



Breakthrough ACTION-Nigeria
**MATERNAL, NEWBORN, AND
CHILD HEALTH AND NUTRITION
WOMEN'S EMPOWERMENT
GROUP/HASKEN MATA
(WOMEN'S LIGHT)**

PART II - TRAINING MANUAL



**WOMEN'S EMPOWERMENT GROUP/HASKEN MATA
(WOMEN'S LIGHT) TRAINING MANUAL**

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Acronyms

ANC	Antenatal Care
CBO	Community-Based Organization
CHIB	Community Health Information Booklet
FCT	Federal Capital Territory
GBV	Gender-Based Violence
ISBC	Integrated Social and Behavior Change
ISBC/CM	Integrated Social and Behavior Change/Community Mobilization
JKJ	Jide Ka I Ji
LGA	Local Government Area
LLIN	Long-Lasting Insecticidal Net
MCHIP	Maternal and Child Health Integrated Program
MNCH+N	Maternal, Newborn, Child Health, and Nutrition
MSCL	Mother's Savings and Loans Club
NGO	Nongovernmental Organization
SBC	Social and Behavior Change
SMOWA	State Ministry of Women's Affairs
SPHCDA	State Primary Health Care Development Agency
TB	Tuberculosis
TMMD	Tallafi Mata Masu Dabara
TOT	Training-of-Trainers
USAID	United States Agency for International Development
WDC	Ward Development Committee
WEG	Women's Empowerment Group



Contributors

Amina Bala
Angela Samba
Chizoba Onyechi
Christiana Yohana
Clinton Ofoegbu
Deanna Kioko
Emelda Musa
Esete Getachew
Georgina Oniga
Gloria Adoyi
Grace Sule
Hadiza Ahmad
Habiba Isiaka
Halima Tahir
Jane Brown
Jane Denis
Joanna Skinner
Kizzy Ufumwen Oladeinde
Nura Aminu
Olayinka Umar Farouk

Odinaka Precious Hammawa
Rabiat Inipki Hassan
Ramatu Ada Ochecliye
Roseline Yakubu
Sandra Chipanta
Shittu Abdu-Aguye
Smart Imoh Joseph
Usman Usman Sabo

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**WOMEN'S EMPOWERMENT GROUP/HASKEN MATA
(WOMEN'S LIGHT) TRAINING MANUAL**

Women Empowerment Group/Hasken Mata (Women's Light) Training Manual

The Women Empowerment Group/Hasken Mata (Women's Light) Training Manual is designed for individuals who will facilitate and support the WEG/HASKEN MATA (WOMEN'S LIGHT) activities. It is designed to be used as a guide for the following:

1. Training of trainers:

This training is designed for individuals or government stakeholders with experience in gender and health and possibly with groups like the WEG, who are passionate about women's empowerment. After participating in the training, these individuals will be able to train community facilitators through step-down training.

2. Step-down training:

Step-down training is for community facilitators who work directly with, support, and train WEG members. Facilitators are qualified volunteers from the communities who are passionate about women's empowerment, have basic education, and can read and write in English or the local dialect.

3. WEG weekly meetings:

This training manual provides detailed guidance for the facilitator to assist new WEG members in running their compulsory weekly meetings. For example, facilitators will learn how to teach new members to set up the first meeting, how to engage local stakeholders, and how to manage meeting schedules and tasks.



INTRODUCTION

Overview of Breakthrough ACTION-Nigeria Project

Overview of Breakthrough ACTION-Nigeria Project

Breakthrough ACTION is the flagship social and behavior change (SBC) project of the United States Agency for International Development (USAID). The project is led by Johns Hopkins Center for Communication Programs. Its goal is to increase the practice of priority health behaviors in the areas of malaria; maternal, newborn, and child health, including nutrition (MNCH+N); family planning; reproductive health; tuberculosis (TB); COVID-19; and Global Health Security Agenda priority zoonotic diseases at the national and sub-national levels in collaboration with the relevant USAID implementing partners. The project also works with federal and state Ministry of Health programs, departments, and agencies to improve their SBC capacity and coordination.

