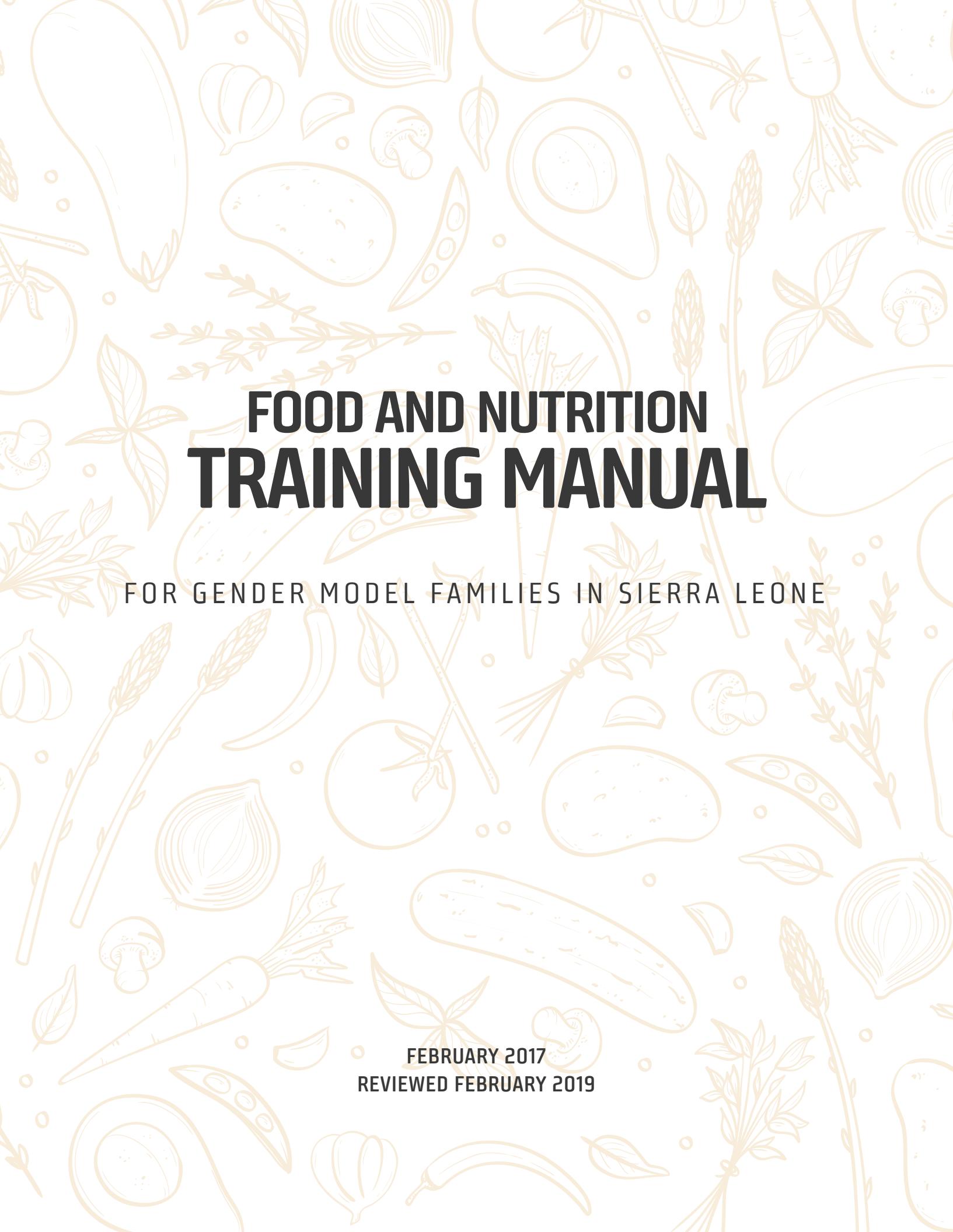




FOOD AND NUTRITION TRAINING MANUAL

FOR GENDER MODEL FAMILIES IN SIERRA LEONE





FOOD AND NUTRITION TRAINING MANUAL

FOR GENDER MODEL FAMILIES IN SIERRA LEONE

FEBRUARY 2017
REVIEWED FEBRUARY 2019



© Copyright SEND West Africa



Table Of Contents

ACKNOWLEDGEMENT

Addressing Malnutrition In Sierra Leone - About The Manual

- Malnutrition - A major development challenge in Sierra Leone
- Users of the manual
- Structure of the manual
- Key messages

Page | 08
Page | 09

TRAINING MODULES

Module 1: Gender Model Families and improved nutrition practices

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Page | 14

Module 2: A diversity of food items is available in our communities

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Page | 19

Module 3: Food energizes, builds and protects our bodies

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Energy giving foods
- Body building foods
- Protective foods
- Action points
- Monitoring guide

Page | 24

Module 4: Recipes that can be made from available food at community level

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Page | 32

Module 5: Our pregnant and lactating mothers are eating for two and require a healthy and balanced diet

Page | 37

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Module 6: Exclusive breastfeeding for six months makes healthy babies

Page | 42

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Module 7: Our children from 6 to 59 months need special food to grow up healthy

Page | 48

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points

Module 8: Many taboo foods are healthy for pregnant women, lactating mothers and under-fives

Page | 54

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Module 9: Wild fruits, nuts, seeds and vegetables are healthy for the body

Page | 59

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Module 10: Dry season food, rainy season food – healthy and balanced diets around the year

Page | 63

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Module 11: Food hygiene for healthy meals

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points

Page | 68

Module 12: Community WASH mapping and planning

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Page | 73

Module 13: Sanitation marketing

- Learning output
- Key message
- Discussion points
- Facilitation tips
- Action points

Page | 78

Module 14: Household Resource Mobilization

- Learning output
- Discussion points
- Facilitation tips
- Action points
- Monitoring guide

Page | 84

ANNEX ONE: NUTRITION PROBLEM TREE

Page | 88

ACKNOWLEDGEMENT

The ***Food and Nutrition Manual for Gender Model Families*** has been developed by ***SEND Sierra Leone*** and ***Welthungerhilfe (WHH)***, in consultation with the District Health Management Teams from Kailahun and Kenema.

The manual has been developed for the implementation of two WHH health projects funded by the German Federal Ministry of Economic Cooperation (BMZ) and Development, Special thanks go to Mr. Siapha Kamara, the CEO of SEND West Africa for his facilitation of the manual development workshop and processes that supported the development and writing of this manual.

SEND Sierra Leone is most grateful to WHH Sierra Leone, especially Mathilde Gronborg-Helms, and Peter Abdulai for their technical support to the development and editing of the manual.

Special thanks go to all SEND Sierra Leone staff who contributed to the production of both the first and this second editions. We thank them for their valuable contributions based on years of experience with field work, ensuring a manual that is relevant and useful for its target group.

SEND Sierra Leone is fully responsible for the content of this manual including any omissions or errors.

ADDRESSING MALNUTRITION IN SIERRA LEONE

ABOUT THE MANUAL

This manual was originally developed by SEND, WHH and the DHMTs of Kenema and Kailahun Districts in Sierra Leone for the WHH and BMZ funded health and nutrition projects "Prevention of Zoonotic Diseases in Sierra Leone" implemented by SEND Sierra Leone and Conservation Society Sierra Leone (CSSL), as well as "Improvement of Health Care in Kenema and Kailahun through Infrastructure Development and Capacity Building Measures. In February 2019, it was reviewed to incorporate additional modules on Recipes that can be made from available food at community level (Module 4), Community WASH mapping and planning (Module 12), Sanitation marketing (Module 13) and Household Resource Mobilization (Module 14) for the WHH and BMZ funded Nutrition and WASH Projects. Again, thanks to the Kenema DHMT's District Nutritionist and the Kenema District Councils focal for Scaling Up Nutrition (SUN) Movement, several suitable references to existing national documents on nutrition of especially infants, pregnant women and lactating mothers have been incorporated. Even though this manual was developed specially for projects implemented by SEND Sierra Leone, it can also be used by other development agencies wishing to engage in participatory nutrition and WASH education.

MALNUTRITION

A MAJOR DEVELOPMENT CHALLENGE IN SIERRA LEONE

01

BOX ONE

MATERNAL AND UNDER-FIVE
DEATHS IN SIERRA LEONE

Malnutrition is a major development challenge in Sierra Leone. Malnutrition affects especially women and children. For example, 4 out of 10 cases of early childhood deaths are caused by

nutrition-related diseases such as measles and diarrhea. More than a third of children under five are stunted (short for their age) due to chronic malnutrition and related diseases.

Many children lack the nutrients essential for proper growth and development. If children are not eating proper food in the early years of their lives, their bodies and brains will not be able to develop to reach their full potential. When children are malnourished, they are not able to learn as fast as they should in school. When children are malnourished, they have no energy to play and be happy. When mothers are malnourished, they are at greater risk of dying during delivery. When mothers are malnourished, they are less able to take proper care of their children. When anyone is malnourished, it affects their well-being and quality of life. When we are malnourished, we are less able to engage in productive activities, and we get sick easily.

Malnutrition is therefore both a social and economic burden to the affected households and to the country and a key challenge to address to ensure the healthy development of Sierra Leone and its people.

The Government of Sierra Leone (GOSL) joined in the global Scaling Up Nutrition (SUN) movement in 2010. The GOSL SUN strategy emphasizes collaboration with Civil Society Organizations (CSOs) such as SEND Sierra Leone and their international partners, for example Welthungerhilfe (WHH).

One important role of civil society is to educate, mobilize and support the population to prioritize and adopt healthy eating practices. The objective of this manual is to raise awareness and inspire action among rural households and communities to prevent malnutrition.

Nutrition concerns all of us. Nutrition is not only about having enough food to eat and filling the stomach, it is about eating the right kind of food, and ensuring a clean and healthy environment that allows our bodies to utilize the food we eat to grow and fight off diseases.

The causes for malnutrition are many. Some causes are found low-scale agricultural production and lack of income sources, as many rural farmers struggle to produce sufficient amounts of food and access a sufficient diversity of food around the year. Some causes are found in the poor access to health care and to WASH facilities, as many rural communities do not even have access to safe and clean drinking water. Some causes are found in the awareness level of people in regards to health and nutrition, and in cultural perceptions of what it means to eat a good and healthy diet.

This revised edition centers on food-based messages promoting dietary diversity, better understanding and utilization of locally available food items, and better sharing of the food among the household's members according to their nutritional needs, economic enabling factors for better household food production, management and utilization, and resource mobilization for WASH infrastructure development. It promotes achievable actions that rural households can undertake themselves in their daily lives to improve the health and well-being of everyone in the family.

USERS OF THE MANUAL

The manual has been prepared as a facilitation resource which can be used to raise awareness in a participatory manner about nutrition issues affecting rural households with a special focus on pregnant and lactating mothers and children under five. Also it is intended to promote household and community action towards improved nutrition.

SEND and its partners' Field Staff and Community Multipliers are the primary end users of this manual. Field Staff will use it to animate, train and mentor Multipliers to cascade nutrition trainings to Gender Model Families (GMFs) and other target groups. The Multipliers are community based volunteers who will assist the Field Staff in supporting the GMFs and other target groups to engage in improved nutrition practices, and to facilitate monitoring and experience sharing sessions.

