activities should allow elders to share their knowledge and experience with younger community members. This recognition encourages them to be more open to change.
Senior women, or grandmothers, are culturally designated to pass on from one generation to the next, traditions related to all aspects of children's and women's health and development.	Programmes should recognise the central role of grandmothers in teaching younger family members how to promote the health and well-being of children and women. They should actively involve grandmothers in discussions of how 'traditional' and 'modern' practices can be combined.
Communication between the generations is valued. However, in many societies intergenerational relationships are strained nowadays.	Strategies should promote communication between generations so that consensus can be reached on how to combine both 'traditional' and 'modern' ideas.
Individuals do not like to adopt practices that are not approved of by the group. They are more open to *changing with the group.*	Priority should be given to peer-group and community-wide activities, as they are more effective in promoting change in individuals than activities that focus on individuals. Group activities allow group members to change together.
Individuals of all ages look up to and often adopt the attitudes and values of *leaders in peer groups and in the community at large.*	Programmes should identify both formal and informal leaders and actively involve them in community activities so that they lead and energise the change process.
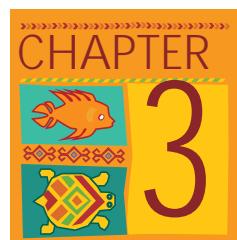
Knowledge and skills needed by community field workers to promote learning and change

Based on what is known about the way in which communities are organised and about how change can best be promoted at the family and community level, what types of knowledge and skills do field staff need in order to catalyse participation, learning and change on the part of community members?

To apply GMP's participatory learning for action methods, CHDWs need knowledge and skills related to:

1. *a community development vision and skills* for working with communities

2. *adult education principles and practices*

3. *group facilitation skills,* which are important for working with various types of community and organisational groups

4. *participatory communication methods* that catalyse reflection and critical thinking among community actors.

Table 7 presents topics for each of these four critical sets of competencies.

Table 7: Knowledge and skills needed by CHDWs to promote change in communities

Community development vision and skills	Adult education principles and practices	Group facilitation skills	Participatory communication methods

• focuses on community assets rather than deficits
• identifies formal and informal community leaders
• develops rapport and collaboration with community leaders
• develops community autonomy in decision-making
• strengthens skills of community leaders in participatory problem-solving
• builds up ability of community actors (older and younger, male and female) to communicate and collaborate effectively
• helps community groups to link with outside organisations and institutions to access resources
	• understands characteristics of adult learners
	• uses problem solving approach, not banking approach
	• uses facilitation, not instruction
	• creates a learning environment that facilitates learning
	• develops critical thinking skills
	• stimulates group learning
	• is familiar with experiential learning cycle
		• takes on role of facilitator in a group activity
		• is aware of and facilitates task and maintenance roles in a group
		• has strong listening and questioning skills
		• gives and receives feedback
		• has strong verbal and non-verbal communication
		• uses variety of team-building strategies
		• is skilled at participatory problem-solving
		• restrains group members who dominate the discussion
		• encourages shy group members to contribute their ideas to group discussion
		• has conflict resolution skills
		• processes experiences
		• develops lessons learned
			• develops and uses a variety of these methods:
			  ⋄ stories
			  ⋄ songs
			  ⋄ socio-dramas
			  ⋄ role plays or skits
			  ⋄ community theatre
			  ⋄ community meetings
			  ⋄ games
			  ⋄ discussion pictures
			  ⋄ case studies

Source: Adapted from: Aubel, J. *Communication for empowerment: Strengthening partnerships for community health and development,* (2001) UNICEF Working Paper Series.

Programmes that adopt a grandmother-inclusive approach should develop *training activities* as well as a set of *community exercises* to help field staff progressively develop knowledge and skills related to all four of these categories of knowledge and skills.

Reflection questions

1. What attitudes do outreach workers need to have towards grandmothers in order to engage them and interest them in sharing their experiences and in acquiring new knowledge?

2. What skills do community facilitators need in order to strengthen communication between generations?

3. What skills are required to facilitate learning by adults?

4. What attitudes and skills are needed to strengthen cohesion within groups and within communities?
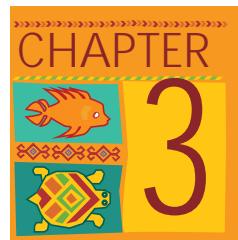
Dearest Grandmother,

dearest Grandmother!
You are such
a wonderful person,
such a wonderful
person.

Dearest Grandmother,
dearest Grandmother!
Your heart is
big and compassionate.

Dearest Grandmother,
dearest Grandmother!
May God grant you
a long life!

Song from Senegal
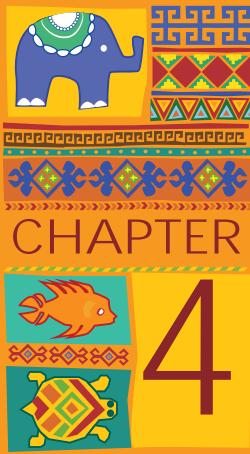
The Five Key Steps in the Grandmother-Inclusive Change through Culture Approach

The grandmother-inclusive Change through Culture approach was developed over more than 10 years through a process of experimentation and learning in community programmes. The approach is summarised in five key steps, which reflect the four core concepts that underpin all of GMP's work, as discussed in Chapter 2. Each step involves the use of specific tools and methods to involve grandmothers, to promote intergenerational learning and to use *dialogical communication methods* to help community actors come to a consensus on which practices to abandon and which to encourage. Table 8 provides a snapshot of the five steps. As we continue, we'll look at each step in detail.

As Table 8 shows, each step includes ongoing monitoring and documentation for learning. Step 5 (evaluation) focuses on mid- or end-of-programme changes, results and learning.

Table 8: Snapshot of the five steps in a grandmother-inclusive approach

Step 1	Step 2	Step 3	Step 4	Step 5
Assess roles, relationships and knowledge	*Affirm GMs' role as a cultural resource or asset*	*Build consensus for change through dialogue*	*Build capacity of GM leaders*	*Evaluate results and document for ongoing learning*
Rapid community assessment of roles and influence of GMs, mothers and other family members; decision-making patterns in the household; knowledge and practices related to the health and well-being of women and children.	Public affirmation of GMs' roles in family and community life by CHDWs and by community leaders; validation of culturally grounded roles; community input used to develop or refine programme objectives and strategies.	GMs, young women, community leaders, community groups and CHDWs engage in dialogue on priority issues to build consensus on actions to promote social change; dialogue focuses on how 'traditional' and 'new' practices can be combined to address priority problems.	GM leaders are identified, trained and coached to strengthen their role promoting positive household practices within GM networks and in the community at large.	Changes are assessed related to 1) community norms and individual practices and 2) the capacity of community leaders and groups to promote positive change.
Cross-cutting: Ongoing monitoring and documentation for learning				

Our children are like milk and our grandchildren are like cream.

A popular saying heard in various countries including Albania, Mali, Senegal and Uzbekistan

Reflection questions

1. Most development organisations have a step-by-step strategy for engaging with communities and implementing programmes. Are you familiar with any of the five GMP steps? Which are new to you?

2. Do you think that all five steps are relevant to community programmes, or are any steps not necessary?

3. Choose an unfamiliar step. What tools and methods could you use to implement that step?

4. What difficulties do you think you might encounter and how would you deal with them?

These five core steps can be used as a road map for developing and implementing programmes dealing with all aspects of family and community well-being in which grandmothers play a role. Also, they can be used in combination with other strategies that are providing services or health-related products to communities.

For each of these steps we will discuss the following:

- **Why is this step important?**
- **What are the key activities and anticipated results?**
- **What methods and tools can be used?**

On the next two pages you will find a table providing details on the five steps. For each step there are activities and results at both *community* and *organisational* levels. (Organisational level refers to the NGO or government department that is in charge of implementing the strategy.) The two levels are included to show the interaction between community and institutional actors at each step in the process.

Although the five steps are laid out in a linear sequence, in fact there is considerable overlap between them. For example, the activities that begin in Step 2 continue throughout Step 3 and 4. Similarly, the activities beginning in Steps 3 and 4 continue until the end of programme implementation.

It is also important to mention that the content of the various steps is not rigidly defined. Each generic step has proved to be important to obtain maximum results from the approach. However, there is certainly room for creativity in carrying out each step while adhering to the overall purpose and principles.

Table 9: Steps in the grandmother-inclusive approach to promoting community consensus for change

Steps	Step 1	Step 2	Step 3
	Assess roles, relationships and knowledge: analysis of roles and influence of GMs and other family and community actors on women's and children's health and well-being	*Affirm GMs' role as a cultural resource or asset: recognition of GMs' knowledge, experience and role by development workers and by communities themselves*	*Build consensus for change through dialogue within and between peer groups of GMs, elders, women, men and traditional leaders: agreement on actions to solve problems building on both 'traditional' roles and practices and on priority 'modern' practices*
Activities at community level	• Rapid assessment of roles, authority, decision-making patterns and influence in families and communities, and communication channels • Assessment of norms, knowledge and practices related to programme topics of concern	• Assessment results are shared and discussed with community members • Discussion of the important role of elders, in general, and specifically of GMs in families and communities	• Formal and informal leaders (men, women, young and old) are involved in non-formal education activities. • Participatory communication activities elicit dialogue within and among peer groups of GMs and of other community actors on priority issues • Dialogue starts with discussion of existing/ traditional values and practices • Respected community resource persons participate in sharing new, 'modern' information with groups in the community
Results at community level	• Community members recognise the important roles played by all family members, especially that of the grandmothers	• GMs themselves and other community members increase their confidence in GMs' knowledge and experience • Young people re-examine their attitudes towards their elders	• Communities themselves decide how to combine traditional and new values and practices
Results at organisational level	• Participation in community assessment increases CHDW's understanding of role and influence of GMs and other actors in families and community	• Health and development workers increase their respect for GMs' role and their confidence in GMs' ability to learn	• CHDWs build strong partnerships with GM leaders and GM groups. • CHDWs increase their skills in facilitation of group dialogue and consensus-building
Ongoing monitoring and documentation for learning			

Steps	Step 4	Step 5
	Build capacity of GM leaders to promote improved practices within GM groups, within families and within the community at large	*Evaluate results and document for ongoing learning:* assess changes in community norms and practices and community capacity to promote positive change
Activities at community level	• Health and development workers establish close relationships with GM leaders • GM leaders are encouraged to take an active role in all community activities • GM leaders are empowered to promote improved practices related to women and children with other GMs, in families and community at large	Ongoing observation, interviewing and documentation of community activities to track community response, involvement and changes that come, both anticipated and unanticipated
Results at community level	• Collaboration between GM leaders and other community leaders (men and women) is strengthened • GM leaders catalyse discussion in families and communities on priority 'traditional' and 'modern' practices	Changes in specific: • community norms • individual practices • Changes in community cohesion and capacity: • leadership skills of GMs and other leaders • involvement of community leaders in facilitating consensus-building to address community concerns
Results at organisational level	• CHDWs maintain close relationships with GM leaders and continue to reinforce their role as change agents in the community	• Increased capacity of CHDWs to involve GMs in promoting positive practices for the well-being of women and children
Ongoing monitoring and documentation for learning		

Step 1: Assess roles, relationships and knowledge

Why is this step important?

It is important that community programmes be based on a good understanding of existing roles, patterns of organisation and influence, within both families and communities, related to the health and well-being of children and women. In the programme you plan to implement, you have most likely already identified the 'risk groups', probably young children and/or women. In addition to these groups, it is also important to identify other actors within the family and community who influence the attitudes and practices of the risk groups.

The results of this initial assessment will help to refine programme objectives, decide who should be involved and determine what the content of the community activities should be.

What are the key activities and anticipated results?

In this step, as in the following ones, the activities to be carried out involve actors at the community and organisational levels, and specific results are anticipated at both levels. The table below summarises key community activities and results.

Table 10: Step 1 – Key activities and results

Step 1: Assess roles, relationships and knowledge: Analysis of roles and influence of GMs and other family and community actors on women's and children's health and well-being.	
Activities and results	
Activities at community level	• Rapid assessment of roles, authority, decision-making patterns and influence in families and communities, and communication channels. • Assessment of norms, knowledge and practices related to programme topics of concern.
Results at community level	• Community members recognise the important roles played by all family members, especially that of the grandmothers.
Results at organisational level	• Participation in community assessment increases CHDW's understanding of the role and influence of GMs and other actors in families and community.

What methods and tools can be used?

Sub-steps for conducting a rapid community assessment

In this section we will outline the following sub-steps in planning, conducting and summarising results of the community assessment:

1. Review earlier studies and assessments on your CNHD topic.
2. Define overarching aim and develop a conceptual framework for the assessment.
3. Identify assessment topics to be studied.
4. Define specific objectives.
5. Conduct social influence analysis.
6. Identify sample populations.
7. Choose data-collection methods and develop data-collection tools.
8. Identify assessment-team members.
9. Train assessment-team members.
10. Develop calendar and logistical plan for community visits.
11. Collect and analyse assessment data.
12. Summarise findings and write assessment report.
13. Disseminate assessment report to programme stakeholders.

The community assessment should be coordinated by someone with considerable experience in qualitative research. If there is not sufficient capacity, a consultant should be hired to work with programme staff and actively involve them in the process of planning and conducting the study. Their participation will ensure that the content of the study responds to programme stakeholders' needs and will increase their sense of ownership of study findings.