The project's three intermediate results are as follows:

1. Improved individual and social determinants of health to facilitate individual and household adoption of priority behaviors.
2. Strengthened monitoring, coordination, and quality of SBC across U.S. government investments.
3. Strengthened public sector systems for oversight and coordination of SBC at the national and sub-national levels.

Breakthrough ACTION-Nigeria's Gender Strategy

The overarching goal of Breakthrough ACTION-Nigeria's gender strategy is to create environments that enable achieving gender equality and sustained health behavior change. The project works toward transforming gender roles and dynamics by:

- Applying evidence-based strategies in SBC.
- Testing innovative approaches that expand the evidence base on the role of SBC in gender transformation.
- Mobilizing national and state partners to work collaboratively toward a shared agenda.



Key Insights the MNCH+N Formative Assessment

- “Many women do not have the agency or ability to make decisions—and take action—concerning pregnancy, childbirth, or child health care.”
- Also - “Within the family, gender roles and financial control factors drive care-seeking choice and action, and outside of the family, care-seeking behaviors are influenced by peer pressure, expectations, and judgment about adequate care for children.”

MNCH+N and the Women's Empowerment Group

Breakthrough ACTION-Nigeria conducted a formative assessment on MNCH+N in three states of northern Nigeria (Sokoto, Bauchi, and Kebbi) in 2019 and Ebonyi State and the Federal Capital Territory in 2021.

The MNCH+N formative assessment contained several key insights. For example, “Many women do not have the agency or ability to make decisions—and take action—concerning pregnancy, childbirth, or child health care.” Also - “Within the family, gender roles and financial control factors drive care-seeking choice and action, and outside of the family, care-seeking behaviors are influenced by peer pressure, expectations, and judgment about adequate care for children.”

To better understand how Breakthrough ACTION-Nigeria could create safe spaces outside the home where different groups of women support each other towards economic empowerment and can learn and share knowledge about MNCH+N, Breakthrough ACTION-Nigeria organized a learning visit to Zamfara State with selected community facilitators and government officials from the State Ministry of Women's Affairs and the State Ministry of Social Development. In Zamfara, the Maternal and Child Health Integrated Program implemented the Jhipiego-led model for mothers' savings and loans clubs (also known as *Tallafi Mata Masu Dabara*, or “Women on the Move”). The purpose of the visit was to understand the Tallafi Mata Masu Dabara methodology and how it transformed women's social behavior around health care-seeking and their economic status.

The project sought to further understand the approach because of its simplicity and the autonomous nature of the clubs. Many projects have implemented similar methodologies, including PACT's WORTH model and the USAID Maternal and Child Survival Program (MCSP) Mother's Savings and Loans Clubs led by Jhipiego.

After the visit, Breakthrough ACTION-Nigeria adapted the Maternal and Child Health Integrated Program for mothers' savings and loans clubs and Tallafi Mata Masu Dabara for its Women Empowerment Group (WEG) intervention. The project then piloted the adaptation with women in the integrated states of Bauchi, Sokoto, and Kebbi as part of the project's initiatives. **The pilot demonstrated the WEG's potential to strengthen women's agency to improve their health and the health of their children and their capacity to generate income from small loans.**

¹ A training manual for Mothers Savings and Loans Club [draft]. (n.d.). USAID MCHIP, CARE, and ACCESS. <https://drive.google.com/file/d/1eooKb9QLh7EOrKHYOQkJb8bLlOk-QiRb/view>
Rutherford, S [Ed]. The poor and their money. Oxford University Press, 2001.

Other learnings from the pilot included the following:

Health behaviors can be embedded into group activities.

Priority health behaviors can be embedded into rules and regulations to ensure groups discuss them at specific points during meetings (e.g., before collecting member contributions). Songs and other group activities also present opportunities to discuss health behaviors.

Simple tools are required to document and track funds.

Literacy levels vary widely among groups, which affects multiple aspects of group management, including processing documentation and tracking funds. Women contribute to emergency, social, savings, and other funds weekly. Thus, bookkeeping requires a certain degree of literacy and numeracy.

The groups can help women develop leadership skills.