The SEND's Gender Model Family approach is used to organize the communities as participants in participatory nutrition education activities for several reasons. First, through the GMF approach, all members of the family are educated to mobilize and utilize adequate household resources to enhance nutrition, sanitation and health,. Second, through the GMF approach increased family resources/assets will be devoted to addressing nutrition issues of the most vulnerable members, under-fives, pregnant women and mothers. Third, the GMF approach advocates the sharing of domestic tasks to reduce the workload on women and strengthen child care especially for infants.

Addressing the gender issues relating to the causes of malnutrition as well as promoting improved nutrition as a shared responsibility of the household will move households and communities to take action together and enhance the adoption of new learning and practices.

02 **BOX TWO** **DEFINITION OF COMMUNITY MULTIPLIERS**

Community Multipliers

Are chosen by communities themselves to support SEND Field Staff to cascade the nutrition trainings and monitor the people's use of new learning and practices. They include community health workers (CHWs), Traditional Birth Attendants (TBAs), youth leaders, religious leaders and teachers. They are men and women who have experience with nutrition WASH, resource mobilization and health issues, and who can serve as role models and opinion leaders. Their roles and responsibilities include

- i. Helping to organize training activities
- ii. Disseminating the new knowledge further in target villages and
- iii. Monitoring the use of new knowledge by the GMFs and other target groups and behavioral changes, and
- iv. Supporting other project related activities.

STRUCTURE OF THE MANUAL

The manual is organized into 13 training modules. Each module is expected to equip the GMFs and other target groups with confidence, knowledge and skills to better utilize food resources available in their communities to prevent the incidence of malnutrition especially among under-fives, pregnant women and lactating mothers.

Each of the training modules is organized based on the following elements:

Learning output:



The specific knowledge, awareness or skills the GMFs and other target groups are expected to acquire by the end of the training on the module.

Key messages:



Key points of the module and recommendations for changes in nutrition practices the GMFs and other target groups are encouraged to adopt.

Discussion points:



Key questions the facilitator should make sure are addressed during training on the module; discussing issues will enable the GMFs and other target groups to identify and analyze opportunities and challenges to adopt the improved nutrition practices recommended under each module. The facilitators should allow plenty of room for discussion so that the GMFs and other target groups can reflect on their nutrition situation and nutrition related problems faced in their communities.

Facilitation tips:



The methods and process of conducting the training module and delivering the key messages including interactive tools to make the module lively and participatory, and to engage the GMFs and other target groups in discussion. Visual training aids with pictures and key messages support the facilitation and learning by the GMFs and other target groups, many of which have very limited literacy skills. The specific training aids to be used are referenced in each module.



Action points:

Suggestions for possible activities the GMFs and other target groups can undertake after the training to immediately put the new learning into practice in their households and communities. GMFs and other target groups should be encouraged to come up with their own action points to address specific nutrition issues within their families and communities. Make sure action points are as specific as possible – this makes it easier for both participants themselves and facilitators to see to what extent the action point is being implemented and resulting in positive changes.



Monitoring guide:

Questions and tips to guide the field staff and multipliers to follow up on the implementation of action points, to identify challenges and ways to overcome them – and to reflect with the participants how they can observe a positive impact of the new knowledge and practices in their families' lives and well-being. Monitoring can be done either at the beginning of each new training session – asking participants what has happened since the last session – or during house-to-house visits to the participants in between training sessions.

The facilitator will start each module by highlighting the **key messages, posing and explaining discussion questions** and emphasizing to the GMFs and other target groups the importance of using the knowledge and skills to take actions after the session to improve on the nutrition of mothers, pregnant women and under-fives.

TRAINING MODULES

MODULE ONE

GENDER MODEL FAMILIES AND IMPROVED NUTRITION PRACTICES



03

BOX THREE

KEY PRINCIPLES OF GENDER MODEL FAMILIES

- i. Husbands and wives agreeing to live equitably,
- ii. Giving equal opportunities to the boy and girl child,
- iii. Husbands willing to share domestic tasks with the wives,
- iv. Husbands and wives sharing in decision making, especially about resource mobilization and the use of household resources,
- v. Willingness to live imitable life styles and to share their experiences with others in their community.



LEARNING OUTPUT

By the end of this module participants will understand why it is necessary to talk about gender issues to promote household nutrition, and how GMFs and other target groups can be role models for improving the nutrition situation of pregnant women, breastfeeding mothers and under-fives.



KEY MESSAGE

Gender equality is a key step towards improving the nutrition situation of the whole household. Women and children are the most vulnerable to malnutrition, so everyone in the household must be aware of and support their special needs.

Husbands and wives should jointly make decisions about how to make use of household resources to address the family nutrition issues.

Husbands and wives should share equitably the tasks involved in food preparation, storing and hygiene.



DISCUSSION POINTS

- How can the GMF approach be used to promote household nutrition as a joint effort between husbands and wives?
- If husbands and wives are not equal in the home, how can it affect the nutrition situation of the family?
- Why should husbands and wives share equitably activities and tasks intended to improve the food and nutrition situation of their family? What are the benefits?
- What is preventing husbands from taking part in addressing the nutrition needs of the under-fives, lactating mothers and pregnant women in the family?



FACILITATION TIPS

Preparation: Copy the core principles and benefits of the GMF on a card or flipchart to be used to facilitate the discussion points and make copies of the GMF Poster to be used during small group work. Use the 'Good Nutrition Family' and 'Poor Nutrition Family' Cards to facilitate the session.

STEP 1:

Organize brainstorming groups of men and women participants. Give each group a GMF poster and ask them to carefully observe each photo and feedback to the plenary activities they see husbands and wives performing.

STEP 2:

Let the groups report what activities men and women are performing on the poster and discuss each. End this discussion by asking the group to indicate the possible benefits to the family of having husbands and wives performing the activities seen in the poster and sharing tasks and decision-making equitably in the home. Display the card/flipchart with the listed principles and benefits of the GMF and ask the group to discuss them. By the end of this step, the GMFs and other target groups will appreciate the benefits of husbands and wives supporting each other in performing different household tasks.

STEP 3:

Let participants observe the 'Good Nutrition Family' and 'Poor Nutrition Family' Cards. Discuss each of the families and their situation, and the differences among them. Ask each GMFs and other target groups to reflect and discuss among themselves in which ways they resemble the Good Nutrition Family, and in which way they resemble the Poor Nutrition Family. Then, ask participants to discuss whether most families in their community resemble the Good Nutrition Family or the Poor Nutrition Family and why?

STEP 4:

Get participants to discuss the heavy burden on especially women of nutrition activities intended to boost nutrition, and encourage husbands to share 'good nutrition tasks' with the women. Divide the group into men and women. Each group will identify maximum 5 activities men and women perform in relation to nutrition. After they brainstorm and present in plenary, end by summarizing possible 'good nutrition tasks' husbands can do. Examples are washing dishes, setting the fire, feeding the child, fetching greens from the vegetable gardens, beating cassava leaf, etc. Ask the group whether husbands in their communities are performing those tasks. If no, why not? What would be the benefits? How can they be encouraged to perform more of those roles?

Ask the GMFs and other target groups how they can work to encourage other families to share tasks more equitably, especially those that relate to good nutrition. Before you end the discussion do a summary making reference to the discussion points.



ACTION POINTS

- Each GMF will prepare action plan after each training module to implement what they have learnt to improve the nutrition status of their households
- Each GMF will discuss with their neighbors on the benefits of sharing 'good nutrition tasks' between husbands and wives
- Each GMF undertakes to share the experience of their family with the community
- Let husbands and wives agree to be meeting regularly on weekly basis to discuss their challenges, successes, and plan for the following week.

Let the GMFs include their children in planning and decision making processes where necessary to ensure the children are also part of the processes to contribute in support of family growth **Facilitator:** Emphasize that GMF action plans should go beyond the basics of supporting in household chores to planning for socio-economic status of the family.



MONITORING GUIDE

- Discuss with the GMFs and other target groups their experiences with implementing their action plan.
- What have been the reactions of other family members and neighbors?
- What changes and benefits have they observed in their household after becoming GMFs?
- What is most challenging to being a GMF?
- Ask or observe if the families are tolerantly meeting and sharing times together and including their children in such times when necessary

MODULE TWO

A DIVERSITY OF FOOD ITEMS IS AVAILABLE IN OUR COMMUNITIES





LEARNING OUTPUT

By the end of this module the GMFs and other target groups will have identified basic reasons and consequences of not having sufficient and varied foods to eat. GMFs and other target groups will see the potential of using their locally available food items and natural resources to develop healthier and more balanced eating habits.



KEY MESSAGE

- A diversity of food items is available in our communities that women, men and children can eat to build strong and healthy bodies. Families should consume the nutritious foods from their farms instead of selling everything at the markets.
- Support the families to understand and create food cultivation calendar
- Families should take the lead to plant fruit trees especially those that are not easily available around or are old and unproductive
- Families can only diversify their foods if they invest in food availability: either they cultivate or buy!

Example Of Food Cultivation Calender

Jan Vegetables, maize, Orange Sweet potato, etc.

Feb Vegetables, maize, Orange Sweet potato, etc.



DISCUSSION POINTS

- Do families in the community have access to a diversity of food? Why/why not?
- What tasks do husbands, wives, boys and girls perform in making sure the family has food?
- What are the challenges families face in terms of ensuring that:
 - Families have enough food
 - Families have varieties of food
- How can these challenges be addressed? At family level? At community level?



FACILITATION TIPS

Example Of Food Cultivation Calender

A role play is a useful training tool to facilitate discussion on nutrition issues (and other issues) by illustrating real life situations that participants can relate to. Participants can be assigned different roles to act out different situations related to nutrition, bringing their own experiences and views into the play. After the role play, the rest of the group can be asked to give comments and feedback. Ask for volunteers to take part in the role play, and the facilitator spends a few minutes to prepare them. Make sure the rest of the group pays attention and are ready to give feedback and discuss. The purpose is to stimulate discussion on how people interact in certain situations, and how events can lead to other events.

Preparation: To facilitate this module, use the Community Food Cards and the Good Nutrition Family and Poor Nutrition Family Cards. A day before the training, the Multiplier and Field Staff should collect as many food items as possible from the community, from the farms and from the wild – and GMFs and other target groups could be asked to bring a variety of food items they typically eat as well as some food items they know but do not typically eat. This exercise will enable them to be familiar with and appreciate the locally available food items.

STEP 1:

Display the food items on a clean table in the training venue so that each is visible. Have everyone take a closer look at the food items. Ask if anyone knows of any food items that are left out. Discuss with participants whether they are making good use of all of these different food items. Which food items are most typically consumed and why? Which ones are less typically consumed and why?

STEP 2:

Place three different containers on a clean table, representing different sources of getting food – agriculture, the wild, and the market. Ask the participants to group food items according to source. Facilitate discussions around potential and benefits of producing those food items by themselves, and how income can be generated to buy those they cannot produce themselves. If the foods are from the wild, discuss how they can be harvested, prepared and consumed.

STEP 3:

Divide participants into smaller groups. One group will develop role play about a family that always has sufficient food. Another group will develop a role play about a family that rarely has sufficient food. Emphasize to participants that the role play should illustrate why the families have sufficient food or why they do not, as well as the role of the different family members in working to obtain food from various sources. Note that the facilitator should only guide the participants in regards to what the role play should show, but let the participants come up with their own design of the role play.

Based on the role play they have presented, facilitate a discussion on the characteristic of the families in the skits and why some families have enough food and some do not have enough food. What can influence whether or not a family has enough food: The way they produce food? The sources they get food from? How they work together in the home to obtain food and manage their household resources?