The quality of the community assessment will depend to a great extent on careful planning, the availability of qualified human resources, sufficient financial and logistic resources, and excellent planning and management of the sub-activities involved. Detailed discussion of all of the steps in this process can be found in two other documents authored by Judi Aubel.[1,2] Here we present key elements and considerations for each of these steps.

1. Review earlier studies and assessments on your CNHD topic

To define the specific information to be collected in the community assessment, it is important to review previous studies on the same topic. This could include published studies (from databases) or project data (i.e. assessments from WV, MOH or NGO partners). This review will allow you to determine what information has already been collected related to the objectives of the assessment and how different factors influence your goal and/or aims. It will also help you think about the different aspects of the
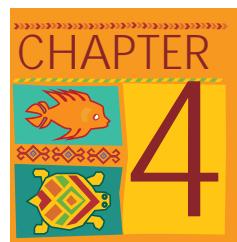
[1] Aubel, Judi, *Guidelines for studies using the group interview technique,* (1994) Geneva: International Labour Organization. <http://snap3.uas.mx/recurso1/unfpa/data/docs/unpf0049.pdf>

[2] Aubel, Judi, *Participatory programme evaluation manual: Involving program stakeholders in the evaluation process,* (1999) CSTS, CRS, USAID. <http://pdf.usaid.gov/pdf_docs/PNACH756.pdf> (Chapter III is particularly relevant as it provides in-depth discussion of the planning for a rapid assessment or evaluation.)

topic that you may want to investigate. The results of this review will directly feed into the next sub-step.

2. Define overarching aim and develop a conceptual framework for the assessment

It is important to clearly identify, based on your CNHD topic, the overarching aim to be focused on during the community assessment. For a child nutrition programme, the aim could be to improve infant and young child feeding practices among mothers of children under 2 years of age. Sometimes the aim may already be defined within a concept or proposal. Following your review of the literature, it is good to ensure that the aims you have identified align with existing information around the topic, as these become part of the main components of your conceptual framework for the assessment.

A conceptual framework is like a map: it defines the key factors to be investigated and shows the relationships between them. Conceptual frameworks, sometimes referred to as 'topic maps,' vary according to the programme topic under investigation. It is useful to present the conceptual framework in a visual form so that all those involved in the study have the same understanding of the scope and focus of the research.

In most assessments on CNHD topics, information is collected on community knowledge, attitudes and practices. In GMP's approach, it is also important to collect information on two additional components: family and community roles, and cultural context. In Djibouti, GMP worked with UNICEF and the Ministry of Health to develop a conceptual framework for a child nutrition study. The framework developed for this study contains these three components   (Table 11).

Table 11: Conceptual framework for study on child nutrition in Djibouti
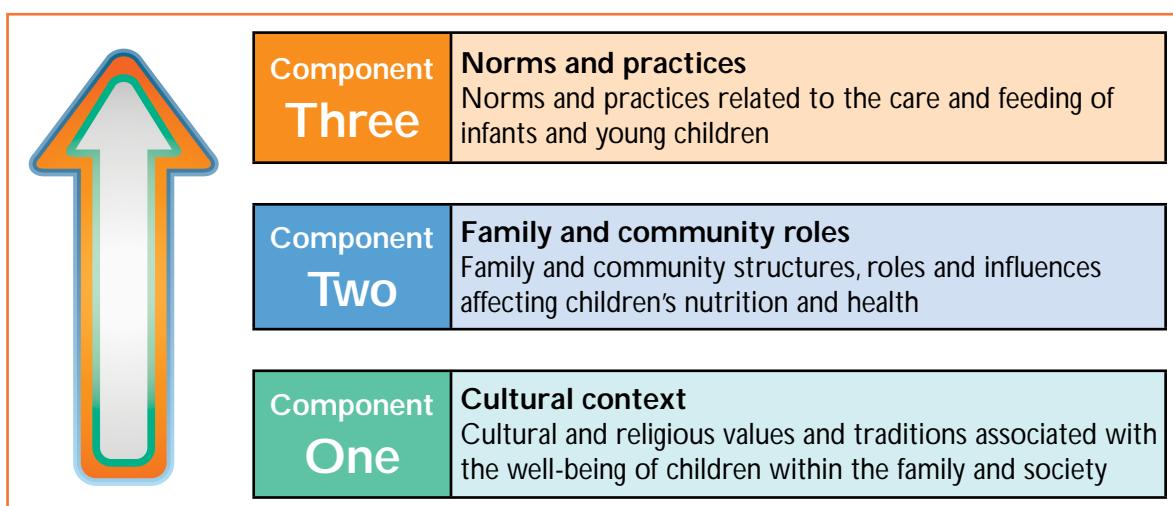
Component **Three**	**Norms and practices** Norms and practices related to the care and feeding of infants and young children
Component **Two**	**Family and community roles** Family and community structures, roles and influences affecting children's nutrition and health
Component **One**	**Cultural context** Cultural and religious values and traditions associated with the well-being of children within the family and society

3. Identify assessment topics to be studied

The conceptual framework is the basis for development of a list of topics to be investigated. For each component of the framework, specific topics should be identified that are of interest to the programme. In the study in Djibouti, the following list was developed (see Table 12).

Table 12: Assessment topics for Djibouti study
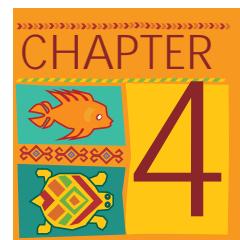
Category of information to collect	Specific topics to be studied
Norms and practices	• socio-cultural norms related to key child nutrition practices (breastfeeding, complementary feeding, feeding of sick children) • knowledge, attitudes, practices (KAPs) of family and community actors related to key facets of newborn and child nutrition
Family and community roles	• roles of household members (grandmothers, grandfathers, women, men, older and younger children) in child nutrition activities (accessing food, food preparation, feeding of young children, feeding of sick children) • gender-specificity and hierarchy in roles and expertise related to child growth and development • patterns of influence and decision-making within the family on issues related to child nutrition • informal social networks and formal organisations of men and women, older and younger • role of community actors who are consulted for their expertise on child nutrition and health
Cultural values and traditions	• religious values and traditions related to health and well-being of newborns and young children • communication patterns within families between generations and between genders • cultural values related to child development, early education and protection • hierarchy of authority within families and the society at large • traditional communication channels and activities within families and communities

The assessment topics become the basis for development of the data-collection instruments.

4. Define specific objectives

The next step is to use the conceptual framework to formulate specific objectives for data collection with each priority.

The *specific objectives* for the assessment define exactly what information will be collected. Examples of specific objectives from the Djibouti study related to breastfeeding and to grandmothers' role in child nutrition are provided in Table 13.

Table 13: Data-collection objectives for Djibouti assessment

Specific objectives related to breastfeeding

1. Identify the advantages and disadvantages of breastfeeding (according to interviewees).
2. Know the advantages and disadvantages of bottle-feeding according to mothers, fathers and grandmothers.
3. Know the criteria used to determine if breast milk is of good quality.
4. Know what health workers advise when women think they do not have sufficient breast milk.

Specific objectives related to the role and influence of grandmothers

1. Identify the role of both a woman's mother and mother-in-law during pregnancy and during the neonatal period.
2. Determine if grandmothers give advice on infant and young child feeding to their sons, and the attitude of their sons towards such advice.
3. Determine how grandmothers pass on to their daughters and daughters-in-law their knowledge and know-how regarding child nutrition.
4. Determine if and how the respective roles of grandmothers and women in child care change when a child is ill.

5. Conduct social influence analysis

Based on both the conceptual framework and the assessment topics identified with CNHD programme managers, the next step involves identifying the categories of people in the population from whom information should be collected. This may differ from one topic to another.

A social influence analysis is a simple brainstorming exercise that will allow you to identify the categories of community actors who play a role within children's social environment. Many CNHD studies focus strictly on mothers, but a social influence analysis can provide programme planners with a systems view of the issue to be investigated. In all cases when this analysis has been carried out, it has revealed that mothers are not the only family members dealing with CNHD issues.

The social influence analysis may generate a long list of influential people. Once this list is established, a final step is to prioritise those categories of people based on their degree of influence.

6. Identify sample populations

Based on the earlier identification of priority groups to interview, the assessment coordinators should decide on the specific criteria for selecting people from each category, as well as the number of interviewees of each type.

In the Djibouti study on child nutrition, for example, the following priority categories of interviewees and the characteristics of each were determined:

- young mothers with children under 2 years of age
- young fathers with children under 2 years of age
- grandmothers with grandchildren under 2 years of age
- leaders of women's groups
- religious leaders
- health workers in health clinics (midwives and nurses)
- community health workers.

Given that the assessment involves use of a qualitative research methodology, the assessment population can be chosen using a *convenience sample* rather than a *random sample*. (Please consult the 1994 Aubel publication on group interview techniques for more information on the sampling process).[3]

7. Choose data-collection methods and develop data-collection tools

There are myriad ways to collect information from communities, but GMP recommends that the community assessment be conducted primarily with groups using participatory methods.

Frequently used participatory methods include key-informant individual interviews, semi-structured focus group interviews, participant observation, ranking exercises, critical incidents, role plays, games and social network analysis.

One of the exercises we often use to collect information on the roles and experience of various family and community actors is described on the following page. (See box titled, 'What roles do family and community members play?') This exercise allows community members to describe the roles played by various community members and to assess their degree of influence on the attitudes and practices of women and children.

Interview guides: For data collection from mothers, grandmothers and fathers, focus group interviews are carried out using a semi-structured interview guide. A separate guide should be developed for each group; however, many of the questions will be the same and it will just need to be slightly adapted to the target group. Interviews with people such as religious leaders, traditional birth attendants or health workers, who are probably few in number, can be done individually. Interview guides should also be drawn up for each of these groups.

In Annex A, you will find an example of an interview guide for grandmothers, which was used by World Vision staff in Sierra Leone to collect information on maternal and child nutrition. It is good to remember that CNHD is a

[3] Aubel, Judi, *Guidelines for studies using the group interview technique,* (1994) Geneva: International Labour Organization. <http://snap3.uas.mx/recurso1/unfpa/data/docs/unpf0049.pdf>
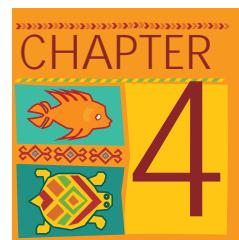
Discussion of roles of family members by grandmothers in a participatory exercise in Senegal

What roles do family and community members play?

A set of simple line drawings of different family and community members is required for this exercise. Each participant receives a soft drink bottle cap. For each topic (for example, maternal nutrition, feeding young children or children's hygiene) participants are asked 'Who has more experience regarding what pregnant women should and shouldn't eat?' Each participant chooses the community member who has more experience on this topic and 'votes' for that person with his or her bottle cap. Then, participants explain their choices. When all have voted and given their explanations, the facilitator summarises the conclusions observed regarding the roles and influence of each family and community member.

Exercise developed
by GMP, 2011

Men discuss roles of family members in an exercise with line drawings

topic that women are involved with and will be interested to discuss even if the interview takes a while. Men, on the other hand, are usually interested, but not willing to invest more than 30 to 40 minutes in such a discussion. It is a good idea to keep the interviews for men much shorter.

For more information on how to design interview guides, please consult the publication referenced below in *'Need more information?'.*

8. Identify assessment-team members

The composition of the assessment team is a critical factor that will determine, to a great extent, the quality of the study results.

There are several benefits to involving programme staff in the community assessment. Being involved can help them to see community realities in new ways and to strengthen their rapport with community members. It can also increase their interest in and respect for grandmothers' role, knowledge and experience, and it can increase their skills in participatory and qualitative data collection.

Programme staff will probably not be able to participate in the whole assessment, but it is very advantageous for them to participate at least for a few days. In addition, Ministry of Health staff and some community actors should be invited to participate as members of the assessment team.

Interviewers and note-takers

Methods such as key-informant and semi-structured interviews use interview guides. These guides contain a list of open-ended questions. Based on the responses received, the facilitator asks additional probing questions as necessary. Each interview facilitator should be teamed up with a 'note-taker' who carefully documents what interviewees say.

> Through the assessment, we realised the role and influence that grandmothers have on our women and children. We need to remind them of their importance, acknowledge their experience and involve them in our development programmes.
>
> Health worker, Burkina Faso

9. Train assessment-team members

The training of assessment-team members is critical. In qualitative research, the interviewing process is more complicated than in quantitative studies, and therefore requires that interviewers have an in-depth understanding of the topic being investigated. Interviewers need to be able to probe the responses in order to gather in-depth information and arrive at a more extensive understanding of interviewees' experience and attitudes.

Assessment-team interviewer training should include a series of topics related to the knowledge, attitudes and practices. Table 14 summarises some of the key training topics that should be addressed during a three- to five-day training session.

Table 14: Topics for assessment training

Knowledge	assessment objectives; conceptual framework; list of assessment topics; technical information related to the assessment topics (including past studies on the topic); the importance of culture, cultural systems and social networks; roles of younger women and grandmothers; and influence of grandmothers on younger women
Skills	data-collection techniques, in-depth questioning strategies, group facilitation, principles of group dynamics, non-verbal communication, active listening, note-taking, group facilitation and qualitative data analysis technique
Attitudes	attitudes towards indigenous and scientific knowledge on the assessment topic, cultural identity and values, attitudes towards elders and intergenerational communication, how to show respect, and inside versus outside perspectives of community realities

10. Develop calendar and logistical plan for community visits

Based on the categories of interviewees to meet, the areas of the country in which the assessment should be carried out, and the time and resources available for the study, the assessment coordinator should work with programme staff and assessment-team members to develop a preliminary calendar for the community visits. This calendar should include sites to visit, categories of interviewees to meet, travel times between sites, places where the assessment team will spend the night and the vehicle(s) required. Ideally, this planning exercise should begin early in the process and be refined and revised as the field methodology is defined. It can also be included as part of the training for assessment-team members.