WEGs present opportunities to intentionally highlight female leaders and providers, including religious leaders, ward development committee (WDC) members, and health facility providers.

The WEG model that emerged has a two-fold purpose:

- Create opportunities for women to have safe spaces to learn about MNCH+N.
- Provide micro savings and simple loaning facilities to women who do not have access to formal financial services. This purpose is critical to facilitating access to funds that can be used to improve agency in health and household decision making, act during health emergencies and contribute to the household.



Hasken Mata (Women's Light)

To achieve the gender goal which is to create environments that enable achieving gender equality and sustained health behavior change, Breakthrough ACTION-Nigeria adapted the mothers' savings and loans clubs as a **WEG**, also called **Hasken Mata (Women's Light)**, in states where the project implemented SBC in 2019. Breakthrough ACTION-Nigeria then scaled the activity to Ebonyi State and the Federal Capital Territory in 2022, with attention to cultural and religious contexts in these different states.

The objectives of Breakthrough ACTION Nigeria's Hasken Mata (Women's Light) groups are to:

- Build the capacity and agency of women to adopt priority MNCH+N behaviors.
- Increase women's confidence to discuss health and social issues with their spouse.
- Provide opportunities for income generation, new knowledge, and skills among women in the communities.



The Women Empowerment Group /Hasken Mata (Women's light) Manual comprises two parts that provide guidance for implementing the WEG model. Part I is the Women Empowerment Group/Hasken Mata (Women's Light) Operational Guidelines. Part II is the Women Empowerment Group/Hasken Mata (Women's Light) Training Manual.

- Part I, Women Empowerment Group/Hasken Mata (Women's Light) Operational Guidelines, provides overall guidance on Hasken Mata's day-to-day operations, including step-by-step guidance on rules, regulations, and procedures for group activities. These guidelines are designed for use by any group, organization, or individual interested in systematically supporting and promoting women's empowerment and health-related issues.
- Part II, Women Empowerment Group/Hasken Mata (Women's Light) Training Manual, is designed for individuals who will facilitate and support the WEG/HASKEN MATA (WOMEN'S LIGHT) activities. It is designed to be used as a guide for the following:

Training of Trainers: This training is designed for individuals, organizations, or government stakeholders with experience in gender and health and possibly with groups like the WEG, who are passionate about women's empowerment. After participating in the training, these individuals will be able to train community facilitators through step-down training.

Step-Down Training: Step-down training is for community facilitators who work directly with, train, nurture, and support WEG groups. Facilitators are qualified volunteers from the communities who are passionate about women's empowerment, have basic education, and can read and write in English or the local language.

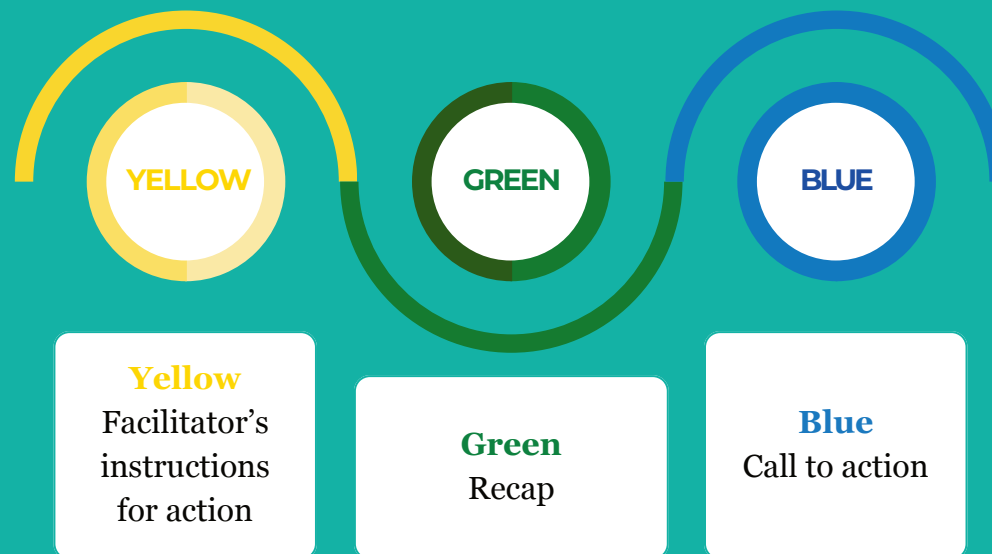
Both trainings take the duration of 6 days