STEP 4:

Ask the GMFs and other target groups to insights from the role play to analyze the situation in their own community. Do more people have enough food and plenty different kinds of food? Or do more people lack sufficient food? Are people making good use of the different food items available to them in the community? What are the key issues of food availability, poor nutrition practices and specifically eating/feeding habits in their community?

Divide participants into groups and ask them to discuss what can be done to address poor nutrition at a) family level, and b) community level. Let the groups present in plenary.

STEP 5:

Summarize with the GMFs and other target groups the recommendations from the discussions and encourage joint action between husbands and wives to promote self-initiatives from families to grow and eat locally available foods.



ACTION POINTS

- Each GMF and other target groups should identify the foods they are not commonly eating and make plans to include them in their household food basket.
- Each GMF and other target groups should identify which new food items they could start producing for themselves on their farms.
- Encourage each GMF and other target groups to make a plan for how to better share the roles, responsibilities and decision-making among themselves to make sure they are able to produce or buy a sufficient quantity and variety of food items.

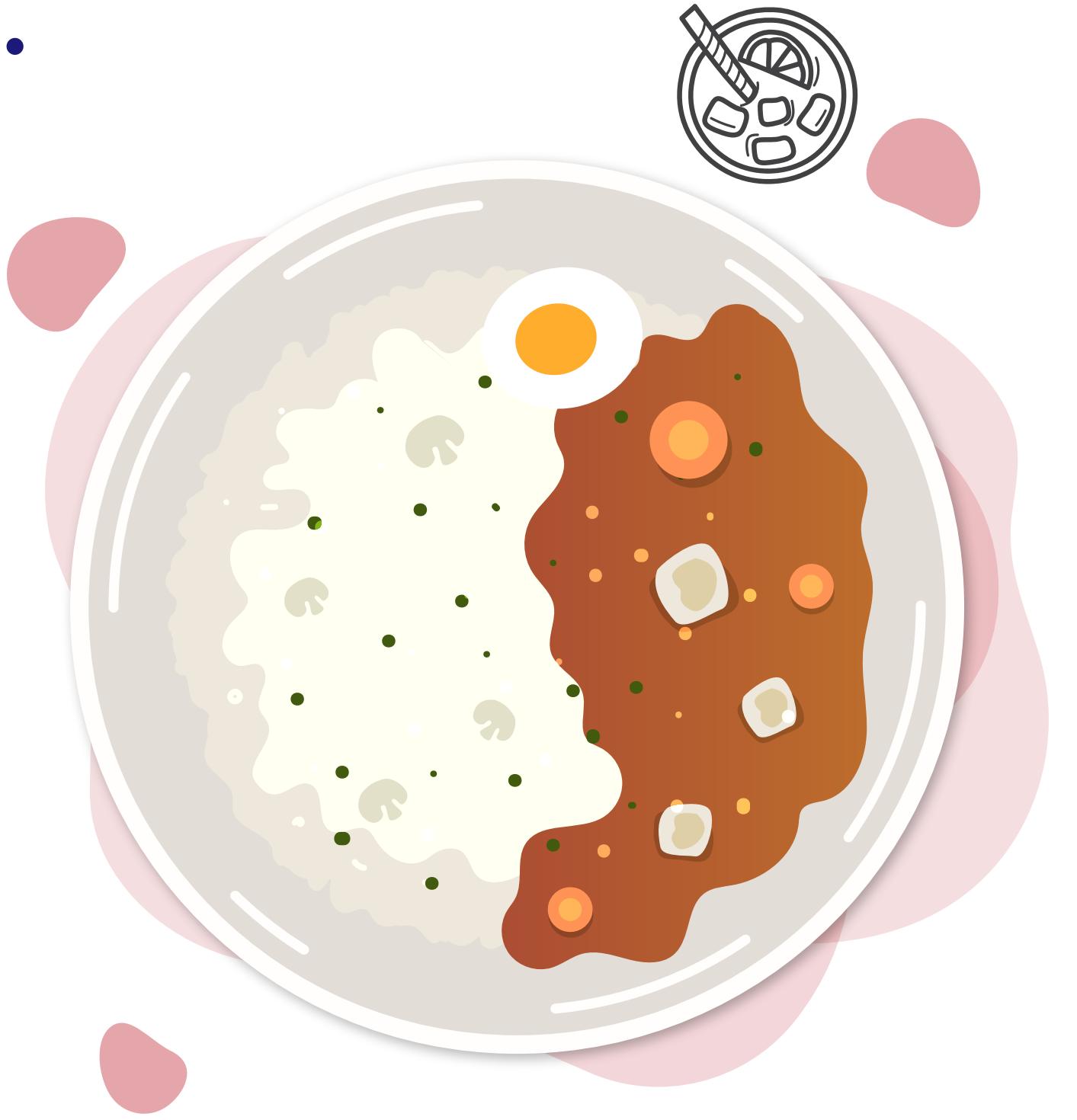


MONITORING GUIDE

- Have the GMFs and other target groups made any changes in the way they get food for the family since the training?
- What are the (positive and negative) effects of these changes? Effects can be in terms of household economy, the health and well-being of the family, and the social relationships in the household.
- What are the challenges the GMFs and other target groups face in terms of getting enough food and a good variety of food, and how can they be overcome?

MODULE THREE

FOOD ENERGIZES, BUILDS AND PROTECTS OUR BODIES



06

BOX SIX

The 3 Food groups

COMMUNITY FOODS	ENERGY-GIVING	BODY-BUILDING	PROTECTIVE
Rice	X		
Cassava	X		
Ripe Plantain			X
Maize	X		
Raw Plantain	X		
Ripe Banana	X		
Raw Banana	X		.
Palm oil	X		
Palm fruit			X
Pepper			X
Potatoes leaf			X
Potatoes	X		
Orange sweet potato			X
Cassava leaf			X
Okra			X
Eddoes	X		
Yam	X		
Benni-seed			X
Millet	X		
Sorghum	X		
Fish		X	
Crabs		X	
Eggs		X	
Chicken		X	
Meat		X	
Snail		X	
Carrots			X
Cabbage			X
Onion			X
Salt			X
Beans		X	
Orange			X
Guava			X

Palaver sauce			X
Bitter balls			X
Garden eggs			X
Bread	X		
Yumbu yambei			X
Maggot		X	
Breast milk		X	
Ground nuts		X	
Cocoa nuts			X
Grapefruit			X
Mango			X
Cowpea		X	
Papaya			X
Cow milk		X	
Krain-krain and other dark leafy greens			X
Tomato balls			X
Pumpkin			X



LEARNING OUTPUT

By the end of this module the GMFs and other target groups will know which food items give energy, support body building and provide protection to the body, and will understand the importance of keeping a balanced diet by eating from the 3 categories of food every day.





LEARNING OUTPUT

By the end of this module the GMFs and other target groups will know which food items give energy, support body building and provide protection to the body, and will understand the importance of keeping a balanced diet by eating from the 3 categories of food every day.



KEY MESSAGE

- A variety of food items are locally available in our communities to enable us to eat a healthy and balanced diet.
- Different food items give
- Different food items give energy to the body, build the body and provide protection for the body.
- Eating from all the 3 food groups every day will make a healthy body!



DISCUSSION POINTS

- Which food groups do we consume more and why?
- Which food groups do we consume less and why?
- Are there food items that are not commonly consumed by the community and what are the reasons?
- Why have we not always been eating a balanced diet?
- What action is needed at family level to eat from the 3 food groups every day?



FACILITATION TIPS

Preparation: The Community Food Cards are used to facilitate this session. A day before the training, the Multiplier and Field Staff should collect as many food items as possible from the community, from the farms and from the wild and GMFs/other target groups could be asked to bring a variety of food items they typically eat as well as some food items they know but do not typically eat. This exercise will enable them to be familiar with and appreciate the locally available food items.

STEP 1:

Display the food items on a table or on a clean cloth/mat in the room so that each is visible. Have everyone take a closer look at the food items. Ask if anyone knows of any food items that are left out?

Discuss with participants whether they are making good use of all of these different food items? Which food items are most typically consumed and why? Which ones are less typically consumed and why? Facilitator makes a list of all the displayed and mentioned food items on a flipchart. The food items listed in Box 6 are examples for the facilitator, and can be added to with participants' suggestions.

STEP 2:

Energy giving foods: These include typical staple foods such as rice, cassava, potatoes, yams, pumpkin, millet, bread, as well as oil.

Body building foods: These include animal source foods such as fish, meat, chicken, shrimp/crab, snails and insects, but also plant source foods such as cowpea, broad bean, ground nut and benni seed.

Protective foods: These include fruits such as banana, papaya, pineapple, mango; greens such as potato leaf, cassava leaf, krain-krain, and spinach; and vegetables such as bitter ball, egg plants, avocado, okra, tomato balls, cucumber and onion.

Facilitator emphasizes that we should eat from the 3 food groups every day, and we should also remember to eat different things from each of the categories.

Emphasize that in addition to eating from the 3 food groups, it is also important to get the right quantities and proportions. For example, in Sierra Leone we typically eat a big portion of rice (or other staples) with a little bit of sauce. But actually, for the body to get all the nutrients it needs, we need to increase the amount of vegetables on the plate compared to the rice. A very colorful plate is typically a healthy one!

STEP 3:

Spread three clean mats or cloths on the ground: one representing food that provides energy for the body, a second representing food that supports building of the body, and a third for food that protects the body against infections and diseases. Ask participants to identify and place the food items according to their category. If a food is picked and put into the wrong category the facilitator asks participants whether it is placed correctly and let them replace it in the right category.

Facilitator returns to the list of food items on the flipchart. Create 3 columns, one titled 'energizers', one titled 'body builders', and one titled 'protectors'. Mark them with a symbol agreed by the participants. Go through all of the food items and mark with a X in the respective column which of the categories the food item belongs to.

STEP 4:

Ask participants to give examples of how they are eating from the 3 categories of food. What did they eat today? What did they eat yesterday? How do the dishes/recipes they typically eat combine those food groups? Is it sometimes difficult to eat from the 3 categories and why?

STEP 5:

Ask participants how you can tell if a person is not eating a healthy and balanced diet. How does a person look? How does it feel in the body?

Based on participants' input, facilitator can emphasize on some of the benefits of a more balanced diet:

- Eat more fruits and vegetables to help your body fight off infections and diseases
- Eat more fruits and vegetables to make your eyes, hair, skin and nails strong and shiny!
- Eat more fruits and vegetables compared to rice and oil to improve digestion
- Eat (either) fish, meat, beans and seeds/nuts every day for your body to feel strong and maintain itself
- Drink plenty of clean water to aid digestion and keep from feeling sleepy
- Reduce on salt, maggi, oil and fat as eating too much of those can lead to high blood pressure
- Reduce on intake of sugar, candies, and soft drinks

STEP 6:

Divide participants into smaller groups. Ask them to come up with songs and/or short and catchy slogans or mottos for healthier and more balanced eating. This will enable them to promote some of the new knowledge and principles of nutrition with other community members in an easy and catchy way.

STEP 7:

The facilitator should end the session by encouraging the GMFs and other target groups to grow and eat locally available food.



ACTION POINTS

- Discuss with other family members who did not take part in the training on the importance of eating food items from the 3 food groups each day and monitor that every person in the family eats from the 3 food groups every day.
- Commit to include food items not eaten before in the family meals and share ideas on new dishes and recipes involving these food items with other GMFs, neighbors, other target groups, etc.
- GMFs collectively organize a community meeting to share with interested members the importance of eating from the 3 groups of food every day.