11. Collect and analyse assessment data

A critical aspect of qualitative assessments is the daily analysis of the information collected. Analysis of qualitative data should never be left to the end of the data-collection phase.

The ongoing data analysis is organised around the specific assessment objectives so that clear conclusions can be formulated corresponding to the initial objectives.

The primary method for analysing qualitative data is content analysis. In this approach, common themes are identified and classified.

In the ChildFund International/ GMP project in Senegal, qualitative data were analysed manually on an ongoing basis during the three-week assessment. Data analysis involved:

- a simplified approach to content analysis

- the triangulation of information collected from the four categories of interviewees

- concept mapping of the relationships and interaction between grandmothers and other household members regarding women's and children's health and nutrition activities.

As patterns and trends emerge from the data collected, the team further investigates its findings in order to draw out meaning and identify trends across categories or groups of interviewees.

12. Summarise findings and write assessment report

At the conclusion of the data-collection phase, the information collected should be summarised for each group of interviewees and for each specific objective. The overall summary of the findings is the basis for the preparation of the comprehensive assessment report. Most of the findings will be presented as text describing what was learned through the interviews with family and community actors, and also regarding the common trends identified across groups of interviewees. Some of the overall findings may also be presented visually, as diagrams or tables.

Table 15 presents examples of key findings from several countries related to the role of grandmothers.

Table 15: Key findings concerning the role of grandmothers
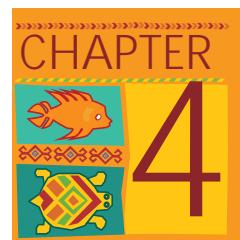
Mali

At the family level, grandmothers *(muso koroba)* are primary resource persons for all matters related to pregnancy, delivery, newborn care and the post-partum period. Their status as 'family resource persons' stems from their knowledge and experience in family health and nutrition and from the roles assigned to them by society.

Aubel with Helen Keller International, 2002

Uzbekistan

The well-being of the family depends mainly on the grandmothers. One of the core values in Uzbek society is respect for the experience of senior women in this field. Women and their husbands are expected to respect the advice of the mothers-in-law regarding all maternal and child health matters.

Aubel with Project HOPE, 2003

Mauritania

Grandmothers are family advisors on all matters related to nutrition and health; however, their expertise is not limited to these areas. The study showed that grandmothers counsel and encourage young women at all critical times in their lives, and the lives of their children, on matters related to pregnancy and the care of newborns and young children.

GMP with World Vision, 2006

Qualitative results can sometimes be presented in charts or diagrams. Here are two examples (from Albania and Sierra Leone) of how certain assessment results can be presented.

Figure 1:
The hierarchy of authority and influence in Albanian families

GREATER AUTHORITY AND INFLUENCE

Father-in-law

Mother-in-law

Husband

Wife

LESS AUTHORITY AND INFLUENCE

Albanian Red Cross, results of participatory rapid assessment
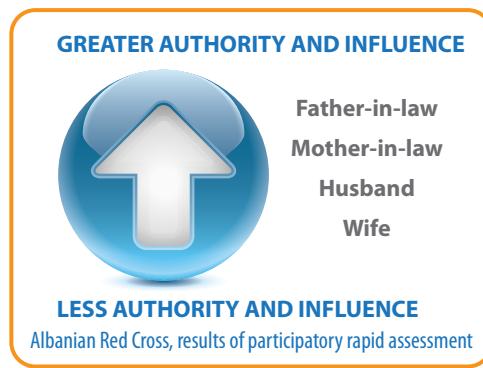
This simple diagram illustrates the findings of the community assessment in Albania. Within families, it is the older men, or fathers-in-law, who have the greatest authority and influence, followed by the mothers-in-law. Younger men, or husbands, have less influence than the elder parents and, according to the assessment, it is the younger women, or wives, who have the least authority and influence in the Albanian context.

Figure 2 illustrates results from the GMP-WV study in Sierra Leone regarding the influence of family and community actors and culture on women's nutrition and health practices. As the diagram shows, within the second circle around the woman and child, those who are closer and who have more influence on women with young children are the older, more experienced women, primarily mothers-in-law, but also older female relatives of the mothers-in-law. Secondly, the woman's own mother (the maternal grandmother) and other senior women in the neighbourhood also have a significant influence on a young woman and her children (placed in the third circle). Family and community actors who have less influence on the woman and her children are placed in outer circles, namely, nurses, husbands and grandfathers.

Grandfather
Husband
Nurses
Woman's own mother/Maternal grandmother
Mother-in-law/Grandmother
Women With Young Children
Aunties
Other senior women related to mother-in-law
Senior woman neighours

Figure 2:
Influences on the nutrition and health practices of women with young children in Sierra Leone

This diagram allows programme staff to visualise the relative influence of the various family and community actors. These results suggest where the greatest investment in programmes and resources should be made. Logically, a programme should focus more on those who have greatest influence on the norms and practices of interest, while at the same time, those less influential should not be totally left out.

Many people will not have access to the full report of your assessment, and many others will not read the full report. In light of these constraints, it

is useful to prepare a short summary of the assessment that can easily be copied and widely distributed.

Cultural capital

Cultural norms, practices, roles and networks that constitute important resources for families and communities to promote their harmonious development in society.

13. Disseminate assessment report to different stakeholders

A last and very important step is to share the results of the assessment with all those who may be interested. It is strongly suggested that you disseminate both a full report and a short summary report as widely as possible at local and national levels. The exercises carried out in Step 2 also provide an important means for sharing the assessment findings with communities in the project area, and verifying the results.

Need more information?

Aubel, J., *Guidelines for studies using the group interview technique,* (1994) Geneva: International Labour Organization. <http://snap3.uas.mx/recurso1/ unfpa/data/docs/unpf0049.pdf>

Grandfather and grandson in Senegal

Step 2: Affirm role of grandmothers as a cultural resource or asset

Why is this step important?

In Step 2, the results of the assessment, carried out in Step 1 in **some** of the communities that will be involved in your programme are shared with **all** communities to be involved in it. This is a way to find out whether the trends identified in the assessment reflect the situation in all communities.

In Step 2, the results of the assessment are the basis for affirming the role of grandmothers with both community actors and organisational staff. The purpose of this step is to publicly recognise the role of grandmothers and the need to involve them in CNHD activities in order to increase community ownership of programmes and to increase programme results.

The activities developed in Step 2 will help CHDWs adopt a new way of seeing the cultural resources that exist within communities. The principles and activities developed in this step will also help communities to see themselves in a somewhat different way, as resourceful and competent actors responsible for their own development, rather than only as beneficiaries of the actions of others.

There is another reason that affirming respect for grandmothers is a key element of GMP's approach. From an educational and learning perspective an individual needs to be actively praised for who he or she is and for what he or she knows in order to boost self-esteem and self-confidence. The well-known adult educator Jane Vella tells us that 'a confident, self-assured person is one who can then be more open to new ideas and to possibly changing his or her own beliefs'.

What are the key activities and anticipated results?

In this step, activities should involve both community- and organisational-level actors.

Table 16: Step 2 – Key activities and results

Step 2: Affirm GMs' role as a cultural resource or asset: recognition of GMs' knowledge, experience and role by development workers and by communities themselves.	
Activities and results	
Activities at community level	• Assessment results are shared and discussed with community members. • Discussion of the important role of elders, in general, and specifically of GMs in families and communities.
Results at community level	• GMs themselves and other community members increase their confidence in GMs' knowledge and experience. • Young people re-examine their attitudes towards their elders
Results at organisational level	• Health and development workers increase their respect for GMs' role and their confidence in GMs' ability to learn.

In order for grandmothers to be motivated to participate in CNHD programmes, the following must occur:

- CHDWs must recognise and actively affirm the role of senior women in the community.

- Other community members must openly acknowledge the importance of grandmothers' contribution to family and community life. It is particularly important that younger women be included in activities to increase respect for grandmothers. Often, past programmes have not included grandmothers, and this may have unintentionally made younger women think that the knowledge and experience of senior women are not important.

Senior women themselves must increase their own sense of self-confidence in their experience and expertise.

What methods and tools can be used?

To affirm grandmothers as an important cultural resource, GMP has used various methods and tools:

1. Community forums

2. Songs of praise for grandmothers

3. Praising grandmothers at school

4. Days of praise of grandmothers

A fundamental human need is to feel respected by others.

Respect is the basis for all human relationships, dialogue and learning.

Jane Vella, 1994, Adult educator

This is not an exhaustive list but gives ideas for the kinds of activities that can be used to increase recognition and respect for grandmothers so that they will be encouraged to confidently participate in community CNHD activities.

The process of affirming the role of grandmothers must not be seen as a separate task or activity but rather as a thread that should be woven through all community CNHD activities. Whenever CNHD programme staff or volunteers are interacting with grandmothers, they should continuously be encouraged and praised for their role in society and for their commitment to the well-being of children and families.

1. Community forums

A unique feature of the GMP approach is *public affirmation* of grandmothers and the multiple roles they play in family and community life. In Step 1 the community assessment produces extensive information on the various and important roles that grandmothers play in society. In Step 2, an initial activity is to share that information at the community level.

An approach that GMP has used extensively to initiate Step 2 consists of one or several community forums in which the assessment results are shared. GMP has developed a methodology for organising *intergenerational forums,* in which different community actors are brought together to discuss priority community issues that will vary from situation to situation. In most cases, forum participants include older and younger men and women. However, in some cultural contexts, like Djibouti and the Sudan, it
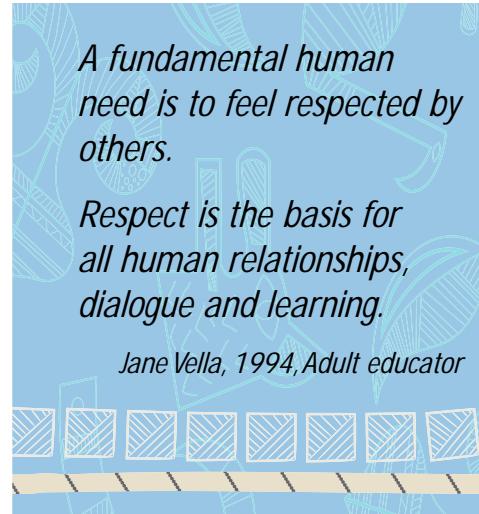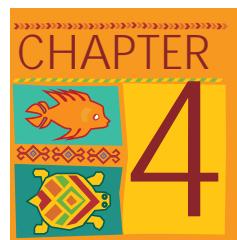
The intergenerational forum taught me a lot and gave me ideas on what I can do to improve the well-being of children in the community. Since the forums, I feel more open and I communicate more with other people. The forums helped me to think about how I can enhance my role in the community. Before, I was on the periphery. Now I want to do more to build relationships with other people.

Grandmother in Senegal

was not culturally appropriate for men and women to meet together, and for this reason forum participants consisted of younger and older women (i.e. young mothers and grandmothers). Intergenerational forums require a skilled facilitator who can help to break down communication barriers that may exist between the sexes and between generations, and who can encourage open dialogue among the different segments of the population.

In the initial community forums the objective is not to share all of the study results but rather to focus on the findings related to grandmothers' multi-faceted roles in CNHD in families and communities, and on their commitment to promoting the well-being of children and their mothers. In other words, the objective is to recognise and affirm their roles, not to point out attitudes and practices that are inappropriate or harmful.

Grandmother!
Grandmother!
Grandmother!
You are the one who supervises.
You are the one who is kind.
You are the one who advises everyone how to be healthy.
Grandmother,
Grandmother!
Grandmother!
May God give you long life!

Song from Laos

2. Songs of praise for grandmothers

A simple but very effective tool that can be used to affirm grandmothers' roles are *songs of praise of grandmothers.* In all cultures songs are appreciated, especially among women and children. In all settings where GMP has worked, groups of NGO staff and governmental collaborators have developed short and simple songs that can be sung by children, adolescents, women, men, grandmothers, teachers and, in some cases, grandfathers.

The songs of praise are very meaningful to grandmothers when they hear them sung by others and also when they sing them to themselves.

If teachers are involved in your community programme they can teach these songs to children who can perform them at community events. In Laos, the grandmothers were delighted to hear schoolchildren singing the songs of praise to them on the radio.

Feedback on the songs of praise of grandmothers

This song touches us deep within our hearts.

Laotian grandmother

The words in the song give us new wings to fly with. It encourages us to do even more to care for our grandchildren and families.

Malian grandmother

The grandmother song makes me feel like I have a flower bud in my heart that is opening up.

Senegalese grandmother

Name Tags: A simple but meaningful way to show respect

During community forums in Senegal, simple name tags were made for all participants. One of the grandmothers said: 'We feel proud that we were invited and our name tags show that we are important'

3. Praising grandmothers at school

In Senegal, in a joint World Vision-GMP project, the strategy to improve girls' health and well-being included activities with primary schools. One of the objectives was to promote children's respect for grandmothers. To accomplish this, two types of activities were carried out with schools. First, a booklet with simple text and children's drawings on the roles of grandmothers in families was produced for use in the classroom. Second, grandmothers were invited into the classroom to tell stories and teach about cultural and historical traditions in their area. Involving grandmothers in these ways in school activities can increase their sense of self-worth and their interest in being involved in community activities related to CNHD and other topics.