WEG Weekly Meetings: This training manual provides detailed guidance for the facilitator to assist new WEG members in running their compulsory weekly meetings. For example, facilitators will learn how to teach new members to set up the first meeting, how to engage local stakeholders, and how to manage meeting schedules and tasks. The weekly meeting takes place one day in a week covering 4 to 4 weeks in a month

The ultimate goal of the sessions for the training-of-trainers, step-down training, and weekly meetings is to equip community facilitators with the knowledge and skills required to form, nurture, and guide WEG/HASKEN MATA (WOMEN'S LIGHT) groups.

WEG/HASKEN MATA (WOMEN'S LIGHT) Training and Sessions Guideline

This training manual is color-coded for ease of training delivery as follows:



The facilitator training modules are structured according to training days and weekly activity implementation to gradually introduce participants to important and practical tools and processes that support a successful WEG. Participants also learn about the priority health behaviors embedded into the WEG meetings so that they can be empowered to improve health outcomes within their communities. The methodologies used are primarily interactive and conversational. Table 1 summarizes the six training days.

A PRE-TRAINING ACTIVITY

Before the Day 1 session, the facilitator should use the "Know Your Community" session guide to engage with community stakeholders. This essential step introduces the WEG to key community members who have a significant impact on its success or may even become participants themselves.

The pre-assessments is conducted with the WEG members and its ecosystem once the WEG is fully established to measure how participation in the women groups impacts on the lives and livelihoods of the women members, and the practice of priority health behaviors.

Table 1. Session/Weekly Meeting Guide for WEG Formation

Day 1	<p>Day 1: Introducing the project and WEG membership.</p> <p>Training</p> <p>On day 1, participants are introduced to the training objectives and program. A pretest and is administered. WEG foundational topics are discussed, such as how changing gender norms can result in better health outcomes. In addition, participants learn about conducting initial community engagement activities aimed at introducing WEGs to community stakeholders who will play a pivotal role in its success or may themselves become WEG participants. Sets of quizzes from the pretest are all designed to be used as energizers in between the training.</p> <p>Still on day 1, the facilitator will explain how being a member of the WEG is closely linked to these important health behaviors. These behaviors, such as antenatal care, safe delivery practices, breastfeeding, complementary feeding, immunization, and postnatal care, are crucial for the well-being of mothers, children, and families. WEG members will gain valuable knowledge and support that directly contribute to adopting and promoting these health practices within their community. The session will emphasize the interconnectedness between WEG membership and fostering positive health behaviors for the benefit of all.</p> <p>Day 1 closes with a wrap-up and evaluation of the day.</p> <p>Note: Day 1 only happens during the training as they are pre activities to be conducted before the WEGs commence there first ever meeting which starts in Day 2 of the training / Week 1 of the WEG weekly meeting. The Day 1 sessions are important for the facilitators groups who directly conduct the activities within the session.</p>
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Day 2**Day 2/Week 1: Setting the tone.****Training**

Day 2 delves deeper into understanding the significance of the WEG model, such as how the WEG approach and women's empowerment are interconnected and help improve health outcomes in the community. Participants also continue to explore key principles of the WEG approach, along with the roles and duties of facilitators and members. Day 2 covers essential activities for forming groups, including setting up membership.

Participants learn about the second set of priority behaviors: the importance of pregnant women delivering in a healthcare facility with a skilled birth attendant, as well as gender and gender-based violence.

Day 2 concludes with a summary and evaluation of the day's progress.

Weekly meeting

During this week, facilitators support WEG members in forming their group, which marks the official start of their WEG. The facilitator should highlight the importance of the WEG and celebrate women's participation in it.