MONITORING GUIDE

- What new food items have the GMFs started eating since the training?
- Is it easy or difficult to start eating a variety of new food items?
- What positive or negative effects are observed in regards to the family well-being? In regards to the household economy?
- Have the GMFs shared their experiences with other people and what was the reaction?

MODULE FOUR

RECIPES THAT CAN BE MADE FROM AVAILABLE FOOD
AT COMMUNITY LEVEL





LEARNING OUTPUT

By the end of this module the GMFs and other target groups will know that there are various ways to prepare commonly available foods in their communities to make them more appetizing for every member of their households thereby diversifying their diets. They will also experiment with some ways of preparing these food recipes to practically demonstrate the ease and convenience involved in doing so.



KEY MESSAGE

- A variety of food preparation methods exist that can enhance easy adoption of different dietary compositions of household food baskets.
- Different locally produced crops and foods from the wild can be combined to make daily balanced diets
- Preparing and eating such locally produced recipes improves the health of every member of the household, prevents hunger and saves money as a result of households' nutrition sensitive spending



DISCUSSION POINTS

- What are the commonly known methods of preparing roots, tubers and fruits for daily diets?
- Which foods (be them from the wild, farm or market) that are commonly prepared in diverse ways?
- Are there other recipes participants may have heard of but not practiced?
- Are there any barriers to trying some new ways of preparing new recipes?



FACILITATION TIPS

Preparation: The common food recipes cards are used to facilitate this session. Prior to starting the session (say a day before), inform GMF and other target groups to bring to the training various food items that can be prepared in various ways beyond the normal cooking methods. Explain to them that lunch cost for that training will be spent to prepare various recipes which participants and facilitators and observers will eat.

STEP 1:

Display the food items on a table or on a clean cloth/mat in the room so that each is visible. Have everyone take a closer look at the food items. Ask if anyone knows of any food items that are left out?

Discuss with participants the basic nature or feel of the food items when cooked (their starchy oily, watery natures etc.) the discussions would lead to a gradual understanding of such foods belonging to same group with other popular foods. E.g., the starchy nature of bush Yam, bread fruit, cocoa Yam, etc., can be related to the starchy nature of cassava.

STEP 2:

Facilitator explains that these food items can be transformed into what other food items will look like when cooked so that participants see the relationship and ignite their interest in trying out some. Cooked and pounded bush Yam, for example, can be likened to foo-foo (commonly made from cassava). Grated, dried and patched potato, also, could replace cassava made garri. The same soup or stew which can then be prepared on such popular dishes (especially rice) can then be shown to be prepared on these new recipes and can nourishingly support the entire family even at times of the year when they usually cry hunger.

STEP 3:

Refer the GMFs and other target groups to the content of the food recipe cards to further elaborate on the different nutritious recipes that can be gotten from other foods without having to depend on rice all their lives. Also allow participant to share their experience on how some other recipes can be prepared using various food combinations. E.g., orange sweet potato and groundnut soup, boiled grated plantain and cassava leaf, pounded bush Yam and palm cannel soup, etc.

STEP 4:

Divide the GMFs and other target groups into working groups. Each working group to decide on which new food recipe they may want to try. Share the different food items they brought to fit the recipe groups may want to try. Then give each group the required or available financial support for condiments so that they can buy what is missing and get to work on practically demonstrating new food recipes. Guide them towards ensuring that they prepare their new recipe using all food items from all three food groups.

STEP 5:

After the new recipe cooking demonstration, let the facilitator, other community members, GMFs and other target groups eat their food together, rotating from one recipe to another. Facilitator should encourage but not force anyone to eat a new type of dish they may not wish to try. After lunch, discuss the cooking process each team went through so that members of other groups learn from them in case they may wish to try. End the session by emphasizing that it is important for one to diversify their diets by introducing and sustaining new recipes. Encourage them to try them as often as possible.



ACTION POINTS

- Discuss with other family members who did not take part in the training on the importance of eating food items from the 3 food groups each day and monitor that every person in the family eats from the 3 food groups every day.
- Commit to include food items not eaten before in the family meals and share ideas on new dishes and recipes involving these food items with other GMFs, neighbors, other target groups, etc.
- GMFs collectively organize a community meeting to share with interested members the importance of eating from the 3 groups of food every day.



MONITORING GUIDE

- What new food items have the GMFs started eating since the training?
- Is it easy or difficult to start eating a variety of new food items?
- What positive or negative effects are observed in regards to the family wellbeing? In regards to the household economy?
- Have the GMFs shared their experiences with other people and what was the reaction?

MODULE FIVE

OUR PREGNANT AND LACTATING MOTHERS ARE EATING FOR TWO
AND REQUIRE A HEALTHY AND BALANCED DIET



09

BOX NINE

GOOD FOOD FOR PREGNANT AND LACTATING WOMEN:

Energizers: Rice, potato, orange sweet potato, yam, pumpkin, etc.

Body builders: Fish, crab, snail, meat, beans, groundnut, benni, etc.

Protectors: Dark leafy greens (cassava leaf, orange sweet and other potato leaves, moringa leaf, okra leaf, etc.), okra, lime, pineapple, orange, papaya, mango, etc.



LEARNING OUTPUT

By the end of this module the GMFs and other target groups will understand the importance of feeding pregnant and breastfeeding women sufficient and balanced food, and will make plans to diversify the meals for pregnant and breastfeeding members of their households.



KEY MESSAGE

- Taking non-nutritious substances (cigarette, tea, clay, inhaling dried faeces, etc.) can be dangerous for the health of the pregnant women and lactating mothers
- Pregnant women are feeding the baby in their stomach so they need extra food
- Lactating mothers need extra food to give them the required strength to support breastfeeding Pregnant and lactating women should eat plenty of body builders (animal source foods and beans) and vegetables and fruits
- In addition to a healthy diet, a pregnant woman need good rest and regular exercise

- Eating a healthy diet during pregnancy will reduce the risk of complications and dying. Safe delivery requires a healthy body with adequate blood.
- Pregnant women should go for regular ANC
- Lactating mothers should go to the clinic for regular PNC and get Vitamin A within 6 weeks after delivery (postpartum)



DISCUSSION POINTS

- Why do some pregnant and breastfeeding women not receive an adequate and balanced diet?
- How can the husbands (and other members of the household) help the pregnant and lactating members of their households have balanced meals?
- Why is it necessary for pregnant women to rest and exercise regularly?



FACILITATION TIPS

Preparation: To facilitate this module, use the Mother's Diet Card and the Community Food Card.

STEP 1:

Start the session brainstorming with participants why it is important that a pregnant woman and a breastfeeding woman eats a sufficient and balanced diet. Facilitator emphasizes that good nutrition for the child starts when the child is in the stomach. If the child is not well nourished through the mother during the pregnancy, it will be more difficult for the child to grow up well. A good diet for the mother will also make her body strong, and reduce the risk of complications during delivery. A well-nourished mother will also find it easier to practice exclusive breastfeeding.

STEP 2:

Display the Community Food Card. Ask the GMFs and other target groups to identify food items they normally give to pregnant and lactating women in their households. Are there special foods prepared for women when they are pregnant and when breastfeeding? Facilitator writes down the foods mentioned by participants.

STEP 3:

Let participants observe the Mother's Diet Card. Let participants compare the list of food items featured on the card and with their own list of food items typically given to pregnant and lactating mother. Point out food items on the card but not on the list of the participants, and vice versa.

Facilitator emphasizes on some important dietary guidelines for pregnant and lactating mothers:

- Since they are 'eating for two', they need an extra amount of food every day (an extra snack or small meal)
- They need to eat body building foods every day, if possible both animal source foods and plant source body builders. Beans are especially good for pregnant women
- Fish, shrimp, snail, maggot, termite, grass hoppers, bull frog, crabs, are very healthy for mothers
- They should eat plenty of dark green vegetables, such as potato leaves, cassava leaves, and okra
- They should eat plenty of fruits such as papaya, mango, pineapple, and banana

STEP 4:

Divide participants into smaller groups to discuss why pregnant and lactating mothers are not always receiving sufficient and balanced diets? How can these issues be addressed at family/household and community levels? Present the outcome of the group discussions and discuss in plenary. (Facilitator: Emphasize to the participants that adequate feeding of pregnant and lactating mothers is only possible if households produce enough diversified foods for themselves)

STEP 5:

Brainstorm with GMFs and other target groups on local dishes/recipes they know that include the food items that are good for pregnant and lactating women to eat. Divide participants into smaller groups and ask them to come up with at least a 3 day meal plan for a pregnant or lactating woman. Present and discuss the recipes in plenary. End with a discussion of the challenges families face in providing a sufficient and balanced diet to pregnant and lactating women, and how they can be addressed at both household and community level.



ACTION POINTS

- GMFs and other target groups commit to provide an adequate and balanced diet to any pregnant or lactating women in their households. Ask for volunteers to report on their experiences at the next training/meeting.
- GMFs and other target groups commit to provide at least 3 new food items (1 from each group) to pregnant or lactating women in their households
- Husbands agree to ensure pregnant and breastfeeding members within their households are given special food; for example, the husbands can agree to give their pregnant wives a banana or peel an orange for snack for her every day.



MONITORING GUIDE

- Discuss with the GMFs and other target groups the different food items they are feeding pregnant and lactating women since the training
- How are the husbands and other family members supporting the pregnant and lactating mothers to get a healthy and balanced diet?
- Has the pregnant and lactating mothers observed any changes in the support she gets their wellbeing?
- What are the challenges and how are they overcoming them?

MODULE SIX

EXCLUSIVE BREASTFEEDING FOR SIX MONTHS
MAKES HEALTHY BABIES



09

BOX NINE

Benefits of exclusive breast feeding:

- Child gets all the nutrients it needs
- Lower risk of diseases for the child
- Less labor intensive than preparing food for the child
- Creates bond between mother and child
- Can help delay the next pregnancy
- Lower risk of cancer and bleeding

Maintain good hygiene practices when breast feeding:

- Wash the breast before and after feeding
- Wash the breast well regularly
- Wash hands with soap before and after breast feeding
- Wash hands with soap before and after handling the child
- Use breast wear



LEARNING OUTPUT

By the end of this module GMFs and other target groups will be aware of the benefits of exclusive breast feeding and come up with strategies to support women in their communities to practice it.



KEY MESSAGE

- The child should be put to the breast immediately after birth or within an hour and also get the first milk (colostrum).

- Exclusive breast feeding for 6 months is necessary for healthy child growth and protects the new born child from getting sick.
- For the first 6 months, the child should only be given breast milk, but no water, herbs, liquids or foods should be given
- After 6 months, solid foods (soft foods like pap, smashed fruits) can be gradually introduced as complementary foods
- Breast feeding can be continued up until the child is 2 years of age



DISCUSSION POINTS

- What are the reasons why some babies are not being exclusively breastfed?
- What are some of the beliefs and perceptions around breast feeding that can continue to be a barrier for mothers to practice it, and how can they be challenged?
- How can other family members (husbands, other women, grandmothers, etc.) support the mothers to exclusively breastfeed?
- How can especially young mothers be supported to practice exclusive breast feeding?



FACILITATION TIPS

Preparation: To facilitate this module, you need the Breastfeeding Benefits Card. You can invite participants to bring their babies to the session, so participants can demonstrate how they do the breastfeeding and give each other advice.