Grandmother teaching about tradition in a classroom while children and teacher listen

4. Days of praise of grandmothers

Special days or events to praise grandmothers can be organised with community members, teachers and school children. A simple way of doing this is to invite all of the grandmothers and other community members to gather under a tree in the afternoon and to have school children sing the songs of praise to them, to present a skit that illustrates the important roles played by grandmothers in the community and lastly, to have children, teachers and community elders give short speeches about the importance of the grandmothers.

An example of a more elaborate event is the 'Days of Praise of Grandmothers' organised by GMP with World Vision once a year in communities involved in the 'Girls' Holistic Development' project in southern Senegal. In this case, grandmother leaders from each of the communities involved in the project were invited to come to one central village to participate in a day-long event consisting of speeches

by traditional and religious leaders, teachers and development workers all lauding the important role of grandmothers; small-group discussions among grandmothers; demonstrations by adolescent girls of traditional songs and dances taught to them by the grandmothers; and grandmother speeches regarding their efforts to promote family and community well-being. Of course, songs of praise are sung during these events and prayers are spoken to ask God to continue to bless the grandmothers in their important mission in their families and community.

The days of praise in honour of the grandmothers are very emotional and meaningful events not only for grandmothers but for the entire community. The significance of these events stems from the fact that they focus on acknowledging one of the community's primary cultural resources, the grandmothers.

Grandmothers sitting in a circle during a Day of Praise of Grandmothers

Steps 1 and 2 involve getting community input on concerns and suggestions for programme development. GMP has found that when programmes are developed in this way, community ownership is increased.

> *Community response to the initial process of community consultation in Steps 1 and 2*
>
> *We have never seen a project like this that really consulted with us before they decided how to implement a project that is supposed to be helping us.*
>
> Participant in community forum, in Velingara, Senegal

Respectful attitudes of development workers towards grandmothers

Many NGOs promote the well-being of children, but in the past grandmothers were not involved in their programmes. In this programme, grandmothers play a central role. Anyone who is truly interested in the well-being of children should involve grandmothers. Before, grandmothers felt like they were closed inside a very dark room. Now we all feel that we are out in the light.

A grandmother leader in Senegal

Several specific tools or activities are suggested here that are effective in demonstrating respect for the role and experience of grandmothers. However, more important than such activities themselves are the attitudes of field agents, expressed verbally and non-verbally, every day in their interaction with community members. As is often said, 'Actions speak louder than words'. Do CHDWs always greet grandmothers when they pass them by? When they sit together, do the CHDWs sit at the same level or at a higher level than the grandmothers? Do CHDWs consistently show interest in grandmothers and their lives in general, not only in the knowledge and advice related to CNHD?

Table 17: How to show respect for and include older women
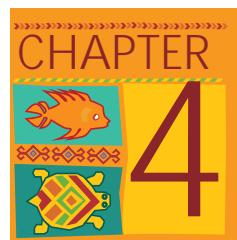
- Prior to the start of community activities, talk to older women individually to explain the importance of them sharing their ideas during the activity.
- Tease them about their age and their wisdom to encourage them to participate.
- In community sessions openly acknowledge the importance of their role in society.
- Direct questions specifically to them to encourage them to participate.
- Arrange meetings at times of day that fit with their schedules.
- Sit at the same level as they do and on the same type of chair, bench or mat.
- Avoid using written materials if the women are illiterate.
- Provide opportunities for them to lead discussions and to summarise results.
- Use songs of praise to help them feel relaxed and accepted.
- Allow them to speak without interrupting them.
- Thank them for sharing their ideas in the group.

Source: HELPAGE, Ageways newsletter (July 2010)

What about grandmothers' harmful practices?

In GMP's work, CHDWs sometimes question the rationale for praising grandmothers when some of their traditional practices are harmful, such as giving less fluid to children during diarrhoea, giving newborns water to drink, and advising pregnant women to eat less so that they will give birth to a small baby. GMP's justification for actively affirming the experience and role of grandmothers is not that all of their practices are beneficial. Rather, given their influence on the attitudes and practices of women and other family members, GMP believes that it makes much better sense to involve them rather than to exclude them.

In fact, if grandmothers are excluded from activities that deal with their areas of expertise and involvement (e.g. CNHD) they can easily feel insulted and resentful. In order to bring about sustainable changes in social norms and individual behaviours, there must be a consensus among all key family and community actors, including grandmothers. Grandmothers should be viewed as a resource rather than as a constraint.

Need more information?

Jane Vella has written a series of books that provide an excellent overview of adult learning principles. One of the most useful is:

Vella, Jane, *Training Through Dialogue: Promoting Effective Learning and Change with Adults,* (1995) San Francisco: Jossey-Bass Publishing.

How does change come about in communities?

Change in communities doesn't come about through one person at a time. It comes about as networks of people discover that they share a common cause, and they decide to take action together to promote change.

Step 3: Build consensus for change through dialogue

Why is this step important?

Dialogue and consensus-building among key community actors are at the heart of the CtC approach. For positive and sustainable change to take place on CNHD issues, there needs to be consensus among key family and community actors—first, regarding the need for change and second, regarding the actions required to promote that change. In other words, extensive dialogue is necessary among key family members, within social networks and among community groups in order for the socio-cultural norms related to CNHD to change.

What are the key activities and anticipated results?

Building consensus for change through dialogue is without doubt the most critical step. All of the steps in the CtC approach are important. However, this third step is beyond doubt the crux of the process given that dialogue between community actors is at the centre of the social change process.

The key activities and anticipated results of Step 3 at both the community and organisational levels are listed in Table 18.

Table 18: Step 3 – Key activities and results

Step 3: ***Build consensus for change through dialogue*** *within and among peer groups of GMs, elders, women, men and traditional leaders: agreement on actions to solve problems building on both 'traditional' roles and practices and on priority 'modern' practices.*
Activities and results

Activities at community level	• Formal and informal leaders (men, women, young and old) are involved in non-formal education activities. • Participatory communication activities elicit dialogue within and among peer groups of grandmothers, groups of women and other community actors on priority issues. • Dialogue starts with discussion of existing/traditional values and practices. • Respected community resource persons participate in sharing new, 'modern' information with groups in the community.
Results at community level	• Communities themselves decide how to combine traditional and new values and practices.
Results at organisational level	• CHDWs build strong partnerships with GM leaders and GM groups. • CHDWs increase their skills in facilitation of group dialogue and consensus-building

As discussed in Chapter 2, in the CtC approach the methods and tools used to promote change are not based on *message dissemination* or on *convincing people to change*. Rather, the methods and tools used in the CtC approach aim to:

- strengthen communication relationships within families and communities
- encourage family and community actors to reflect on existing or traditional practices related to CNHD
- share new ideas or information with communities on CNHD
- encourage critical reflection on both 'traditional' and 'modern' ideas and how they can be combined.

The dialogical communication and education methods and tools discussed below contribute to these objectives. These methods are rooted in principles of adult education and community development, and they require the active involvement of community members to arrive at their own decisions about what actions to take and what changes to adopt.

What methods and tools can be used?

At this step, two critical questions must be answered in order to decide how to go about promoting change within communities:

- **Who in the community should be involved in the dialogue for learning and action?**
- **What type of communication and educational approach and methods should be used to catalyse and sustain the dialogue?**

The first question should have been answered in Step 1 through the community assessment, which identifies key actors involved in CNHD in families and also at the community level in social networks and leaders. In Step 2, discussions continue with communities on assessment findings regarding influential family and community actors and on the need to involve grandmothers in CNHD promotion strategies.

Catalysing community dialogue to build consensus for change

Before deciding which methods and tools to use, the first question is 'Who will be involved in the CNHD activities?' In the CtC approach, tools are important, but it is more important to bring people together in order to

Traditional communication tools
For many years, African communities have used indigenous communication tools to deal with issues they face. These tools include community-wide meetings, small group discussions between age-specific and gender-specific groups, meetings of the council of elders, skits, story tales, proverbs and songs. It is advantageous for programmes to use these tools because they are familiar to people. This increases their interest in such activities, while at the same time contributes to recognition of local culture.

Abderhamane Djire,
Community Development Specialist, Mali

strengthen the communication ties among community members and with development workers.

The communication and education activities should strengthen communication ties:

- within social networks of women
- within social networks of grandmothers
- between younger women and grandmothers (or mothers-in-law)
- between men and women
- between elders and parents
- among neighbouring communities.

Promoting sustained social change in norms and practices requires that all key actors within families and communities are involved in a process of dialogue that leads to a consensus on changes to be adopted. The process of consensus-building is illustrated in Figure 3.

Figure 3: Community dialogue on child nutrition, health and development
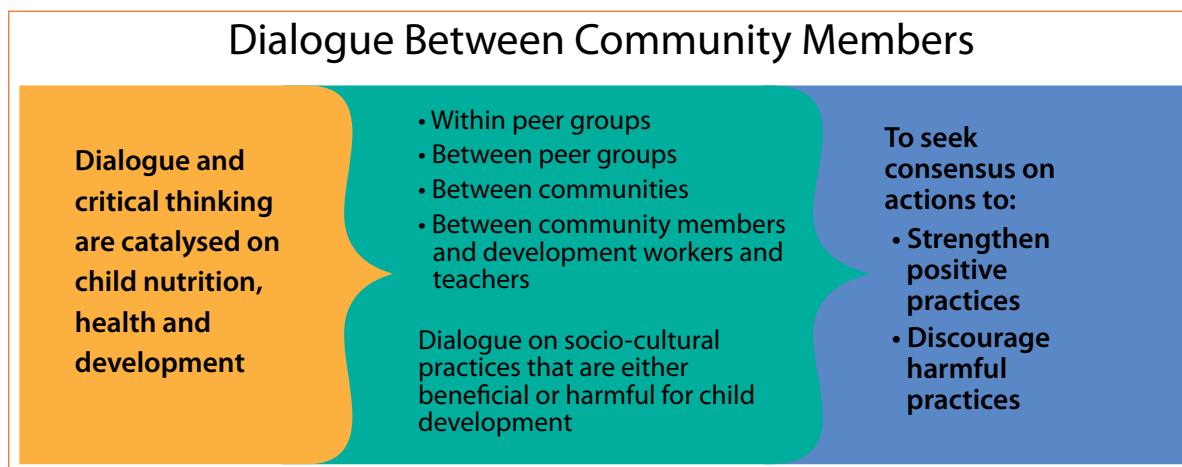
Tools for community dialogue to promote Change through Culture

Various communication methods and tools can be used to promote dialogue within and between community groups. The following characteristics of communication methods and tools help to engage communities and promote active dialogue and consensus-building among community actors.

- They are based on familiar cultural modes of communication.
- They acknowledge positive cultural roles and knowledge.
- They elicit discussion of existing norms, values and practices.
- They encourage combining 'traditional' and 'new' ideas.
- They use a 'problem-posing' rather than a banking approach.
- They enable community members to come to their own conclusions regarding how to deal with CNHD situations.

Lessons learned

Two critical lessons have come out of GMP's work to help other organisations produce and use the various methods and tools discussed below. First, development of culturally grounded tools requires in-depth knowledge of the socio-cultural milieu in which they will be used. Second, field staff need strong facilitation skills to effectively use these tools that involve dialogue and problem-solving rather than message dissemination.
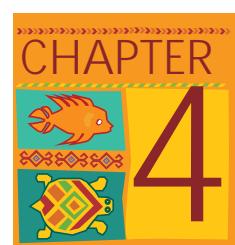
In GMP's work the following tools are often used:

1. intergenerational forums
2. stories without an ending
3. songs and dance
4. games
5. skits or role plays
6. picture discussion cards.

1. Intergenerational forums

The objective of the *forum-dialogue,* or *intergenerational forum,* an approach developed by GMP, is to bring together between 20 and 24 community members to discuss an issue of concern to the community and/or to a development programme. Depending on the topic to be discussed, participants in such forums should include those who are either directly or indirectly involved with and/or concerned about the issue(s) to be considered. In the case of CNHD, and based on the results of the Step 1 assessment, the participants could include both men and women of different ages. In some situations it may not be culturally appropriate for women and men to meet together, as was the case when GMP was working in the Sudan and in Djibouti. In those cases, participants may need to be limited to younger and older women (i.e. gender-specific) so that they can have more open and meaningful discussions.

In order to carry out a forum-dialogue, a skilled facilitator is required. First, the facilitator must take on the challenge of helping the different participant groups (men and women, older and younger), who may not be used to communicating freely with each other, to feel comfortable doing

---

> **The intergenerational forum: an African tradition**
>
> *The forum is an old African tradition. It is nothing more than young people and elders gathering under the palaver tree to discuss and to solve community problems. Nowadays, youth and elders have few opportunities to talk to each other. The intergenerational forums are a way to revive this ancient practice.*
>
> Mamadou Coulibaly, Facilitator, GMP Senegal

> **An assets-based approach in community activities**
>
> The approach used in the forums is very interesting because the entire discussion is set in the context of the culture and is based on the idea of encouraging the good things in our culture and discouraging the bad ones. In the past, development workers often criticised our traditions and proposed foreign ideas. We were very comfortable in the forums because the facilitators began by acknowledging our traditions, and they never directly criticised our cultural values or beliefs.
>
> Bassiro Diao,
> Community health worker,
> Senegal

so. Second, adult education methods and tools should be used to involve participants in discussion of the chosen CNHD topic(s). For each forum and topic addressed, a series of participatory exercises should be developed for use with small, homogeneous groups as well as in the larger multi-group plenary sessions. The learning tools should be based on adult education principles, and all exercises should allow participants to reflect both on their own experiences and on new information that is shared with them.