Day 3**Day 3/Week 2: Governance and management****Training**

Day 3 focuses on governance and management practices, with sessions devoted to various aspects of meeting rules, regulations, leadership, and conflict resolution. Participants learn the third set of priority behaviors: recommended and routine children and adult vaccinations.

Day 3 closes with a wrap-up and evaluation of the day.

Weekly meeting

During week 2, the facilitator supports WEG members in establishing governance and management structures, including developing their rules and regulations, establishing their management committee, and electing leaders.

Day 4**Day 4/Week 3: Resource mobilizations and management****Training**

Day 4 introduces participants to resource mobilization and management processes. Participants learn about the different approaches for mobilizing funds within the WEG in a transparent manner that reduces risk, including how to start and grow a business. Participants also learn the rules and processes for distribution of WEG contributions.

Participants are introduced to the fourth set of priority behaviors: prevention of common causes of illness among children under five.

Day 4 closes with a wrap-up and evaluation of the day.

Weekly meeting

During week 3, the facilitator supports WEG members in determining both group and individual contribution amounts, which are based on member capacity and comply with established rules and regulations for financial management.

Day 5**Day 5/Week 4: Communication and networking/monitoring and evaluation****Training**

Day 5 focuses on the benefits of and tools for communication and networking with other stakeholders and groups. In addition, participants learn about the importance of monitoring and evaluation and how to apply simple monitoring and evaluation tools within the WEG.

During day 5, participants are introduced to the fifth and sixth set of priority behaviors: men and women using contraceptives to space childbirth, as well as environmental and personal hygiene to prevent the spread of infectious diseases.

Day 5 closes with a wrap-up and evaluation of the day.

Weekly meeting

During week 4, the facilitator supports WEG members in making contributions. Loan disbursements begin four weeks after the start of contributions.

Day 6**Day 6/Week 5: Meetings and activities****Training**

Day 6 is mostly a practical session where participants learn about conducting effective meetings by directly observing activities in a typical WEG meeting or food demonstration. This training provides an opportunity to see what they have learned over the week.

Participants are introduced to the seventh set of priority behaviors: adequate nutrition for pregnant women, new mothers, infants, and young children.

Day 6 closes with the post-test, assessment conducted to evaluate what participants have learned throughout the week. It's part of the closing activities along with a wrap-up and overall evaluation of the week's activities.

Weekly meeting

During week 5 and beyond, the facilitator supports WEG members in continuing their routine weekly meetings.



Introduction and Creation of Learning Environment

DAY
01

DAY 1

Introduction

Day 1 is the introductory day where participants are introduced to the training objectives and training program. Participants also spend time learning the value of WEGs to communities and how to introduce them to community stakeholders, gatekeepers, and potential members.

Objectives:

By the end of the sessions, participants will

- Be acquainted with other participants and facilitators.
- Understand administrative and housekeeping arrangements.
- Understand the WEG training delivery approach.

Time: 5 minutes

Methodology:

Interactive approaches, including demonstrations, role plays, group work, storytelling, and drama

Materials needed:

Flipchart paper and stand; markers; sticky note pads; pre-test questions (printed); plain paper for participants' pre-test answers; Breakthrough ACTION-Nigeria Integrated SBC Flipchart (Life Stages 1 and 2); downloaded Albishirin Ku! (Glad Tidings!) or Jide Ka I Ji (JKJ) (Well done!) spots or reliable access to Airtel 4-2-1; speakers for playing Albishirin Ku!/JKJ content; materials for demonstration such as oral rehydration solution and zinc, cup, water, spoon, nutritious food items, and mid-upper arm circumference tape, ball, Mosquito net. These materials will be provided for the training.

Prior to the session/meeting, the facilitator should do the following:

Prepare introductory icebreakers that will excite and energize the participants for the training. Feel free to create your own icebreaker.

DAY 1 SESSION 1

Introduction and Creation of Learning Environment

This session introduces the participants, shares thoughts about Women Empowerment Groups (WEG), and envisions the participants' aspirations. It will also expose participants to the importance of WEG, and COVID-19 safety.

Objectives:

By the end of the session, participants will

- Develop a sense of community through personal introductions.
- Be assessed on awareness and understanding of Women Empowerment Groups (WEG).
- Foster personal, maternal, and community aspirations.
- Clearly articulate the goals and purpose of the WEG training program.