STEP 1:

Get the discussion started by asking participants for their existing knowledge of breastfeeding. What guidelines are they currently following for breastfeeding? Do they know the meaning of exclusive breastfeeding and its benefits? Facilitator adds all the benefits of breastfeeding to the participants' suggestions. Ask whether anyone has practiced exclusive Lactating? Do we have examples from the community of babies who are exclusively breastfed and some who are not – are there any differences between them? Those who have should share their experiences indicating benefits of breastfeeding, as well as the challenges.

STEP 2:

Facilitate a discussion on why some children are not being exclusively breastfed and why? Add to participants' discussion some of the common barriers to exclusive breastfeeding for 6 months:

BARRIER	FACILITATOR'S RESPONSE
Child does not suck from one of the breasts	Proper attachment could encourage the child to suck from it. If resistance persists, visit the clinic for medical checkup.
The child appears not to be satisfied by the breast.	This can be a result of poor position and attachment. Make sure the child is first emptying the one breast before it is placed at the other. This way the child is getting both the thinner and the fuller milk in the breast.
The mother is too tired or hungry to breastfeed.	If the mother is well rested and well fed she will have more energy to breastfeed. The husbands should make sure of that!
The mother's workload is too heavy so she does not have time and energy to breastfeed.	A woman needs proper time and peace to breastfeed. If she is too overloaded with work, she will not be able to breastfeed on demand and satisfy the child.
The husband wants to resume sexual relations with the mother and believes it is not good while she is still breastfeeding.	It is possible to have safe sex during breastfeeding. In fact, exclusive breastfeeding can help delay another pregnancy.
Fear of 'bad breast' or pain can discourage especially young girls to breastfeed.	There is no such thing as bad breast milk. Mothers can even breastfeed when she is sick if she is not too weak. Pain is normal in the first 3 days as the womb is settling. Proper position and attachment can help prevent sores and cracks on the nipples.

Discuss with participants: How can these issues be addressed? How can mothers be supported to breastfeed exclusively?

STEP 4:

Divide participants into groups and let them develop small role plays about the importance of exclusive breastfeeding highlighting the challenges (barriers) to practice exclusive breastfeeding, and ways to overcome them.

STEP 5:

Ask the group to come up with ideas for how they can promote exclusive breastfeeding in the community. Can they perform the role plays they have developed in their communities as way of educating members about the benefits of exclusive Lactating? Can they approach young mothers with advice and counseling on executive Lactating? Can some of the male participants advise other men in the communities how to support their wives? Let it be an action point!



ACTION POINTS

- GMFs and other target groups commit to practice exclusive breastfeeding of new born babies
- Husbands agree to support their wives to practice exclusive breastfeeding, for example by providing special food for the breastfeeding mother and by performing more household chores to allow the woman adequate time and peace for breastfeeding
- Women who are breastfeeding will be organized to meet regularly in the community to share their experiences and mentor first time mothers to adopt exclusive breastfeeding
- GMFs and other target groups perform role plays about importance and challenges of breastfeeding in the community to engage others in discussing common beliefs and practices



MONITORING GUIDE



**Body
Energizers**



**Body
Builder**



**Body
Protectors**

- Discuss with the GMFs and other target groups how they were doing breastfeeding of their children before – and how they are doing it now.
- Can they observe any changes in the wellbeing of their children comparing those who are exclusively breastfed to those who have not been?
- Discuss with the GMFs and other target groups what specific household tasks the husbands are performing in order to allow the wives to do exclusive breastfeeding?
- What are their main challenges and how can they be overcome?
- Have the GMFs and other target groups been sharing experiences with each other?

MODULE SEVEN

OUR CHILDREN FROM 6 TO 59 MONTHS NEED SPECIAL
FOOD TO GROW UP HEALTHY



07

BOX SEVEN

EXAMPLES OF FOOD FOR 6-59 MONTHS

Plantain, Rice, Sweet Potatoes, Pumpkin, Palm Oil

Breast milk, beans, benni, fish, meat, eggs, snails, groundnuts

Fruits, edible green leaves and vegetables



LEARNING OUTPUT

By the end of this module, GMFs will understand the importance of feeding under-five children with special food. They can identify food items that are good for 6-59 months children, and make plans to start feeding their 6-59 months children with specially prepared balanced food.



KEY MESSAGE

- Good food for our 6-59 months are necessary to support the growth of their bodies and brains
- 6-59 month children should be fed different foods than the adults
- 6-59 month children should eat body building food every day
- 6-59 month children should eat regularly: In the morning, afternoon, and evening with healthy snacks in between
- Both parents should monitor that children are eating enough good food from clean plates and spoons in a clean environment



DISCUSSION POINTS

- What are the opportunities to feed our 6-59 month children special food with our locally available foods?
- Why have some families not been able to feed their 6-59 month children special food? What are the challenges?
- Why is early complementary feeding dangerous?



FACILITATION TIPS

Preparation: To facilitate this module you need the Special Food for 6-59 months Card and the 6-59 months Balanced Meals Card. Box 8 gives example of the special foods that are very good for children under five. You can invite the participants to bring to the session, their children and locally available food they give them.

STEP 1:

Brainstorm with participants whether 6-59 months should be eating special food and why? Show the participants the Special Foods for 6-59 Month Children card and ask them to point out the differences between the adult and 6-59 month children. Adding to the observations of participants, facilitator emphasizes that the under-five body is not developed as that of the adult. For example, she/he may not have teeth or even if they do it is not strong like that of an adult; and similarly their stomachs are smaller and cannot take heavy or very spicy food. Hence the importance of feeding the under-five special food and preparing their food separately.

Discuss with participants the importance of making sure that under-fives are eating good food.

STEP 2:

Ask the group to recap the 3 key functions of food as discussed in module 3. Ask participants to give examples of the food they give to their 6-9 month old children, and for each food item citing the functions they expect the food to perform in the body of the child. The facilitator can point out foods that are very good for feeding the 6-9 month old children but are not mentioned by participants. Discuss which foods are commonly used and why? Discuss which foods are not commonly used to feed the 6-9 month old children and why?

STEP 3:

Pair up the GMFs to discuss whether they are feeding their under five children special food? If yes, which types of food and why? If no, why not? After discussing in the small group, reconvene in plenary to give feedback and for general understanding and experience sharing on the types of special food GMFs and other target groups are feeding their 6-9 month old children.

STEP 4:

Show participants the Balanced Meals for Under-fives Card. Discuss how the 3 main food groups are represented in the dishes. Make reference to the inputs and examples from participants to summarize some of the key principles. Emphasize that children should be eating body building (protein) foods every day, and plenty of fruits and vegetables.

Note: Facilitator should emphasize that the frequency of feeding, the amounts, and texture of the food depends on the age of the child:

- The special food for young children (especially 0 – 2 years of age) needs to be soft (with more texture as the child grows older), less spicy and oily, and always prepared with clean water. The child should be fed 3 – 5 times per day. Make sure to practice active and responsive feeding, the parent should monitor the child eating, play and sing with them.
- The special food for older children (2 – 5 years) should get more texture for the child to chew, and more different types of food can be introduced. The child should eat 3 meals per day with snacks like fruits or nuts in between. The child can eat by itself in a clean environment but should be monitored by the parents.

STEP 5:

Divide participants into 3 groups and ask them to perform a role play of 3 families:

- **Family 1:** The mother or grandmother prepares the food for the under-five and just give it to him/her without supervision but occasionally shouts at the under-five to eat the food. This mother or grandmother is busy doing different household chores.

- **Family 2:** The mother or grandmother prepares the food and invites the under-five to eat his/her meals. She starts to sing the under-five's favorite song and occasionally admonishes the child to clean the plates of all the food.
- **Family 3:** The mother prepares the food and the husbands supervise the feeding. He sits with the child and she/he refuses to take the food. The father takes a clean spoon and uses it to help feed the child. Also he asks one of the older siblings a boy to bring water for the child to drink. The child completes her/his meal. The father asks the older sibling to clean the child after feeding. The mother returns and is happy to see the child well fed and dressed in clean clothes. She thanks the father.

After the role play, the facilitator opens the floor for discussion by asking the questions: Which of the 3 families best illustrate the way most of the GMFs and other target groups feed their 6-9 month old children? Which one illustrates the way they want to be feeding their children after the training, and why?

STEP 6:

Divide participants into groups according to the age of their children and let them come up with examples of meal plans for at least 3 days for their 6-9 month old children. Let them present the meal plan and discuss in plenary. Make sure you assess the meal plans by asking:

- Are the children getting enough body building foods?
- Are the children getting enough fruits and vegetables?
- Are the meal plans easy and not too time consuming to prepare?

STEP 7:

Encourage participants to discuss how husbands and wives can work together to ensure that their 6-9 month old children are properly fed. For example, how can the husbands ensure that their households have adequate food for all and assist in preparation of special foods for the children?



ACTION POINTS

- Each GMF or other target group will try to prepare minimum 2 new special dishes for their under five members of their family
- GMFs and other target groups commit to sharing responsibilities to make sure their 6-9 month old children are properly fed (for example, husbands agrees to prepare special food for the young children at least 3 times per week)



MONITORING GUIDE

- What new types of foods and dishes have the GMFs and other target groups been giving to their children since the training?
- What roles have the husbands/fathers been playing in the feeding of the children since the training?
- Do they observe any changes in the well-being and behavior of the children?
- What are some of the challenges for implementing the new child feeding practices, and how can they be overcome?

MODULE EIGHT

MANY TABOO FOODS ARE HEALTHY FOR PREGNANT WOMEN,
LACTATING MOTHERS AND UNDER-FIVES





LEARNING OUTPUT

By the end of this module GMFs and other target groups will have reflected on how food taboos can be harmful to pregnant women and under-fives as they prevent them from eating certain healthy foods. Each GMF or other target group will make a plan to try to overcome certain food taboos for their pregnant women and under-fives.



KEY MESSAGE

Allow pregnant women, breastfeeding mothers and under-fives to eat snails, eggs and other tabooed food items because they are good for their health, or make sure they eat other food items with similar nutritional value.



DISCUSSION POINTS

- Why do we believe that eating certain foods can have negative consequences?
- How do food taboos arise and who ensure that it is maintained?
- How can we promote the consumption of taboo foods by pregnant women and under-fives? How can we convince others that nothing bad will happen to them even if they consume these taboo foods?

10

BOX TEN

Examples of Taboos Foods

TABOOS FOR PREGNANT WOMEN	CONSEQUENCES (ACCORDING TO TABOO)
Plantain	New born boy will have a large penis
Snail	New born will salivate profusely
Pumpkin	Rashes on the child; swollen scrotum if it is a boy
Stale rice	Woman becomes weak during labor
Crab	Will make woman as well as child salivate in excess
Fish	Child will become a witch
Bitter ball	Develop skin rashes
Iguana	Skin becomes scaly
Ant eater	Skin becomes scaly
Chicken eggs	Child will become thief

TABOOS FOR CHILDREN	CONSEQUENCES (ACCORDING TO TABOO)
Egg	Child will engage in witchery
Fish	Child will develop worms
Not eat on top of table	Child will become a thief
Not eat too much	Child will be gluttonous



FACILITATION TIPS

Preparation: To facilitate the module, use the Community Food Card. Use Box 9 to prepare a flipchart with common food taboos for pregnant and lactating women and children.

STEP 1:

Identify all the food that are taboo for pregnant and breastfeeding women and under-fives by brainstorming in two groups. The groups will be given the Card in module 2 and each will point out any foods that are taboo either for pregnant women or under-fives. For each food item, discuss what will happen to the pregnant women or child if they violate the taboo. See the examples given in the box above.