A very important aspect of the forums is that positive cultural values and traditions should be overtly recognised while the need for change in harmful practices is encouraged.

2. Stories without an ending

A tool that has proved to be of great interest to all ages of community actors, men and women, children and adolescents, is the *story without an ending*. In GMP's work dealing with various health and education issues, these stories have been used mainly with mothers, grandmothers and adolescents, but they also appeal to other groups.

The *story without an ending* is a pedagogical tool for stimulating dialogue and critical thinking regarding a particular issue identified as being important, either by the community or by the CNHD programme. The methodology for developing and using these stories, developed by Judi Aubel with the International Labor Organization (ILO) was inspired by the work of Paulo Freire on problem-posing education.

Each of these stories deals with a real issue facing the community. Each one is built around a typical situation in a family or community and has two characters who have different ways of seeing the same problem. Qualitative information collected in the initial assessment is the main 'data' used to construct the stories. One of the characters has a more 'traditional' point of view on the issue, while the second defends more 'modern' ideas. In each story, the two characters disagree until the end, and there is no ending to the story. This difference of opinion between the two characters serves as a catalyst for discussion.

The stories are typically of great interest to community groups if creatively written to reflect local realities and actors. But the real learning comes about not from just listening to the story but rather from the discussion of the story content, in which participants are asked to reflect on the 'traditional' and 'new' ideas in light of their own experiences. For the purpose of this analysis, each story is accompanied by a series of open-ended questions. The stories can be presented by a literate community member. Facilitation of the discussion of the stories requires someone with some training in group facilitation.

In each story, one of the characters is a grandmother, and in all cases they are depicted as competent and respected women, principles of affirming the role of grandmothers discussed in Step 2.

In the stories without an ending, there are four elements:
1. introduction to the story setting and characters
2. development of the plot
3. end of the story
4. open-ended discussion questions.

In the table below is a summary of a story without an ending written in Mali in the *Saving Newborn Lives* project of Helen Keller International, with GMP support. It is a story that deals with the work and diet of a young woman who has just given birth and how she goes about feeding her newborn.
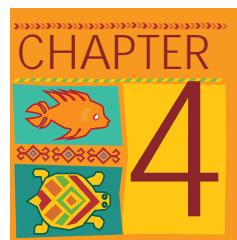
Table 19: Story without an ending

Summary of a story without an ending and sample discussion questions

Objectives of the story:

- to acknowledge and value the role of grandmothers
- to discuss the need for breastfeeding women to eat more than usual, to work less and to get enough rest
- to discuss the importance of exclusive breastfeeding for six months
- to reinforce the importance of good communication between mothers-in-law and daughters-in-law.

What would I do without Mariam?

Bendugu is a large village where Bambara people live in harmony with Peul and Malinké people. People make their living there from farming, and also from a bit of small-animal raising. Mariam and her daughter-in-law, Fatoumata, live in Bendugu. Fatoumata's husband, Moussa, is Mariam's youngest son, and he is a blacksmith in the village. Mariam is tall and thin, and is always working in the family or in her vegetable garden not far from the family compound. She is respected in the community, partly because she knows a lot about childhood illnesses and how to treat them. Less-experienced grandmothers come to see her when their grandchildren are sick. In the family, all of the daughters-in-law respect her because she treats all of them as though they were her own daughters.

Fatoumata is 21 years old and comes from a neighbouring village. She is very skilled at making clay pots, and she has two boys. Just 10 days ago she gave birth to a baby girl who, unfortunately, was very tiny at birth. The baby is still wrapped in a towel so she won't catch cold as she is very fragile. During her pregnancy, Fatoumata worked very hard alongside her several co-wives. Even though the midwife told her to greatly reduce her workload, and Mariam agreed, Fatoumata felt ashamed to do so when all of her co-wives were working very hard and when she needed to somehow contribute to her husband's meagre income, all of which was put into the family 'treasury' for the future.

Fatoumata is still very weak 10 days after delivery. Her eyes and hands are very pale and she frequently feels dizzy. She says she doesn't have enough breast milk for her baby. Fatoumata talks to her mother-in-law, who has also observed that she is not getting back her strength as she should. Mariam talks to her husband and tells him that Fatoumata needs to go to visit the midwife in the next village, Bobolan. The father-in-law listens to his wife and then decides that Fatoumata should go to the health post. He calls his son, Moussa, and they discuss how they can find the resources needed for Fatoumata's transport and medicine.

The dialogue continues when Fatoumata returns from seeing the midwife. She goes to sit by Mariam to tell her what the midwife has said: that her body is very weak and for that reason she needs to eat richer foods (like meat, fish and liver) at least once a week and to work less so that she can fully recover from her pregnancy. Mariam does not agree with what the midwife has suggested. Rather, she says that now Fatoumata needs to get back to work. 'You rested for a few days after you delivered, but now you need to get back to your normal pace of work, to work from sunrise until after dinner like all of the other women in the family. And it is unreasonable to think that you can eat meat, or fish or liver once a week'. Fatoumata goes on to explain to Mariam that the midwife also said that her baby should only be given breast milk for six months and no water at all. Mariam raises her voice at that point and says to Fatoumata, 'Your baby will die if she doesn't drink water. You should stop listening to the midwife. She is proposing things that are totally impossible for you and for your baby'. Mariam says, 'She told me that there is lots of water in breast milk. Mariam ends the discussion by saying to Fatoumata, 'You have really disappointed me today. We can never accept the ideas of that midwife. Just follow my advice and everything will work out fine for you and for my dear granddaughter.'

The story has come to an end but there is no ending to the story.

Sample questions for story discussion

What follows are examples of a few simple, open-ended questions that could be used to stimulate discussion of this story by a group of grandmothers, women or men. All of the questions require participants to critically think about this situation and what can be done to end this story in a positive way.

Questions

1. Could this story take place in your community?

2. Are there grandmothers like Mariam in your village?

3. How would you describe the relationship that exists between Fatoumata and her mother-in-law?

4. What advice did Mariam give Fatoumata when she was pregnant concerning: a) her workload and b) her diet?

5. Why do you think that Fatoumata is still so weak, 10 days after her delivery?

6. After the delivery, what advice does the midwife give to Fatoumata regarding her work and her diet?

7. Why does the midwife advise Fatoumata to give her newborn only breast milk and no water for six months?

8. What does Mariam think about the midwife's advice regarding exclusive breastfeeding?

9. Do you think it is possible for a baby to survive and grow fast if he/she receives only breast milk for six months?

10. After Fatoumata's discussion with Mariam, do you think she will follow the advice of her mother-in-law or that of the midwife?

11. If you were Fatoumata, what would you do in this situation?

12. If you were Mariam, what would you do in this situation?

13. Why did the author not include the end of the story??

Source: Helen Keller International and Grandmother Project, Mali

Developing good stories that engage and excite community members to want to hear them and discuss takes time and talent. However, once good stories are created, they are wonderful tools to use with different community groups, including adults and older children. The results of qualitative research obtained in Step 1 are used to develop the stories so that they include the roles, attitudes and practices that exist in the area where these materials will be used. In Table 20 you will find the key steps to be followed to develop the stories without an ending and the open-ended questions to go with them.

Table 20: Steps to follow to develop stories and discussion questions

PRELIMINARY STEPS: BEFORE STARTING TO WRITE

Step 1: Choose a topic for the story based on programme objectives (for example, exclusive breastfeeding or home treatment of diarrhoea.)

Step 2: Define the objectives of the story based on:

a) the roles played by community members related to the topic

b) the programme objectives and priorities.

One objective of all stories should be to acknowledge the important role played by grandmothers in promoting child health (in keeping with Step 2 of the CtC approach).

Other objectives will be specific to the topic addressed:

- to discourage women from giving water to their babies before 6 months of age
- to promote the idea that breast milk contains lots of water.

Step 3: Complete a story-planning chart. The planning chart is like a database that will help you when you actually begin writing your story. Use one or more pieces of flip-chart paper to create your planning chart. The chart should have three columns.

From left to right, title the columns as follows:

1. programme priorities (objectives and key information on the topic) related to the topic

2. roles of family and community members related to the topic

3. community norms, beliefs and practices related to the topic.

Step 4: Choose a 'critical situation' in a family or community, related to the topic you have chosen. Identify two characters, one with more traditional ideas and one with more modern ideas. However, one character should not have all 'traditional' ideas nor should the other have all 'modern' ideas. The roles played by the two characters should reflect the roles played by such people in the community. For example, if women are advised primarily by their mothers-in-law in the first days after birth, in a story dealing with this period the person advising the young women should be a mother-in-law.

Step 5: Describe the two characters you have chosen. For each character, make a list of their characteristics. Your list could include their age, name, appearance, way they dress, their daily activities (work, household tasks, religious activities), the members of their family, their role in the family, their house, their friends and their unusual habits.

Describe the setting in which the story takes place, including the place, geographic characteristics and economic activities of the population living there.

WRITING THE STORY

Step 6: Write the story in the following three phases to cover:

1. the introduction, which presents the setting and characters

2. the plot, which involves a discussion between the two characters regarding the topic addressed, with each one having a somewhat different view of the situation and how to deal with it

3. the end of the story, when the two characters still disagree on how to deal with the situation/problem at hand.

DEVELOPING OPEN-ENDED DISCUSSION QUESTIONS FOR EACH STORY

Step 7: Develop a set of open-ended questions to guide discussion of the story with community groups. The questions should ask participants to think about the contrasting opinions expressed in the story. The questions should be developed based on the three levels of questions in the 'experiential learning cycle' from adult education; that is, the questions should ask participants to:

- **describe** what happened in the story

- **analyse** the situation and arguments presented in the story in relation to their own values and experience in order to **formulate their own conclusions**

- **decide what action they can take** based on those conclusions. These actions can be either individual or collective.

3. Songs and dance

In all cultures, songs are a traditional mode of communication. And especially for women, song and dance often goes hand-in-hand. CNHD activities should be enjoyable for community members, and the use of song and dance is a good way to both motivate and share information with people.

With partner organisations, GMP develops two types of songs: 1) songs to praise the role of grandmothers in family and community health and education; and 2) songs to provide key information on priority nutrition, health and education topics. In all countries where songs have been used, along with dance, grandmothers, women, children and adolescents have been very responsive, and in some cases men join in as well. Once the songs are learned, children, adults or grandmothers can continue to sing them on their own.

Song of Praise of Grandmothers from Senegal

(Grandmothers' advice to pregnant women translated from Wolof, Senegal)

Grandmother, what is your advice to a pregnant woman?
> **I tell her to work less.**

Grandmother, what is your advice to a pregnant woman?
> **I tell her to eat more.**

Grandmother, what is your advice to a pregnant woman?
> **I tell her to eat beans, peanuts and green vegetables**

The Grandmother Song from Laos

Chorus
Grandmother! Grandmother! Grandmother!
You are the one who supervises.
You are the one who is kind.
You are the one who advises
Everyone how to be healthy.

At the same time you supervise and protect (repeat)
so that children will not get diarrhoea like thong su* and thong sia.*
When you find that a child has thok chuak* or thok thong* give lots
of liquid and encourage them to eat (repeat).

* These are terms for different types of diarrhoea in Laos.

*Community health
worker dancing
with grandmother
in Senegal*

It is often assumed that in order to write songs you need resource people with specialised musical talent. From our experience, in virtually all groups of CHDWs and teachers there are at least a few people who are musically inclined, who can identify a traditional melody and put some words to it. Our advice is that 'shorter is better.' Shorter songs are easier to compose and easier for communities to learn.

In Senegal, a song was written by ChildFund community health staff to recognise grandmothers' advisory role with pregnant women and at the same time to reinforce grandmothers' advice to them related to their workload and diet.

A song developed in Laos during a workshop with teachers and health workers praises grandmothers for their role in keeping family members healthy, it also encourages them to adopt recommended practices when children have diarrhoea.