Time: 30 minutes

Methodology:

Discussion

Materials Needed:

Flipchart paper, markers, Plain answer scripts, flipchart paper, markers, ball for quiz game, Pretest scoring sheet.

Prior to the session/meeting, the facilitator should do the following:

- Print or share pre-tests from the annex and prepare the scoring sheet.
- Develop a scoring sheet for the pretest.

Activity 1: Introductions

The facilitator should ask each participant to introduce themselves in the following way:

- Say your name.
- State one thing you are known for in your community.
- State one thing you have heard about WEG before this training.

Activity 2: Setting Lifelong Expectations

The facilitator should ask participants to close their eyes for two minutes and imagine three pictures:

- What they wish for themselves in their life.
- What they wish for in life as a mother.
- What they wish for their community.

When they open their eyes, ask three or four volunteers to share what they pictured. Then,

- Write their responses on a flipchart paper.
- Place the paper in a training room to be able to refer to it throughout the training.
- Ask if anyone else has a different response.
- Wrap up the exercise by sharing that their dreams are possible through the WEG, and they will learn how to practice WEG activities through the training over the coming days.

Activity 3: Training Objectives

The facilitator should write the following objectives of the training on a flipchart paper and read them aloud, stating that by the end of the WEG training, participants will.

- Know about the WEG and why it is important to communities.
- Know how to form, nurture, and support a WEG.

Activity 4: Training Ground Rules

The facilitator should ask participants to

- List the ground rules that will be used during the training.
- State the penalty for not adhering to the rules.
- Nominate a chief whip to monitor adherence to ground rules.

As each participant mentions a ground rule, write it down on a flipchart paper. Also note the penalty and name of the nominated chief whip. Place the flipchart paper with the ground rules on the wall of the training room.

The facilitator should ask participants the following COVID-19-related questions and note responses on flipchart paper:

- What do they know about COVID-19?
- How do we prevent the spread of COVID-19?
- For some people, COVID-19 infection can still cause severe illness that may lead to death.
- One way people can protect themselves is by taking the COVID-19 vaccine. It requires all booster doses for full effectiveness.
- The COVID-19 vaccine is safe and effective for persons aged 18 and above, including pregnant women and breastfeeding mothers.
- Get vaccinated to protect yourself, your family, and your community.
- For more information, visit your nearest health facility.

Activity 5: Pre-Test, Post-Test, and Quizzes

Participants' learning of WEG management and MNCH+N priority health behaviors is measured as follows:

- A 30-question test administered at the beginning and end of training to assess how well participants learned over the course of the training.
- A subset of five questions from the test, administered as a quiz during each training day, to help participants recall basic information on priority behaviors and running a WEG.

When administering the pre-/post-test, Facilitator should use the following steps:

1. Ask participants to outline numbers 1 to 30 on their plain paper given to them.
2. Read the questions aloud in their preferred language.
3. Allow them to write their preferred answer or apply any method that works best for your group.
4. Analyze scores anonymously using a number code assigned to each participant on a plain flipchart paper. Post the flipchart in the training room.

When administering a quiz, use the following steps:

1. Ask participants to sit in a circle.
2. Have a ball ready.
3. Ask one question at a time. As you ask the question, throw the ball to one participant.

4. The participant holding the ball answers the question.
5. If the participant answers the question correctly, she throws the ball to another participant sitting in the circle who will answer the next question.
6. If the participant does not answer the question correctly, she throws the ball to another participant in the circle can answer the question.
7. Repeat until all five questions are answered correctly.

Table 2 outlines all pre- and post-test questions and answers, divided into mini five-question quizzes. When conducting the complete pre- and post-test, use all 30 questions. Use only the five questions for each daily quiz game during each of the five (5) training days.