STEP 2:

Ask whether there is anyone in the group who disagrees with the taboos and has eaten the forbidden food. If there is someone let the person share his or her experience. What negative consequences did the person experience? Discuss with the group where the taboo comes from, and why they believe in it?

STEP 3:

Let the participants observe the Mother's Diet Card and Under-fives Balanced Meals Card and identify which of the good foods are taboo foods. Discuss with the group what the consequences are for pregnant women and children if they are prevented from eating healthy foods due to food taboos?

STEP 4:

Emphasize that nobody is forced to eat any food item that is a strong taboo in their family or community. If a person does not wish to eat those foods, they should make sure that they are eating other foods that can perform the same functions in the body. Go through the list of taboo foods and ask the groups which foods can replace them from the same food groups for example, fish or beans can replace egg, orange sweet potato can replace pumpkin.

STEP 5:

Discuss with the group which of the food taboos that can be challenged and overcome. Which taboo foods are readily available and could be used to enrich the diet of pregnant women and under-fives? What dishes and recipes do we know into which these taboo food items could be included?

STEP 6:

Discuss with the group how to convince others that nothing bad will happen from eating taboo foods. Let participants develop some small skits to illustrate how certain food taboos can be challenged and overcome to ensure that pregnant women, lactating mothers and under-fives are receiving a healthy and balanced diet.



ACTION POINTS

- Each GMF or other target group agrees to experiment with two taboo foods for the pregnant women, breastfeeding mothers and under-fives when they return home. This will be monitored by the Multiplier.
- GMFs and other target groups will sensitize other community members on food taboos and share their experiences with overcoming certain food taboos



MONITORING GUIDE

- Have the GMFs and other target groups tried to overcome certain food taboos since the training? What was the experience?
- Discuss with the GMFs and other target groups whether they have shared their experiences in eating taboo food with other members of the community and what was their reactions.

MODULE NINE

WILD FRUITS, NUTS, SEEDS AND VEGETABLES
ARE HEALTHY FOR THE BODY



11

BOX ELEVEN

EXAMPLES OF WILD AND AQUATIC FOOD ITEMS

Energizers: Breadfruit, bush yam, bamboo shoot, palm cabbage, palm oil, honey...

Bodybuilders: snail, bull frog, maggot, grasshopper, grass cutter, birds, oil bean....

Aquatic body-builders: Fish, crab, shrimps, water snake, etc

Protectors: Bush onion, ginger, bunnie, bush banana, bush plum, yumbu-yambei, kalamy...



LEARNING OUTPUT

By the end of this module GMFs and other target groups will be aware of the nutritional value of wild foods and make share ideas how to integrate them into their household food basket.



KEY MESSAGE

- Wild food items are healthy and can be part of the daily household food basket in addition to food from the farm.
- It is important to protect the natural resources like forests to make sure the community can continue to benefit from wild foods and other important forest products like medicinal herbs and rattans.



DISCUSSION POINTS

- How can we increase the use of wild food items in the family food basket?
- How can we make sure that wild foods are collected in an environmentally sustainable way?
- What are the challenges to including more wild food items in daily food basket of the GMFs and how can they be overcome at households and community levels?
- What other products from the forest have value for the households and community?
- How can the environment in which we find them be protected?



FACILITATION TIPS

Preparation: Use the Wild Foods Card to facilitate the module. Ask Multipliers and GMFs to collect food items from the wild and bring them to the training session.

STEP 1:

Brainstorm with participants which food items they know that are found in the wild? Let participants observe the Wild Foods Card. Are there some of them the GMFs are not familiar with or not commonly eaten? Ask if there are wild foods the GMFs and other target groups eat but are not included on the list? Which of the food groups do these wild foods belong to?

STEP 2:

Discuss with the group how food from the wild contributes to their local food basket in the community. Who normally collects the wild food? When do the families typically collect and eat wild foods? What are the benefits of using wild food as a contribution to the daily diet? What prevents families from eating wild food on a regular basis? Are there ways we can domesticate some wild foods so that we don't always have to go out gathering them?

STEP 3:

Divide the GMFs and other target groups into smaller group and brainstorm on how wild foods can be integrated more into the daily diet of the household. Let each group come up with at least 3 dishes/recipes with wild foods. Present in the plenary and discuss.

STEP 4:

Discuss with participants on the importance of protecting the natural resources where you find the wild foods. How can we make sure that the foods are harvested in a sustainable way? How can we make sure that forests and rivers are not disappearing or becoming polluted so the community can no longer benefit from the wild foods?



ACTION POINTS

- Each GMFs and other target groups should identify which of the wild foods they will include in their family food basket
- Each GMF or other target group will cook at least 3 of the identified dishes/recipes with wild foods
- Each family to commit themselves to some wild foods that can be domesticated



MONITORING GUIDE

- Discuss with GMFs and other target groups what wild food items have been used since the training and what new recipes were prepared.
- What has been the role of the husbands and the wives in collecting and preparing wild foods?
- Have they observed any impact on the household from adding wild foods to the household food basket – in terms of tastiness of dishes, economy, time used for farming/food preparation, etc.?
- What are their challenges to collecting and eating wild foods?
- Has any family domesticated any type of wild food?

MODULE TEN

DRY SEASON FOOD, RAINY SEASON FOOD –
HEALTHY AND BALANCED DIETS AROUND THE YEAR





LEARNING OUTPUT

By the end of this module GMFs and other target groups will identify the different food items in the rainy and dry seasons and share ideas how to use available foods to eat balanced meals around the year.

12

BOX TWELVE

Examples Of Seasonal Availability Of Food

Rainy Season

Cucumber, Guava, Groundnut, Pineapple, Plantain Potato, Snail, Okra, Bitter ball, Bush yam, Mushroom, Tomato, Bush maggi, Pumpkin, Pepper, Cassava, Bull frog

Dry Season

Pawpaw, Mango, Groundnut, Pineapple, Plantain, Potato, Pear, Benni, Egusie, Crab, Shrimps, Black tombla, Palm oil, Cocoa yam, Cassava, Orange

Year Round

Groundnut, Plantain, Potato, Cassava, Crab, Shrimps, Maize



KEY MESSAGE

- Different food items are available in each season of the year and we should use food available to prepare balanced and healthy family meals.
- Preserve and store foods in a hygienic environment to prolong their availability.



DISCUSSION POINTS

- What are the challenges of getting a healthy and balanced diet in the dry season? And in the rainy season?
- What can GMFs and other target groups do to have healthy and balanced meals throughout the year?
- What food preservation methods can be recommended to prolong the availability of certain food items?



FACILITATION TIPS

Preparation Activities: Use the Community Food Card and Wild Food Card to facilitate this module. In advance of the training, prepare a flipchart listing dry season foods, rainy season foods and year round foods.

STEP 1:

Tell each of the participants to represent a food item from the Community Food Card and Wild Food Card (whisper it to each person so the others do not hear). Ask participants to go around and ask the other participants which food items they are and find the ones that are found in the same season. Let them play until all the participants have grouped themselves according to dry season foods, rainy season foods, and year round foods. Ask each participant to call out the food item they represent and let the rest of the participants respond if they are in the right group.

STEP 2:

Brainstorm with participants which food items are available during the dry season, during the rainy season, and around the year. Then, the facilitator will show the flipchart with a list of food for each season. Are there any foods not mentioned on the list? Discuss with the participants what kinds of food from the 3 food groups are available in each of the seasons?

STEP 3:

Divide participants into groups and ask them to come up with at least 3 healthy and balanced recipes/dishes that can be prepared in the dry season, and at least 3 healthy and balanced recipes/dishes that can be prepared in the rainy season. Present and share experiences in the plenary.

STEP 4:

Discuss with participants: How can we make sure we eat from all of the food groups in dry season and in rainy season? If some food groups or food items are scarcer in one of the seasons, are there any other food items available that could perform the same function in the body (for example from the wild)?

STEP 5:

Discuss with participants if they know of any food preservation methods that can be used to prolong the availability of certain food items. What methods are used to preserve and store dry season foods? What methods are used to preserve and store rainy season foods?

For example, pumpkin, plantain and banana can be dried and pounded to make flour. Greens and vegetables like cassava leaves, eggplant and mushroom can be dried (dehydrated) and stored in a dry place. Fruits like pineapple and mango can be dried (dehydrated) and stored in a dry place. Animal source food like fish, meat and snail can be smoked and dried.

EXAMPLES OF COMMON FOOD PRESERVATIONS TECHNIQUES

Smoking, Salting, Drying in sun, Heating by the fire, Cooking and frying

STEP 6:

Emphasize the need to always store food in hygienic conditions (clean and dry) to avoid spoilage and contamination due to fungi, rot or pests.



ACTION POINTS

- Each GMF or other target group should analyze their way of obtaining food in each of the seasons (farming, buying, collecting from the wild) and discuss how to make sure they have better access to enough varieties of food items to eat healthy and balanced meals throughout the year
- GMFs and other target groups will try out some of the suggested recipes for healthy and balanced meals according to the season, if possible adding food items available in the season but rarely eaten to their daily food basket. This will be monitored by the Multiplier.
- GMFs and other target groups will try at least one new food preservation method.



MONITORING GUIDE

- Discuss with the GMFs and other target groups what gaps in terms of food availability and diversity they are facing in dry season and rainy season respectively.
- Discuss with the GMFs and other target groups what plans they have made to overcome some of those gaps.
- Discuss with the GMFs and other target groups what food preservation methods they are practicing each season and which new ones they can try out.

MODULE ELEVEN

FOOD HYGIENE FOR HEALTHY MEALS





LEARNING OUTPUT

By the end of this module the GMFs and other target groups will understand the importance of food hygiene and decide on actions to ensure hygienic handling of food items and kitchen cleanliness in their households.



KEY MESSAGE

- Good food hygiene prevents us from getting sick, for example having running stomach
- Good food hygiene ensures our good food does not spoil and waste
- The places where we keep and prepare food should always be kept clean, food should be kept covered in a clean and airy environment
- Wash hands with soap/ashes and clean water before handling food
- Fruits and vegetables should be washed before cooking
- Meat and fish should be cooked properly
- Before and after cooking, all cooking utensils should be kept clean and dried on elevated platforms away from animals. Serve drinking water in clean cups and containers
- The whole family should be aware of and take responsibility for food hygiene – a single pair of dirty hands can spoil everything!
- Maintain personal hygiene in the kitchen during before and after cooking



DISCUSSION POINTS

- What benefits would you gain when you practice food hygiene?

- What are the challenges for improving food and kitchen hygiene in the households?
- What roles do men, women and children play in promoting and ensuring proper food hygiene?



FACILITATION TIPS

Preparation: Use the Food Hygiene Card to facilitate this module. Before starting the training, set up a table with hand washing facilities, kitchen utensils, and some food items for food hygiene demonstration.

STEP 1:

Brainstorm with participants what their understanding is of 'food hygiene' and why it is important for good nutrition: Facilitator adds to the discussion of participants with key points including 'food hygiene ensures that our food does not spoil and waste', and 'food hygiene ensures that we do not get diarrhea and lose the benefits from all the good food we eat'.

STEP 2:

Divide the participants into smaller groups and let them observe the Food Hygiene Card. Ask them what they observed on the card. What are the differences between good and bad hygiene? What are some of the key issues of food and kitchen hygiene? What are the most common problems they find in their households and communities? What are the risks and consequences? How can these problems be avoided and hygiene improved?