Songs can be used in a variety of ways, including during workshops, during community meetings, in schools, on the radio, and along with many other types of activities.
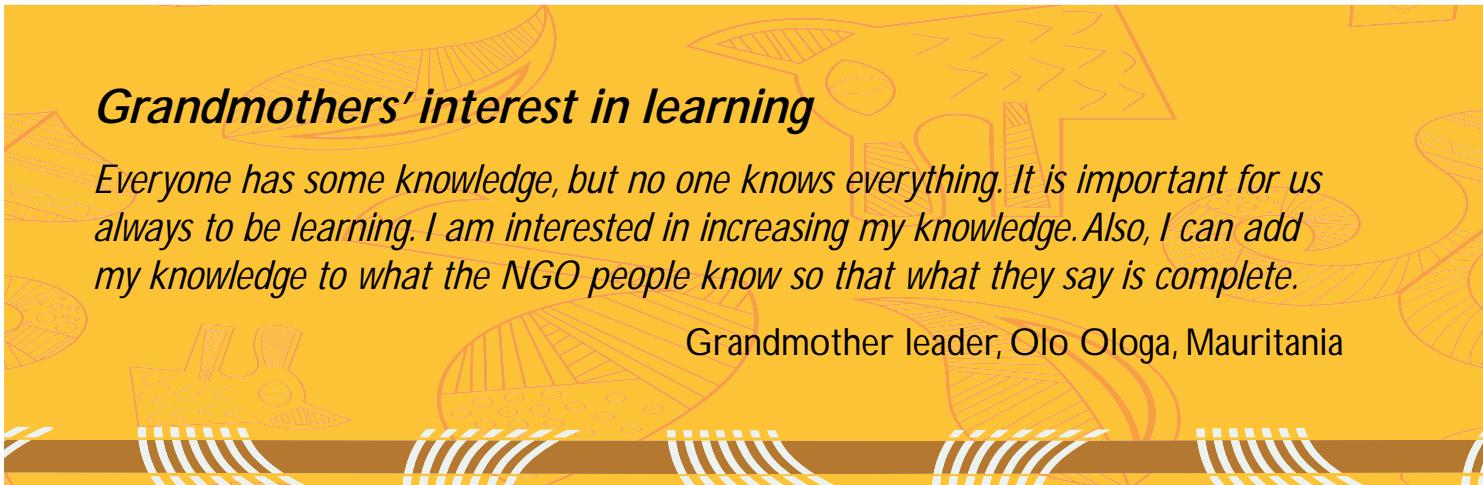
4. Games

People sometimes think that games are only for children. Our experience has shown, however, that most adults, including grandmothers and grandfathers, are very responsive to games that elicit dialogue among peer group members on topics of interest to them. Community members have often said that games allow them to enjoy themselves while learning. Another advantage of games that involve discussion of CNHD topics among groups of peers is that they can lead to changes in group attitudes and practices.

Adult educators have used board games for many years in development programmes in different sectors. GMP has developed games with the following specific objectives:

- to acknowledge grandmothers' experience and knowledge

- to strengthen grandmothers' understanding of 'modern' ideas regarding nutrition and health

- to strengthen the problem-solving skills of community groups.

With World Vision staff in Mauritania, GMP developed a board game on nutrition and health called *Grandmother's Wisdom.*

The game was developed using the qualitative information on family roles, knowledge and practices related to child nutrition and health that was collected in the rapid community assessment (Step 1). Community facilitators were trained on how to use the game, and it was used with groups of grandmothers and women in both peri-urban and rural areas.

What we like about this game is that it doesn't tell us what to think or what to do. Instead, it makes us discuss among ourselves and to decide what we want to do.

Grandmother leader in Mauritania

Grandmothers in Mauritania playing a game to learn new ideas about nutrition and health

Table 21: Grandmother's wisdom game

La Sagesse des Femmes
Jimmal Rewbe

Feedback from grandmothers and mothers on the game in Mauritania

In both urban and rural areas, both older and younger women participated enthusiastically in sessions organised around playing the game.

'Before, I thought games were only for children. But I have seen that this game is very useful to us. Through it we have learned many things that we did not know before. Now we can correct some of our mistakes.'

'The game is easy to play and the questions are very interesting because they ask us to share what we know and to exchange ideas with others.'

'I came with my own ideas and left with some new ideas that I got from others.'

Materials required

Game board

The centrepiece of the game board is a 'road to health' that passes between drawings of Halpulaar and Moorish grandmothers. This 'path' is composed of 24 spaces, of four different colours. (The four colours relate to the colours of the four types of discussion cards used in the game).

Game cards (four types of discussion cards)

'Role of Grandmother' cards

Each card contains a quote that refers to the importance of grandmothers. Participants are asked to share their own experiences and opinions related to the quote.

'Problem-solving' cards

Each card describes a health-related situation and presents two different opinions about what should be done to deal with the situation. Participants are asked to explain which opinion they agree with and why.

'Midwife' cards

On each card a midwife gives advice on some aspect of women and children's nutrition or health. Participants are asked to give their opinion on the midwife's advice and to discuss whether that advice is practised in their community.

'Surprise' cards

These cards contain various types of questions to add suspense and fun to the game. For example, one card says, 'Sing and dance a song of praise to the grandmothers.' Another says, 'You gave your child with diarrhoea lots of fluids, bravo, move ahead five spaces.'

Bottle caps

Each participant receives a soft drink bottle cap (such as Coca-Cola) that will serve as a 'marker' as she/he proceeds along the path.

Dice or small squares of paper with numbers on them

The numbers on the papers should be one to six. The number on each of the paper squares indicates how many spaces the participant should move along the path.

5. Skits or role plays

Skits, or role plays, can be used to stimulate discussion of real-life situations related to the CNHD topics of interest to the community or to the programme. They can be developed by community members themselves or with the help of CHDW. Teachers can organise skits with students to present to the wider community. An important facet of these activities is that after the performance of a skit or role play, open-ended questions should be used to stimulate discussion on the content of the role play and to draw conclusions on the topic addressed.

In southern Mauritania, GMP collaborated with World Vision in a community nutrition programme. Non-formal educational activities included skits that were presented to groups of grandmothers and mothers. In some villages, grandmothers decided on their own to develop several skits to share what they had learned with others in the community.

Grandmothers in Mauritania present a role play to discourage pregnant women from chopping wood

This photo was taken in Olo Ologa, Mauritania, during a role play presented by grandmothers that deals with the need for pregnant women to avoid heavy tasks like cutting wood. In the story-line, a 'pregnant' grandmother, with a huge tummy, is chopping wood. Another grandmother comes to tell her to stop because it is not good either for her or for her baby. After the role play, community members were asked to discuss what they had seen and to draw conclusions for themselves.

Our preference is for skits or role plays that have no ending, in order to stimulate dialogue and critical thinking amongst community members regarding how the story may end.

6. Picture discussion cards

Another tool that can be used to elicit dialogue on critical issues is *picture discussion cards* containing either photos or simple drawings of everyday situations. Such pictures should be accompanied by open-ended questions that a facilitator can use to encourage participants to discuss what they see in light of their own experiences and knowledge.

The following open-ended questions can be used to encourage participants to reflect on the significance of photos or drawings:

1. What do you see in the photo or drawing?

2. Does this type of situation exist in your community?

3. Is this a good thing or not for people in your community?

Related to the positive practices mentioned, ask 'What can be done to encourage this in your community?' For each of the negative practices mentioned, ask 'What can be done to deal with this situation?'

Discussion card on the role of grandmothers advising on child care

These questions can be adapted depending on the content of the picture. The questions can be put on the back of the pictures. It is always a good idea to laminate or plasticise the photos or drawings so that they last longer.

As with all of the other communication methods discussed above, discussion pictures are participatory and problem-solving tools that can help communities to re-examine their current practices, to reflect on how they can combine beneficial 'traditional' and 'new' ideas related to various CNHD issues, and to come to a consensus on what can be done individually or collectively to promote the health and well-being of children, women and families.

In addition to helping community groups to seek a consensus, another advantage of these methods is that they strengthen communication both within peer groups and among them, which in turn contributes to greater solidarity. Greater understanding and stronger ties among community groups increase their capacity to work together to develop their own strategies to promote the well-being of women, children and families.

GMP has observed that some learning-support materials portray grandmothers and other elders in a way that unfortunately reinforces negative biases. GMP and its partners develop pamphlets, posters and picture cards showing elders, including grandmothers, in a positive light. Stories portray grandmothers as competent and respected women.

Need more information?

A number of manuals provide further guidance on how to develop and use approaches that aim to encourage dialogue for consensus-building for change.

Bryam, Martin L. and Daniel C. Aryeequaye, *Theatre for Development: A Guide to Training.* (1985) Amherst, MA: Center for International Education, School of Education, University of Massachusetts.

Hope, Anne, Sally Timmel and C. Hodzi, *Training for Transformation: A Handbook for Community Workers, Volumes 1–3,* (1984) Zimbabwe: Mambo Press.

Howard-Grabman, Lisa and Gail Snetro, *How to Mobilize Communities for Health and Social Change,* (2003) Baltimore: Health Communication Partnership.

Vella, Jane, *Training Through Dialogue: Promoting Effective Learning and Change with Adults,* (1995) San Francisco: Jossey-Bass Publishers.

Step 4: Build capacity of grandmother leaders

Why is this step important?

An essential ingredient for mobilising communities' capacity to promote sustained and positive change is effective leadership. Given the important role of grandmothers in CNHD, grandmother leaders play an influential role in encouraging other family and community members to either perpetuate tradition or to integrate new knowledge and practices into their strategies to promote optimal CNHD.

Programmes that aim to strengthen communities to undertake initiatives to improve their own well-being should include a strategy for ongoing development of local leaders of both genders and of different ages. And to promote improved CNHD, one of the most abundant yet underutilised resources are grandmother leaders, who exist in all communities and within all grandmother groups. Of course, younger women leaders are also a critical resource for community programmes, and are probably already actively involved in community activities. CNHD programmes should encourage and reinforce their role in such programmes and promote collaboration between older and younger women leaders.

This approach recognises the experience of the grandmothers and gives them a central role to play in community activities which reflect our African cultural reality. This is the way programmes should be organised.

Malian community leader

In all communities with which GMP has worked, in communities in Mali, Mauritania, Senegal, Laos, Uzbekistan, Albania and Djibouti, confident, intelligent and articulate grandmother leaders have been identified and have proven to be an invaluable resource for promoting positive change.

What are the key activities and anticipated results?

In this step, grandmother leaders are identified; their confidence in their own capacity to mobilise others is increased; and their ability to more effectively coordinate community-level activities to promote CNHD is strengthened.

Table 22: Step 4 – Key activities and results

Step 4: *Build capacity of grandmother leaders* to promote improved practices within GM groups, within families and within the community at large.	
Activities and results	
Activities at community level	• Health and development workers establish close relationships with GM leaders. • GM leaders are encouraged to take an active role in all community activities. • GM leaders are empowered to promote improved practices related to women and children with other GMs, in families and community at large.
Results at community level	• Collaboration between GM leaders and other community leaders (men and women) is strengthened. • GM leaders catalyse discussion in families and communities on priority 'traditional' and 'modern' practices.
Results at organisational level	• CHDWs maintain close relationships with GM leaders and continue to reinforce their role as change agents in the community.

What methods and tools can be used?

Several activities should be carried out in order to increase the confidence and the capacity of grandmother leaders to play an even more active role in promoting CNHD in the community than they already do. This step in the process of promoting CtC does not call for specific 'tools' per se. Rather, it requires the use of a community development approach that consists of interpersonal communication, non-formal training and ongoing coaching of this precious resource, grandmother leaders.

Key activities to build capacity of grandmother leaders aim to:

1. identify grandmother leaders
2. establish rapport with grandmother leaders
3. strengthen the confidence and capacity of grandmother leaders
4. provide ongoing coaching and encouragement to grandmother leaders.

1. Identify grandmother leaders

What are the characteristics of grandmother leaders? In a recent workshop in Sierra Leone, facilitated by GMP for World Vision, the following list of characteristics of grandmother leaders was developed during a group exercise:

- They are highly respected by others in the community.

- They have extensive experience and knowledge on children's and women's health and well-being.

- They are consulted for advice by others in the community.

- They have the self-confidence to speak out in a community group or meeting.

- They are more open to new ideas than many other grandmothers.

- They are trustworthy and discreet.

- They are proactive in helping to solve problems that they observe in the community.

- They provide support not only to their own families but also to other families in the community in times of need.

- Their economic status is somewhat higher than the average in the community, which means that they can afford to devote some of their time to helping others.

A leader must observe, listen, reflect and share with others. As a leader in my community, I always try to increase my knowledge of new ideas about topics like farming and health, and then take this information back to the village. Our role as leaders is to gather information and to share it with others.

Grandmother leader in Mauritania

Characteristics of grandmother leaders

Grandmother leaders are exemplary persons who show many good qualities. They must be available, honest, generous, conscientious, respectful, discreet, sincere, serious with everyone and stable. Since they often give advice to others who are confronted with problems, they must especially be trustworthy to keep secrets.

A Mauritanian grandmother leader

The extensive list of qualities of grandmother leaders supports the idea that they are an important resource that should be identified and used in community programmes.

Identifying the grandmother leaders is not difficult. It can be done through observation of grandmothers during community meetings and by asking community members. In community activities they are the ones who have more self-confidence to speak out in the group, and they are generally more articulate than others. In identifying them it is important to consider information collected through observation as well as through discussion with other community members.

2. Establish rapport with grandmother leaders

In order to engage grandmother leaders in community activities that promote CNHD, it is essential that all those involved in the CNHD programme establish rapport with them, based on mutual respect, ongoing contact and communication. Close relationship with grandmother leaders becomes the heart of ongoing collaboration between CNHD programme staff, grandmother peer groups and the community at large. Developing respectful relationships with grandmother leaders contributes to motivating them to expand their involvement in promoting the well-being of their own communities. From our experience, when they feel respected for their role and experience, grandmother leaders are more open to considering new ideas that they can in turn share with others in the community.

Table 23 lists some ways to build respectful relationships with grandmother leaders. You will likely have other ideas to add to this list.

Table 23: How to establish rapport with grandmother leaders

- Visit them in their homes and inquire about the lives of their children and grandchildren.

- When they have good ideas, tell them that their ideas are important.

- Ask them questions about how they see various aspects of CNHD in the community, if they think there are problems and if so what they think could be done to solve them.

- When planning a community activity ask them how they think it should be organised (when, where, how) before giving your ideas on how to organise it.

- Praise them frequently for their commitment and involvement in working to help others in the community.

- Tease them about their 'grey hair', which means they have many years of experience.