Table 2. Pre-/Post-Test and Daily Quiz Questions

S/No.	Day 1 Quiz		
1	A pregnant woman should attend antenatal care at least eight times before she delivers	YES	NO
2	A pregnant woman should eat only staple foods during pregnancy.	YES	NO
3	A pregnant woman protects herself from malaria by sleeping inside a long-lasting, insecticide-treated net and taking intermittent preventive treatment.	YES	NO
4	Swollen feet are one of the danger signs during pregnancy.	YES	NO
5	Couples need to discuss their pregnancy and prepare for the child's birth.	YES	NO

S/No.	Day 2 Quiz		
1	Husband and wife should develop the birth plan together.	YES	NO
2	Every newborn should be given the first thick and yellowish milk produced by the mother (colostrum/dakashi) within one hour of delivery.	YES	NO
3	Chlorhexidine should be used to take care of the newborn cord.	YES	NO
4	Newborns need to be given water in the first 6 months of life.	YES	NO
5	A new mother needs to visit the facility after birth.	YES	NO

S/No	Day 3 Quiz		
1	A child should receive a minimum of 5 vaccinations in their first year	YES	NO
2	A child needs additional nutritious food after 6 months of age	YES	NO
3	Both parents are responsible for ensuring children sleep inside an insecticide-treated mosquito treated net.	YES	NO
4	Attending antenatal care and delivery at the facility is one of the Hasken Mata (Women's Light) group rules.	YES	NO
5	Couples should use a childbirth spacing method waiting for at least 2 years after the delivery of a baby before the next child.	YES	NO

S/No.	Day 3 Quiz		
1	A child should receive a minimum of 5 vaccinations in their first year.	YES	NO
2	A child needs additional nutritious food after 6 months of age.	YES	NO
3	Both parents are responsible for ensuring children sleep inside an insecticide-treated mosquito treated net.	YES	NO
4	Attending antenatal care and delivery at the facility is one of the Hasken Mata (Women's Light) group rules.	YES	NO
5	Couples should use a childbirth spacing method waiting for at least 2 years after the delivery of a baby before the next child	YES	NO

S/No.	Day 4 Quiz		
1	The sex of the baby is the most important thing to look out for when a baby is born.	YES	NO
2	The community facilitator controls the members of the Hasken Mata (Women's Light).	YES	NO
3	A group member who defaults on her weekly contributions should be sanctioned according to the Hasken Mata group guidelines.	YES	NO
4	Women are allowed to make noise during meetings.	YES	NO
5	The lifespan of a weekly contribution for Hasken Mata groups is 3 months.	YES	NO

S/No.	Day 5 Quiz		
1	Good leadership is important for the success of Hasken Mata (Women's Light) groups.	YES	NO
2	Women should contribute whatever they can afford to save during weekly meetings.	YES	NO
3	The chairperson is the only person in the Hasken Mata group to handle money.	YES	NO
4	The chairperson is the only person in the Hasken Mata group to handle money.	YES	NO
5	A loan should be returned within 4 weeks after it is issued/collected.	YES	NO

S/No.	Day 6 Quiz		
1	One of the main differences between WEG and other women's groups is that the savings stay with the group.	YES	NO
2	Saving contribution is compulsory for Hasken Mata (Women's Light) groups to do weekly.	YES	NO
3	The Hasken Mata group funds increases from the returns on loans issued to members.	YES	NO
4	Paying back a loan after the stipulated time is compulsory.	YES	NO
5	Hasken Mata's weekly meetings should not exceed 1.5 hours.	YES	NO

Note: The correct answer is in green.

To score the pre- and post-tests, the facilitator should do the following:

- Develop a scoring sheet (see Table 3 for an example) to track participants' scores on pre- and post-tests.
- Record all pre-test scores in the pre-test score column. Each correct answer is worth one point. Incorrect or blank answers receive zero points.
- Record all post-test scores after participants completed the post-test on the last day of the training.
- Comment on progress made by the participant (see examples in Table 3).

Table 3. Pre- and Post-Test Scoring Sheet Sample

No Code.	NAME	Pre-Test Score	Post-Test Score	Comment
1	Haleema	0	20	Good Progress
2	Seyi	6	28	Good Progress
3	Ada	11	29	Good Progress
4	Bukky	7	25	Good Progress
5	Emelda	12	30	Good Progress

DAY 1 SESSION 2

Introducing Breakthrough ACTION-Nigeria and Hasken Mata (Women's Light)

This session introduces the supporting project or organization, such as the Breakthrough ACTION-Nigeria program. It also outlines the WEG approach initiated by the project to promote women's health and gender equality.