Facilitator emphasizes that even if something looks clean, it does not necessarily mean that it is actually clean. Ask participants, how can you tell if something is not clean? (flies, bad smell, etc.) Bacteria (small things that are found in dirt that cause disease) are invisible and can be found on the surface and in cracks of utensils, on food, and even drifting in the air.

STEP 3:

Facilitator demonstrates good food hygiene routines such as making sure to wash hands with soap before handling food, clean utensils with clean water and clean cloths, keeping foods covered, separating raw food items from cooked food, etc. Afterwards the facilitator asks for volunteers to repeat the process.

Discuss with participants what are some of the steps they sometimes forget or skip on purpose, and why? How can they make it easier for themselves to get proper food hygiene routine?

Facilitator emphasizes that cooked food should always be kept clean, cold and covered. Cooked food should not be kept for more than a few hours. It is advisable to reheat the food before eating.

STEP 4:

Facilitator emphasizes that good food hygiene is not only important during the preparation of food – food storage is another key aspect of good food hygiene. If food is not stored properly, it can become spoilt by fungi, rot, and pests. Brainstorm with participants on some of the methods and challenges for storing food in hygienic ways. Emphasize that the best way of storing food is in a clean, airy and dry environment. Let participants give examples for food items from each of the 3 food groups on proper storage methods to keep the foods fresh and prevent them from spoiling. Cooked food reserved for the next day should be kept in dry containers and slightly opened until the heat goes out before covering it completely

STEP 5:

Ask each GMFs and other target groups to visit each other's houses and make some observations what can be improved in terms of food and kitchen hygiene. Let each one spend 15 minutes and then come back to the training venue. Ask for volunteers to report to the rest of the group what they observed from the households they visited, and what their action plan is.

Ask the GMFs and other target groups whether they commit to making improvements on the things they have mentioned. What will be the role of the husbands and wives respectively to ensure improved hygiene around food and kitchen? Now that they have mentioned issues in front of the group they can also support and monitor each other.



ACTION POINTS

- GMFs and other target groups analyze what the main hygiene issues are in their own households in regards to food hygiene and agree to take action
- GMFs and other target groups agree to regularly clean their food preparation places and allow for inspection by the Multipliers
- Husbands agree to assist their wives to clean the kitchen and dishes every day



MONITORING GUIDE

- Discuss with the GMFs and other target groups what changes they have made in regards to their food and kitchen hygiene?
- How are the roles and responsibilities for keeping the kitchen clean and ensuring food hygiene shared among the family members?
- Discuss challenges the GMFs and other target groups face in the clean upkeep of areas where food is prepared.
- Have they experienced any positive changes in their family's health and well-being resulting from a cleaner kitchen environment and better food hygiene?
- Availability of plate racks and tippy taps at households

MODULE TWELVE

COMMUNITY WASH MAPPING AND PLANNING





LEARNING OUTPUT

By the end of this module, GMFs and other target groups will be able to identify key sanitation problems and come up with strategies and commitment to improve on community wide sanitation. They will also be encouraged to construct latrines for themselves, as per government policy and easily relate the impact of poor sanitation on nutrition.



KEY MESSAGE

- Open defecation is one of the biggest problems affecting nutrition and health. But not many households have access to adequate latrines.
- Open defecation exposes people to increased risk of diseases. Stop using rivers and streams for defecation
- Every household must have access to a safe and clean toilet so as to protect the foods and drinking sources from being contaminated
- Dispose of fecal waste immediately and in appropriate ways (into latrines/toilets)
- Wash hands with clean water and soap/ashes after using the toilet, and after handling a baby's toilet before touching food and drinking water
- The community itself can and must take action to improve on their sanitation situation for improved nutrition and health seeking behaviors
- **Facilitator:** Emphasize that without adequate sanitation and protected water sources, household nutrition and health will not be improved. So there is the need for households to invest more in improving their own sanitation and water sources.



DISCUSSION POINTS

- What are the consequences of the high prevalence of diarrheal diseases on nutrition at household and community levels?
- How can the community manage their water sources so that it goes a long way to protect their food production, preparation and utilization?
- Why are people not constructing and maintaining their toilets? What can encourage them to do so?
- How can the community be mobilized to improve on their WASH situation?



FACILITATION TIPS

Preparation: Use flipchart and marker (or stick or chalk, clay or coal for drawing on the ground) Counselling cards showing good hygiene/sanitation and bad

STEP 1:

Brainstorm on community hygiene and sanitation. Ask participants what they consider the main hygiene and sanitation problems in their community. What is the cause of these problems? What are the consequences of these problems? Which class of people are the problems mainly affecting?

STEP 2:

Ask participants what has previously been done in the community (by NGOs, government, community themselves) to improve on their hygiene and sanitation situation. What has been working well and why? What has not been working well and why not? What are the lessons learned?

STEP 3:

Transect walk to identify sanitation problems in the community.

Take the participants on a transect walk through the community. Pay attention to the following things:

- What types of **water sources** exist and are being used in the community?
- Are water sources protected or are there risks of contamination around?
- Are the water points well fenced and kept clean?
- Do households have **latrines?**
- Do households have **hand-washing** facilities?
- Are there baby toilets standing around not being emptied?
- Are there leftover foods sitting around attracting flies, cockroaches and rats?
- Do households have **composts/dumpsites?**
- How many garbage dump sites are there? Are they fenced?
- Is **open defecation** being done?
- Is there stagnant water around attracting mosquitos?
- Are there high grasses attracting snakes?

STEP 4:

SANMARK MOVIE

After the transect walk, involve participants in drawing a map of the community's sanitation situation. Use either a flipchart or draw it on the ground. Start by drawing the roads/foot paths in the community, then the houses, as well as the existing sanitation facilities such as water sources (include both protected and unprotected sources) and toilets. Discuss how facilities are being used and managed, the existing gaps and the consequences on nutrition for the families and community as a whole

STEP 5:

Then add to the map some of the sanitation problems as observed during the transect walk. Mark out the major sanitation hazards such as the areas of open defecation, the garbage dump areas and bigger pools of stagnant water. Analyze the map together with the participants.

- Why do these problems exist?
- What can be done about it?



ACTION POINTS

- GMFs and other target groups map out sustainable means of addressing the sanitation and water challenges in their households including contributing savings from VS&L Associations for this purpose
- GMFs and other target groups discuss how to mobilize resources and agree on actions for the solutions identified
- GMFs and other target groups agree on concrete means of supporting the most vulnerable members of the community who may not provide cash or labour to act on the identified solutions.



MONITORING GUIDE

- Multipliers/Fields discuss with GMFs and other target groups, what progress they have made so far with regards their WASH problems
- Observe what sanitation facilities are available at household level
- Observe people's usage of and care for existing WASH facilities (including tippy taps) in the communities
- Observe the problem of OD, unemptied baby stool, care for dump sites, stagnant pools, etc.

MODULE THIRTEEN

SANITATION MARKETING





LEARNING OUTPUT

By the end of this module, GMFs and other target groups will realise that governments and NGOs may not always be there as promptly as the communities need them for WASH developments. They will also realise that they can mobilize their own resources through savings, profits from agriculture and business, and invest in low-cost sanitation and water facilities



KEY MESSAGE

- According to government policy, each household must have a safe and clean toilet
- Poor hygiene and sanitation leads to poor health and poverty in the household
- When you are sick, you have to spend money on health visits and health bills
- When you are sick, you cannot work and provide for your household
- The EMAS scheme has a lot of affordable products for improving household hygiene and sanitation
- Save up your household resources for investment in an improved latrine or even pump



DISCUSSION POINTS

- What are the positive impacts for the households and communities when there is good hygiene and sanitation?
- What are the negative consequences for the households and communities when there is poor hygiene and sanitation?
- How can households be encouraged to invest their own resources in improved WASH facilities?
- How can households save up for their own WASH facilities?



FACILITATION TIPS

Preparation: Counselling cards showing good hygiene/sanitation community and poor hygiene/sanitation community

- Portable DVD player or community cinema
- SanMark movie
- EMAS catalogue

STEP 1:

Brainstorm. Refer participants to the transect walk and mapping exercises they did during the module on Community WASH Mapping & Planning. Ask participants:

- How many of them have a toilet for their household? Is it a local or an improved toilet?
- How many of them have access to a shared toilet? Is it a local or an improved toilet?
- Approximately how many people in the community do not have access to a toilet? Why is that?

STEP 2:

Discuss with communities how CLTS (Community Led Total Sanitation) has been implemented in most of Sierra Leone. (CLTS is a process where the whole community is sensitized and mobilized to take action to improve their hygiene and sanitation situation. The goal is to become open defecation free. Households most often construct their own latrines using local materials. However, CLTS has not been sustainable. Even when communities become open defecation free, they do not stay like that for a long time. The local latrines the communities are encouraged to construct, will not last them very long – they are difficult to clean, and usually break down quickly. Then people go back to defecating in the bush.)

Improved toilet facilities mean comfortable and convenient to use; Easy to clean to keep hygienic; Strong and durable materials; Safe to use for all household members.

The Government of Sierra Leone has a policy that every household should have their own latrine. But neither the government nor NGOs should construct latrines for households. It is each household's responsibility to construct a toilet for themselves.

To meet this challenge, the Government and NGOs are working together to develop approaches to 'sanitation marketing' (see below).

STEP 3:

Introduction to WASH Self-Supply, Sanitation Marketing and the EMAS scheme

Ask participants:

- How has the management been for shared community WASH facilities such as water wells and latrines? How has the maintenance been? Have they been sustainable?
- What are the advantages of owning your own improved latrine or well?
- Have you heard of WASH self-supply and sanitation marketing?
- Have you ever heard of EMAS?

STEP 3:

Define WASH self-supply as meaning that communities themselves are mobilizing their own resources and investing in improved WASH facilities such as water wells and latrines. Communities are also taking responsibility for managing their own WASH facilities, making sure they are kept clean and in good condition. Facilitator: Emphasize the advantages of owning your own improved household latrine or well are that:

- You will improve the hygiene and health of your household and community
- You will save money on health bills
- You will not easily get sick and will always be able to work and go to school
- You will always have easy access to your own well/latrine
- You will be motivated to keep it clean and in good working order, since you are the one benefiting
- All the benefits are for you alone!

STEP 4:

Sanitation marketing as an approach to making high quality but very affordable WASH facilities available to households who are interested in investing their own resources. Emphasize that sanitation marketing involves:

- Developing good standard WASH facilities which are simple, affordable and easy to maintain with materials available on the local market
- Raising awareness on the importance of good hygiene and sanitation in the communities to create an interest and willingness to invest their own resources
- In some cases, supporting communities to mobilize resources for investment in improved WASH facilities through savings and loans schemes and other income-generating activities

- Demonstrating the WASH facilities to the communities to create interest (for example through EMAS showrooms)
- Establishing structures (such as sanitation marketing committees) for making it easy and accessible for the communities to invest their own resources in the EMAS products

STEP 4:

SANMARK MOVIE

Show the Sanitation Marketing promotional movie to the participants using a portable DVD player or a community cinema.

Afterwards, discuss with participants what possible steps they should take to invest in WASH self-supply so as to improve and maintain their own health status. Help GMFs and other target groups to know the cost of improves WASH products from the EMAS catalogue or as may be appropriate in real time

GET COMMITMENT!

Let the participants go further than just promises that they are going to construct toilets with time.