- Reinforce the importance of the role that grandmother leaders are playing with the village headman and with the other community elders.

- When they ask your opinion about a community issue or activity, repeat the question in order to get them to give their own ideas before you give yours.

- Ask them to evaluate community activities that have been carried out it; that is, ask them to analyse what worked well, what didn't and the lessons learned.

Based on our experience working with communities on different CNHD issues, grandmother leaders can become your most valuable advisors and allies for organising activities and for promoting change. Empowering grandmother leaders to do even more than they are already doing to promote the well-being of their communities depends to a great extent on the respect and encouragement they receive from programme technical staff and community volunteers.

A caveat: While community volunteers and programme staff should focus their attention on the grandmother leaders, it is important that they maintain friendly and open relationships with all grandmothers in the community.

3. Strengthen the confidence and capacity of grandmother leaders

The senior women whom we refer to as grandmother leaders have natural qualities and talents that are recognised by others in the community. They already have certain leadership skills. The objective is to increase their knowledge and to strengthen those skills in order to make them more confident and more effective in promoting the development and well-being of their communities.

What are the key facets of leadership?

For any leader, there are four key competencies that contribute to effectiveness in promoting the development of the community:

1. community mobilisation
2. problem-solving and conflict resolution
3. interpersonal communication skills
4. resource mobilisation.

Topics related to each of these four leadership competencies are listed in the table below. These different topics can be the basis for developing a plan for training and coaching grandmothers to strengthen their leadership skills.

Table 24: Key topics for leadership training for grandmothers

Aspects of leadership	Key topics related to each aspect of leadership
Community mobilisation	• ability to organise grandmother groups, and other community groups, to take action on key issues affecting the well-being of women and children • ability to motivate other grandmothers and community members to work together to analyse needs, to identify resources, to develop a plan of action, to coordinate actions and to evaluate results
Problem-solving and conflict resolution	• steps in problem-solving • consensus decision-making • conflict-resolution techniques
Interpersonal communication skills	• democratic vs. autocratic leadership styles • active listening • giving and receiving feedback • encouraging community members to share their ideas and to be open to others' ideas
Resource mobilisation	• roles and responsibilities of a leader • mobilising resources within and outside the community • increasing collaboration with male community leaders • reinforcing solidarity among women and other grandmothers

4. Provide ongoing coaching and encouragement to grandmother leaders

Whether a more formal or informal strategy is adopted to strengthen the confidence and capacity of grandmother leaders, ongoing encouragement and coaching is of great benefit. CNHD programmes and communities themselves should be encouraged to come up with creative and inexpensive ways that they can continue to recognise and encourage the grandmother leaders. In GMP's experience, recognition and inclusion of grandmothers sends them a strong message that they are important, and this is a strong motivator. In our experience, grandmothers have a strong internal motivation to help others in their community. Financial remuneration is definitely not recommended as it can work against their inherent motivation to share their knowledge and experience to support other women and families.

Reflection questions

1. What capacity-building strategies has your organisation used in training community leaders?

2. How could those strategies be adapted for training grandmother leaders?
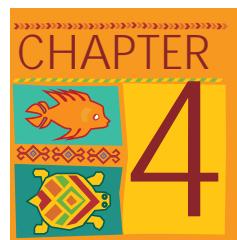
Need more information?

The Training for Transformation manuals have excellent exercises on group dynamics and on leadership development that can be adapted for capacity building of community leaders, including grandmother leaders. Another important resource for community work on all topics related to the health and well-being of women and children is Lisa Howard-Grabman and Gail Snetro's manual, cited below.

Hope, Anne, Sally Timmel and C. Hodzi, *Training for Transformation: A Handbook for Community Workers, Volumes 1–3,* (1984) Zimbabwe: Mambo Press.

Howard-Grabman, Lisa and Gail Snetro, *How to Mobilize Communities for Health and Social Change, (2004)* Baltimore: Health Communication Partnership.

Step 5: Evaluate results and document for ongoing learning

Why is this step important?

There is widespread agreement that evaluation of community programmes is important. And many evaluation tools are now available to assess whether or not intended results were realised. In addition, there is increasing interest nowadays in the importance of developing a process for **learning while implementing programmes.** In this section the discussion will focus first on several parameters of evaluation that are specific to a grandmother-inclusive approach, and second on how a process of ongoing documentation and learning can be combined with traditional evaluation methods.

In grandmother-inclusive CNHD programmes, conventional evaluation methods, involving quantitative data collection, are important in order to verify programme accomplishments. However, this type of analysis alone does not provide clear insights into why programme strategies were or were not effective, how community actors view the strategies used, nor the unanticipated effects of the approach used.

In the CtC approach Step 5 is important to ensure that programmes periodically assess results but also that they put in place a process for ongoing documentation and learning during the entire programme implementation period. This can be carried out using semi-structured and participatory methods with community members and programme field staff.

This step appears as the last in the sequence of steps in the CtC methodology. In fact, the activities related to this step should take place across all steps, from the very beginning to the very end of the programme implementation process.

What are the key activities and anticipated results?

The key activities and anticipated results of Step 5, at both the community and organisational levels are listed in the following table.

Table 25: Step 5 – Key activities and results

Step 5: **Evaluate results and document for ongoing learning:** assess changes in community norms and practices and community capacity to promote positive change	
Activities and results	
Activities at community level	• ongoing observation, interviewing and documentation of community activities to track community response, involvement and changes that come about, both anticipated and unanticipated
Results at community level	**Documentation and evaluation assesses:** • *Changes in specific:* • community norms and practices • individual practices • *Changes in community cohesion and capacity:* • leadership skills of GMs and other leaders • involvement of community leaders in facilitating consensus-building to address community concerns
Results at organisational level	• increased capacity of CHDWs to involve GMs in promoting positive practices for the well-being of women and children

What methods and tools can be used?

GMP results framework

Evaluations of earlier programmes contributed to the development of GMP's results framework. A results framework is an easy-to-read diagram that shows:

• the different levels of programme objectives

• how they link to contribute towards positive end results.

The GMP results framework describes the expected results of community programmes that effectively apply the GMP approach—its principles and steps—to improve the health and well-being of women and children.

GMP's results framework has four related levels:

Level One: Programme implementation *activities/inputs* (effectively carrying out GMP steps and applying GMP principles).

Level Two: These activities should result in positive *outputs* related to (a) grandmothers themselves, (b) their families and (c) their communities.

Level Three: These outputs lead to outcomes in improved health and well-being of women and children.

Level Four: These results contribute towards GMP's ultimate goal of healthy and cohesive families and communities. (See Table 26.)

Table 26: GMP Results framework

Goal: Healthy and cohesive families and communities		
Outcome 1	**Outcome 2**	**Outcome 3**
Improved grandmothers' advice and practices related to the well-being of women and children	Improved family practices related to the well-being of women and children	Positive changes in social norms related to the well-being of women and children
Outputs		
Empowered grandmothers	*Strengthened families*	*Strengthened communities*
• 1.1 Increased GM knowledge of well-being of women and children • 1.2 Increased GMs' confidence in their own knowledge and role • 1.3 Increased GMs' commitment to promoting the health and well-being of women and children • 1.4 Increased recognition of GMs' role by community and CHDWs	• 2.1 Increased quality of intergenerational communication and learning • 2.2 Increased respect by young people for the experience and knowledge of elders • 2.3 Increased appreciation by elders of young people's issues and challenges • 2.4 Increased appreciation by families of GMs' contribution	• 3.1 Increased involvement of GM leaders in community-wide development activities • 3.2 Strengthened intergenerational relationships among community members • 3.3 Increased collaboration between community and GM leaders to promote well-being of women and children • 3.4 Strengthened community efforts to promote positive cultural values and traditions • 3.5 Increased community capacities and ownership of development programmes
Activities/inputs: Effective application of GMP's 12 principles and five steps in the CtC approach to community programmes to improve the health and well-being of women and children		

The GMP results framework can be used as a guide to develop a locally appropriate set of linked objectives for programmes that apply the GMP approach. Once you define objectives, you can develop related indicators to measure progress.

Planning a strategy for evaluation, documentation and learning

Table 27 summarises key features of assessment activities related to both *formal evaluations* and *documentation for learning*.

Table 27: Planning a strategy for evaluation, documentation and learning

	Baseline and endline evaluation	Documentation for learning
What type of information will be collected?	• primarily quantitative data to measure programme outcomes and results • some qualitative or semi-qualitative data collection	• primarily qualitative information to understand the implementation process and the effects of programme strategies on family and community systems.
Who will be involved in collecting and analysing the information?	• major role played by external evaluators in data collection and analysis • programme staff play supportive role	• major role played by programme implementers in data collection and analysis with support from external methodology specialists
When will the information be collected?	• at the beginning and end of the programme, and sometimes mid-way through programme implementation	• on an ongoing basis during the entire life of the programme
What methods and tools should be used?	• standardised questionnaires and other highly structured instruments	• semi-structured and participatory tools • primary tools are observations and interviews (individual and group) • variety of other participatory tools can be used • meetings with programme stakeholders to discuss information collected and formulate lessons learned
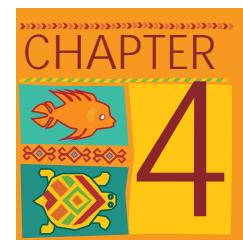
Specific information to be collected in grandmother-inclusive interventions

The specific information to be collected will depend on the goal and objectives of the CNHD programme, defined at the outset. Many reference materials are available which present internationally agreed upon indicators for assessing key dimensions of CNHD at the family level. Here we present key parameters that should also be assessed in a grandmother-inclusive intervention.

The following three key components should be assessed in both process and outcome evaluations for all community programmes:

• the relevance of the strategy adopted

• the quality of the implementation of that strategy

• the outcomes of the strategy.

Relevance: The CNHD strategy and activities carried out should be examined to determine their relevance in light of the project objectives, and in terms of the socio-cultural context in which they took place. This should be based on feedback both from community members and from CHDWs.

Implementation quality: The implementation of the CNHD strategy should be analysed to identify the strengths, weaknesses and constraints encountered during the implementation phase and to document the lessons learned, again based on inputs from both community actors and CHDWs.

Outcomes: In a grandmother-inclusive intervention, programme outcomes should be assessed not only in terms of changes in CNHD norms and practices but also in terms of changes in the capacity of grandmothers and other key community actors to promote improved CNHD. In addition, at the organisational level, changes in the capacity of CHDWs to involve grandmothers in promoting the well-being of children should be evaluated.

Table 28: Framework for defining the specific information to be collected in a final evaluation or in the documentation for learning process

Example: Child Nutrition Programme

Relevance of the CNHD Strategy

Relevance of the strategy implemented with:

- communities at large
- grandmothers
- mothers
- fathers
- traditional leaders
- religious leaders
- community volunteers
- health post staff

Implementation Quality

Strengths, weakness, constraints and lessons learned related to the implementation of the child nutrition promotion strategy

Outcomes of the Strategy

Changes in specific CNHD:
- community norms
- individual practices

Changes in community cohesion and capacity:
- leadership skills of GMs and other community leaders
- facilitation of community dialogue to arrive at consensus to solve community problems

Changes in capacity of health and development workers to effectively involve GMs in programmes to improve CNHD

Continuous documentation and learning process

Many organisations are committed to being 'learning organisations'. The idea of a learning organisation is that there is a process in place which enables enables staff to continuously learn and improve programmes through analysis of implementation.

Documentation should be carried out related to all three key evaluation components (relevance, quality, outcomes) of a CNHD programme. Such documentation can consist of the following:

- what people say spontaneously during an activity, a meeting, a workshop or some other gathering (for example, what women say to each other during a growth monitoring event in the community)

- ideas expressed by people in either individual or group interviews: based on a set of questions, either individuals or small groups of people give their opinions (for example, grandmothers can be asked what their opinion is regarding bottle feeding)

- comments by health and development actors during various CNHD programme-sponsored activities (for example, observing a community volunteer giving a health talk or observing a grandmother preparing complementary food for a young child)

- photos that illustrate different CNHD norms and practices.

The second aspect of the ongoing process of documentation and learning is discussion of the information collected among programme implementers, analysis of it and drawing up conclusions. It is through this ongoing and iterative process that the various facets of the strategy and of the outcomes are understood.

The process of ongoing documentation and learning serves at least three important functions. First, the learning generated by this process can immediately be used to strengthen or reorient programme implementation. Second, the information, conclusions and lessons collected over time generate extensive information for the mid-point and final evaluations. And third, ongoing documentation and analysis helps identify many unanticipated outcomes, both positive and negative.

In most cultures around the world, grandmothers play a significant role in the care of mothers, infants and young children. The grandmother-inclusive approach leverages this vital cultural resource to promote positive changes in health and nutrition practices. By following the steps presented in this guide, programmes will be better equipped to engage grandmothers and parents to work together for improved child well-being.

Individual diaries: A key tool for documentation

Diaries kept by health and development workers are an invaluable tool for documentation. In these diaries, they can record reactions of community members, including vivid quotes, and note changes they observe among grandmothers and other groups involved in CNHD promotion activities. Health and development workers also record their own changes in attitudes towards grandmothers.

Reflection questions

1. To what extent are community members, including grandmothers and other elders, involved in planning and carrying out evaluations of community programmes?

2. What could be done to increase the involvement of community actors in the evaluation of community CNHD programmes?

Need more information?