- Encourage them to actually group themselves into clusters of 2-3 or three - if they can't commit to digging their own individual toilet because of the costs.
- Based on their household savings plan, let them agree on the time frame for actually getting the toilet constructed.
- Based on their calculation of how much they spend on health in a 6 months period, they can consider taking a loan (if there are any savings groups in the village) and with the money they save from not being sick, they can instead put this money aside to pay this loan back quickly.



ACTION POINTS

- GMFs and other target groups to organize and sustain VSLAs for savings
- Each household or group of household to make a savings plan for a toilet
- Make sure GMFs and other target groups interested in WASH self-supply are linked up with EMAS technicians
- GMFs and other target groups to take up community campaign on avoiding open defecation and encourage every households to have latrines
- GMFs and other target groups to be models in implementing community bylaws on hygiene and sanitation
- GMFs and other target groups to take the lead in sharing key messages on WASH self-supply with the wider community

MODULE FOURTEEN

HOUSEHOLD RESOURCE MOBILIZATION





LEARNING OUTPUT

By the end of this module the GMFs and other target groups will understand the importance of food hygiene and decide on actions to ensure hygienic handling of food items and kitchen cleanliness in their households.



KEY MESSAGE

- Resources are generally defined as cash and non-cash inputs that help to fulfill human needs.
- Resources could mean materials, finance, human (men and women), means and time that are mobilized to meet the objectives of groups and individuals
- Resource mobilization is getting the resources that are needed to carry out planned and unplanned activities.
- Resources can also be generated through value addition from agricultural products
- Resource providers are individuals, families, community groups, foundations, governments, and business companies who provide resources for households/community to achieve their desired goals.



DISCUSSION POINTS

- How can women groups generate income from current economic activities based on the support provided by?
- How can women save resources from their current economic activities for their empowerment and self-reliance?



FACILITATION TIPS

Preparation: Organize brainstorming groups of participants. Let each group discuss what they understand by resources and feedback to the plenary

STEP 1:

Let the participants discuss different types of resources available in their communities and how they can be generated and used and feedback to the plenary. The facilitator should make sure that the women groups understand the various means in which resources can be mobilized to support economic and business activities. Resources can be mobilized from

- Remittances/gifts
- Salaries and wages
- Savings including VS&LA
- Loans from banks
- Grants
- Expansion of agriculture or business activities
- Rent/land leases
- Royalties

STEP 2:

In a plenary session through questions and responses, discuss various resources mobilization mechanisms and how the women groups can make use of them to build assets and make investment towards their self-reliance.

STEP 3:

Categorize sources of resource mobilization into local sources and External sources.

Local sources include financial and non-financial contributions from savings, profit from businesses, or income from agriculture activities, VSLA, salaries/wages, land leases, and interest from loans to others economic or business participants. These can be grown and expanded to support the empowerment and advancement of women.

External Sources include but not limited to grants and loans from NGOs, Government, INGOs, gifts from family members, loans from banks, and emergency relief financial support. These resources can stop at any time. Women groups should be encouraged to mobilize resources from local sources for their economic activities and grow them to support their progress toward self-reliance.



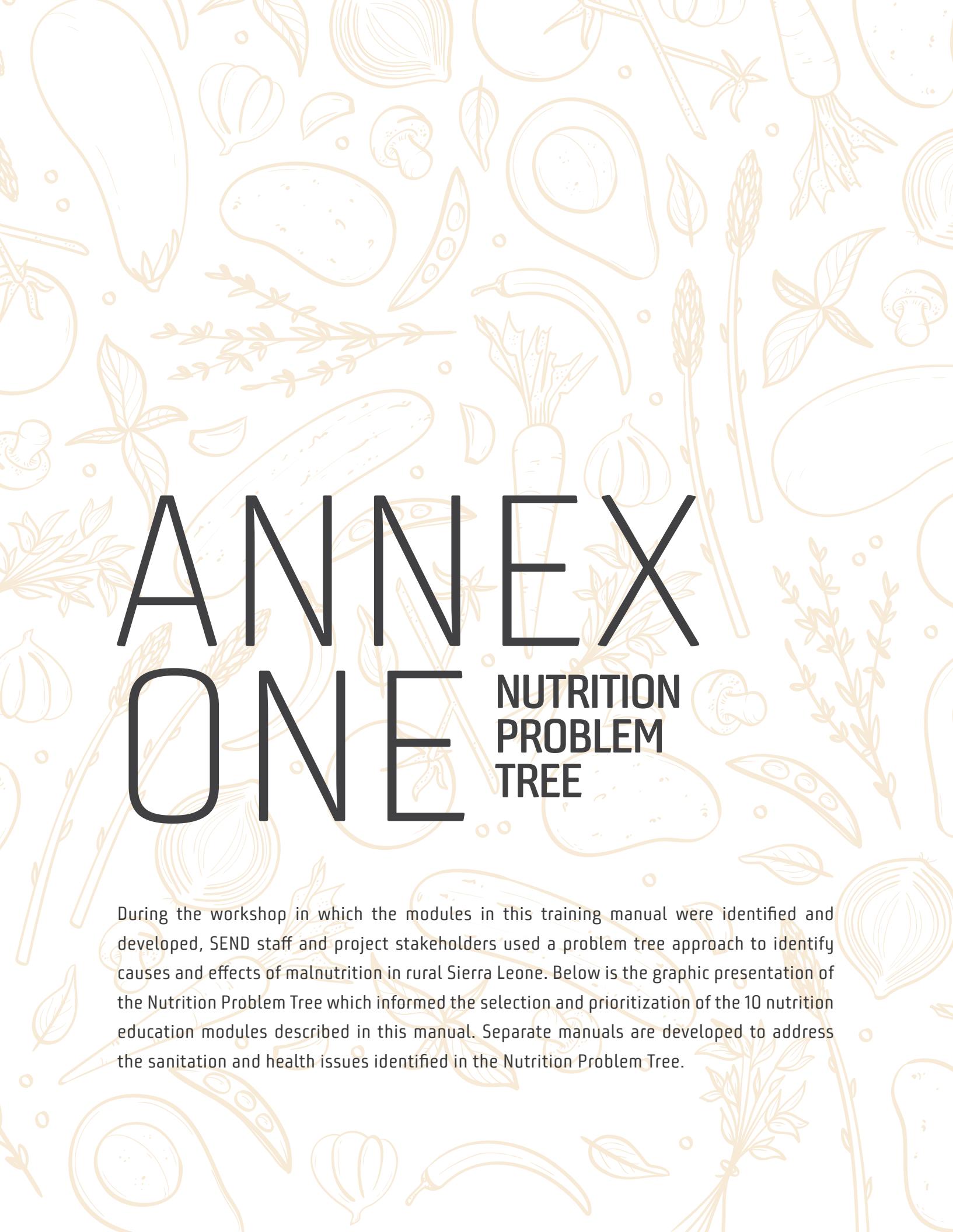
ACTION POINTS

- Each member from the women groups will develop the type of resources available to them and how they can access them to contribute to their empowerment and self-reliance



MONITORING GUIDE

- Discuss with the women groups their experiences with implementing their action plan
- What have been the changes they see in their economic engagement?
- What changes and benefits have they observed in their household after the training?
- What is most challenging when it comes to resource mobilization?



ANNEX

ONE

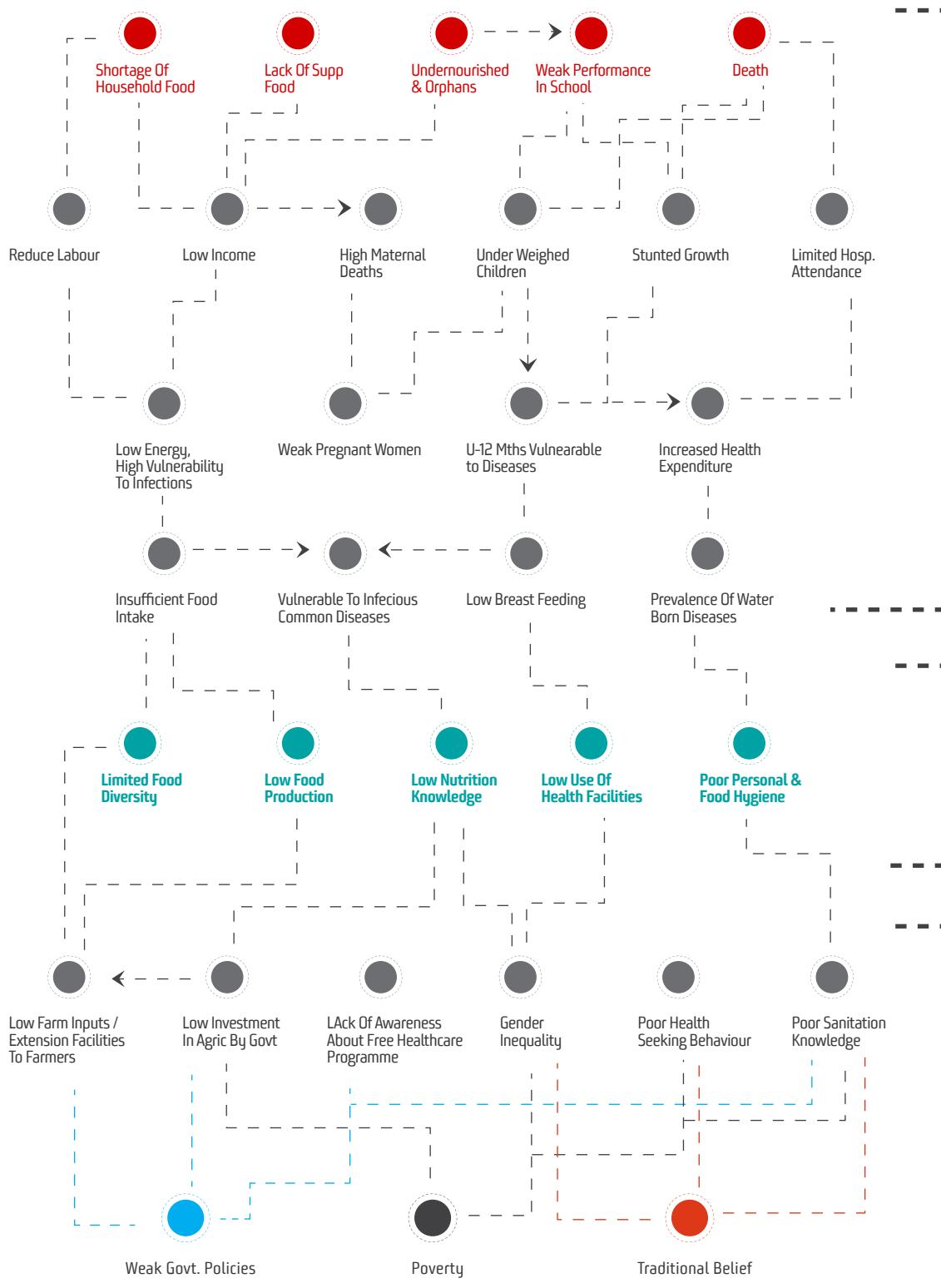
NUTRITION PROBLEM TREE

During the workshop in which the modules in this training manual were identified and developed, SEND staff and project stakeholders used a problem tree approach to identify causes and effects of malnutrition in rural Sierra Leone. Below is the graphic presentation of the Nutrition Problem Tree which informed the selection and prioritization of the 10 nutrition education modules described in this manual. Separate manuals are developed to address the sanitation and health issues identified in the Nutrition Problem Tree.

EFFECTS

IMMEDIATE

STRUCTURAL





welt
hunger
hilfe