The manuals and books below are excellent resources for participatory monitoring and evaluation. The book by Marie-Therese Feuerstein is a practical and easy-to-read text on monitoring and evaluation with community members. The IFAD manual, by Irene Guijt and Jim Woodhill, is a very comprehensive document that pays special attention to participatory monitoring and evaluation and the promotion of critical reflection and learning. It is available online.

Aubel, J., *Participatory Monitoring and Evaluation for Hygiene Improvement. Beyond the Toolbox: What else is required for effective PM&E? A Literature Review, Strategic Report 9,* (2004) Arlington, Virginia: EHP (Environmental Health Project).

Feuerstein, M., *Partners in Evaluation: Evaluating Development and Community Programmes with Participants,* (1986) United Kingdom: Teaching Aids at Low Cost.

Guijt, Irene and J. Woodhill, *Managing for Impact in Rural Development: A Guide for Project Monitoring and Evaluation,* (2002) Rome, Italy: IFAD. http://www.ifad.org/evaluation/guide/.

Interview with grandmother in Mauritania

Conclusion

In most cultures around the world, grandmothers play a significant role in the care of mothers, infants and young children. The grandmother-inclusive approach leverages this vital cultural resource to promote positive changes in health and nutrition practices. By following the steps presented in this guide, programmes will be better equipped to engage grandmothers and parents to work together for improved child well-being.

Grandmother with grandson in Senegal
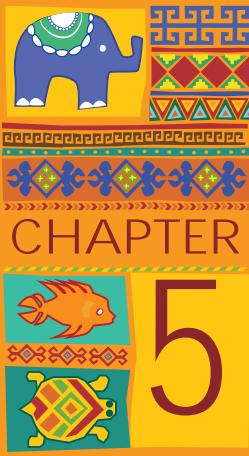
Results of Grandmother-Inclusive Approaches

You may think that involving grandmothers in CNHD programmes makes good sense from a cultural perspective, but is it really effective in promoting positive change in community norms and practices? Remember that when we refer to a *grandmother-inclusive approach,* this does not mean that only grandmothers have been involved. In all of the countries and settings in which the GMP approach to CtC has been used, grandmothers were involved along with younger women, and to a lesser extent, other family and community actors. Grandmother involvement is essential, but not sufficient, to bring about sustained change in community norms and practices related to CNHD. Widespread and sustained change is impossible without the involvement and buy-in from other family members, younger women in particular. Of course, support from men in the family is a big advantage in all change efforts.

The evidence regarding the effectiveness of a grandmother-inclusive approach in CNHD is still being gathered. However, the results so far of programmes in several countries are very promising.

Findings from operations research

In Mali, Mauritania, Senegal, Laos and elsewhere, GMP has helped partners to conduct grandmother-inclusive operations research projects. In all of these programmes in which a grandmother-inclusive approach was adopted and in which a formal evaluation was carried out, the results are encouraging in terms of positive changes in grandmothers' knowledge, practices and advice to young mothers and in terms of young women's changes in practices. Two of the more carefully documented experiences were in Senegal (maternal and child nutrition) and in Laos (home treatment of diarrhoea).

In Senegal, GMP collaborated with ChildFund International to pilot the grandmother-inclusive approach in a child health programme in thirteen villages over a nine-month period. Nutrition education activities were conducted in both pilot and control villages. In pilot villages, a strategy to include grandmothers and promote intergenerational learning was applied. In control villages, nutrition education was given only to women of reproductive age (WRA). The final evaluation documented significant changes on all eight indicators assessed. A few of the results are presented in Tables 29 and 30.

Table 29: Comparison of results of GMs' advice in improving household practices in pilot villages in Senegal at pre- and post-intervention

Household practices	Grandmothers' advice in pilot villages: pre-test (N=134)	Grandmothers' advice in pilot villages: post-test (N=150)
Pregnant women should decrease their workload.	20%	87%
Pregnant women should increase their food intake.	60%	95%
Newborns should be put to the breast in the first hour after birth.	46%	98%

Source: Aubel, J., et al. *Social Science and Medicine,* 59 (2004) 945–959.

Table 30: Comparison of results in practices of WRA in villages in Senegal without GMP approach (control group) and with GMP approach (intervention group)

Household practices	Women's practices in control group (N=100)	Women's practices in intervention group (N=100)
Pregnant women should decrease their workload.	34%	91%
Pregnant women should increase their food intake.	35%	90%
Newborns should be put to the breast in the first hour after birth.	57%	98%

Source: Aubel, J., et al. *Social Science and Medicine,* 59 (2004) 945–959.

Laotian grandmothers in group discussion on childhood diarrhoea

In Laos, a grandmother-inclusive approach was used in a community health education project on household management of diarrhoea supported by the World Health Organization. After one year of participatory health education activities, significant improvements were documented in the post-test on all indicators related to grandmothers' knowledge and advice.

Table 31: Results of pre- and post-test interviews with grandmothers on knowledge and advice on home treatment of diarrhoea in Laos

Knowledge and advice by grandmothers on home treatment of diarrhoea	Pre-test	Post-test
Quantity of fluids to give: lots of fluids	30%	74%
Breastfeeding during diarrhoea: continue breastfeeding	73%	90%
Feeding the sick child who does not want to eat: encourage child to eat	61%	81%

In all grandmother-inclusive programmes to which GMP has provided technical support, the results were positive in terms of grandmothers' motivation to participate in programme activities, grandmothers learning new concepts and practices, improved advice by grandmothers to younger women and improved practices on the part of young mothers. The quality of the evaluations carried out in these programmes varies considerably. It is hoped that in future grandmother-inclusive programmes more systematic evaluation data will be collected to contribute to the body of evidence regarding the effectiveness of grandmother-inclusive strategies.
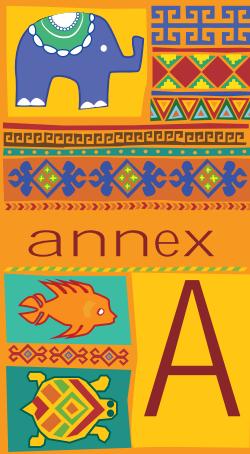
Sample Group Interview Guide for Step 1 Community Assessment

Here is a sample interview guide to use in Step 1 to interview grandmothers. If the guide is used with men or grandfathers, you may wish to ask only the key questions, unless the men want to participate in the longer interview.

This guide was used in Sierra Leone by GMP staff working with WV nutrition project staff to conduct a rapid community assessment.

Group Interview Guide for Grandmothers

Materials required

- drawings of a man, woman, grandmother, grandfather, older sister and a pregnant woman
- one bottle cap or other small item for each participant (to be used for voting)
- 10 stones

Introduction

We are working with World Vision to develop community programmes to promote the health and well-being of children and women. We are conducting interviews in many communities in the area with various community groups, namely women of reproductive age, fathers and grandmothers to discuss their experiences and views on the nutrition and health of young children. Given the status of grandmothers in our society and their experience, we wanted to meet with grandmothers in order to learn about their experiences with children and women. We would like to talk with you about your experiences and ideas related to certain aspects of maternal and child health. You are not obliged to participate but we hope that you will agree to do so. Do you agree to participate?

During the interview, we are going to take notes because we want to remember the important things that you will say, but we will not write down who said what (guaranteeing anonymity).

Present the members of the study team and then ask each participant to give her first name only.

Questions for each participant

What is your first name?

How many grandchildren do you have?

Show drawings of: man, woman, grandmother, grandfather and older sister and ask participants to identify each drawing, one by one.

Roles of key family members

1. Show each drawing, and for each one ask: What is the role of the father, mother, older sister, grandfather and grandmother in the family?

2. What is the difference between a family with a grandmother and one without a grandmother?

Put the five drawings in front of the participants and give each participant one bottle cap.

I am going to ask you some more questions about the roles and experience of different family and community members. You can vote by placing your bottle cap on the picture you feel is the answer.

PREGNANCY (replace the drawing of the woman of reproductive age with the drawing of a pregnant woman)

3. VOTE: Which one of these family actors has more knowledge and experience related to pregnancy?

   3a. When you have a daughter-in-law or a daughter who is pregnant, what advice do you give her about:

   - what she should and shouldn't eat

   - how much she should eat (more, less, as usual?)

   - how much she should work (more, less, as usual?)

   3b. When a woman is pregnant, is it better for her to work all day or to rest during the day?

   3c. If a woman is pregnant, do you prefer for her to have a big belly or a small belly?

   3d. When a woman delivers, do you prefer for her to have a smaller baby or a bigger baby?

AFTER DELIVERY (with the drawings)

4. What is the role of the man after delivery?

   4a. What is the new mother's role after delivery with the newborn?

   4b. After delivery, what is the grandmother's role (with the baby and with the new mother?)

CARING FOR NEWBORNS/BREASTFEEDING

5. VOTE (show five family actors): Which one has more experience caring for newborn babies? What do they each advise?

6. VOTE: Who is more involved in helping first-time mothers to know how to breastfeed?

7. In the first days of life, in addition to breast milk, what else do you give to babies?

   7a. When do you start giving water to babies?

8. VOTE: Who in the family/community knows more about what to do to have lots of breast milk?

9. Is all breast milk of good quality or is the quality of some breast milk not so good?

10. Do you think that a baby can grow and be healthy if he or she receives only breast milk and no water for the first six months of life?

11. VOTE: Who has more experience with breastfeeding?

    11a. Does this person give advice on how to have lots of breast milk?

12. Are there some women who don't have enough breast milk?

    12a. If a new mother doesn't have enough breast milk, what can be done? What do you advise in this case?
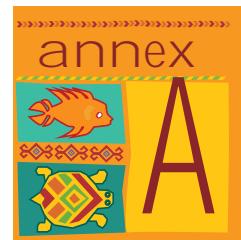
COMPLEMENTARY FEEDING

13. Who knows when a baby should be given his/her first pap (or other locally appropriate word)?

    13a. When is that? Is it the same for all babies?

14. VOTE: When a woman has her first baby, who teaches her how to prepare the baby's first pap?

    14a. What were the ingredients of the first pap?

    14b. Who prepares the first pap: the mother or grandmother? (Is it always that person?)

FEEDING practices with babies/young children

15. VOTE: Who usually feeds the child who is six months old? (Do others sometimes feed the child?)

    15a. What is used to feed the pap to the child who is six months old? (Hand, cup and spoon)

16. Are there some babies who don't like to eat?

    16a. VOTE: With babies who don't want to eat, who has more experience knowing how to get them to eat?

    16b. What do you do if a child doesn't want to eat?

    16c. For babies who don't want to eat, is the approach used by grandmothers and women of reproductive age the same or a bit different?

17. For the last three months of a pregnancy, should a woman eat a lot or not too much?

NUTRITION, GROWTH AND HEALTH

18. Collect 10 stones and lay them out in front of the interviewees. Explain that each stone represents a child under 5 years. Explain that the results of studies in Sierra Leone show that for every ten children there are four that are smaller and weigh less than normal. Why do you think there are so many children who are not as tall and developed as expected?

19. One year ago, Memuna and Alice gave birth on the same day and both had baby boys. Now, after one year, Memuna's boy is three centimetres taller than Alice's boy. How can you explain this difference in the boys' heights?

FEEDING THE SICK CHILD

20. When a child is sick, should he or she eat as usual or less than usual?

21. After a child recovers from an illness, should he or she eat as usual, or should the way he or she is fed be changed in some way?

INVOLVEMENT OF GRANDMOTHERS IN MATERNAL CHILD HEALTH AND NUTRITION ACTIVITIES

If you have time, ask:

22. When activities regarding the nutrition and health of women and children are organised in your community, are the grandmothers always actively involved?

23. Do you think that it is relevant for grandmothers to be involved in such activities or not?

Thank you for your time and for sharing your ideas. The information collected in this interview will be used in the report we will write. It will be shared with World Vision to see how to strengthen their community programmes that aim to improve the nutrition and health of women and children for your community and other communities in the area.

GRANDMOTHER PROJECT
CHANGE THROUGH CULTURE

FOR FURTHER INFORMATION

World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families and communities to overcome poverty and injustice. Inspired by our Christian values, World Vision is dedicated to working with the world's most vulnerable people. World Vision serves all people regardless of religion, race, ethnicity or gender.

Grandmother Project Change through Culture

www.grandmotherproject.org

GMP Headquarters
Judi Aubel, Executive Director
Via Ostiense 121
Rome, Italy 00154
(39) 0657 43 998
info@grandmotherproject.org
judiaubel@grandmotherproject.org

GMP USA
Betsy Stephens
11 Magnolia Parkway
Chevy Chase, MD, 20815 USA

GMP Senegal
Khady Leye Cissé
B.P. 321, Mbour, Senegal
(221) 77 630 10 35

World Vision

WVI Offices
www.wvi.org

World Vision International Executive Office
Waterview House
1 Roundwood Avenue
Stockley Park Uxbridge,
Middlesex UB11 1FG, UK

World Vision Brussels & EU Representation ivzw
18, Square de Meeûs
1st floor, Box 2
B- 1050 Brussels, Belgium
+32.2.230.1621

World Vision International Liaison Office
7-9 Chemin de Balexert
Case Postale 545
CH-1219 Châtelaine
Switzerland
+41.22.798.4183

World Vision International United Nations Liaison Office
919, 2nd Avenue, 2nd Floor
New York, NY 10017, USA
+1.212.355.1779

World Vision International Nutrition Centre of Expertise
c/o World Vision Canada
1 World Drive
Mississauga, ON L5T 2Y4
CANADA
+1.905.565.6200
www.wvi.org/nutrition