Objectives:

By the end of the session, participants will

- Know about the Breakthrough ACTION-Nigeria project.
- Understand the WEG approach and why it is important within communities.

Time: 30 minutes

Methodology: Discussion

Materials Needed: Flipchart paper, markers.

Prior to the session/meeting, the facilitator should do the following:

Prepare talking points in bullets on a flipchart

Activity 1: Discussion

The facilitator should ask participants if they have heard about.

- Breakthrough ACTION-Nigeria project
- Albishirin Ku!
- Jide Ka I Ji

If they say yes, ask what they have heard. Write answers on a flipchart.

Activity 2: Discussion

The facilitator should ask participants the following:

- What are examples of maternal and child health practices commonly practiced in the community?
- Which of these practices would you like to see people change?

Write these responses down on flipchart. Facilitate an engaging discussion with participants using the points below:

- **Introduce Breakthrough ACTION-Nigeria.** Breakthrough-ACTION Nigeria is USAID’s flagship SBC program in Nigeria. It is also referred to as Breakthrough ACTION N. The program is implemented by Johns Hopkins Center for Communication Programs with Save the Children, Think Action, ideas42 and Viamo. The project goal is to increase the practice of healthy behaviors in the areas of malaria, MNCH+N, family planning, reproductive health, TB, and priority zoonotic diseases. Breakthrough ACTION-Nigeria works closely with the government at all levels and other partners.
- **Introduce the WEG.** Breakthrough ACTION-Nigeria conducted a learning assessment in Bauchi, Kebbi, Sokoto, Ebonyi State, and the Federal Capital Territory. The program wanted to learn the different ways communities and households practice healthy behaviors and reasons why communities do not practice healthy behaviors. Key learnings was that many women in Bauchi, Kebbi, and Sokoto do not have the agency or ability to make decisions—and take actions—concerning pregnancy, childbirth, or child health care. In Ebonyi State and the Federal Capital Territory, a key learning was that “within the family, gender roles and financial control factors drive care seeking choice and action and outside of the family, care seeking behaviors are influenced by peer pressure, expectations, and judgement without adequate care for children.” As a result, Breakthrough ACTION-Nigeria established WEGs aimed at creating opportunities for women who live in these states. WEGs provide a safe space to learn about maternal, newborn, and child health and nutrition. The women also participate in activities for economic empowerment in a community space outside their home. The objectives of WEGs are as follows:
 - Build the capacity and agency for women to adopt priority MNCH+N behaviors.
 - Increase women’s confidence to discuss health and social issues with their spouse.
 - Provide opportunities for income generation, new knowledge, and skills among women in the communities.

TAKE HOME POINTS

After the discussion, ask the participants the following questions:

- What does Breakthrough ACTION-Nigeria do?
- What is the objective of the WEG?

RECAP

Breakthrough ACTION-Nigeria helps communities to practice healthy behaviors.

WEGs help women to build their capacity and gives them opportunities to learn about healthy practices and accessing health services. They also provide women with opportunities for income generation, new knowledge, and skills.

DAY 1 SESSION 3

Common Health Conditions Affecting Pregnant Women, Newborn, and Children Under Five Years Old; Barriers to Health Service Access

This session focuses on common health conditions that affect pregnant women, newborns, and young children, exploring their causes, symptoms, treatments, and prevention methods. During the session, participants examine the barriers to healthcare services for mothers and children and explore strategies for overcoming them. The goal is to equip participants with the knowledge to identify and address these health conditions and barriers; promote better health outcomes for mothers, newborns, and young children; and apply this knowledge in understanding the value of WEG membership.

Objectives:

By the end of the session, participants will be able to

- Identify and discuss common health conditions affecting pregnant women, newborns, and children under five in the communities.
- Identify barriers affecting use of health services for pregnant women, children under five, and newborns.
- Explain how to promote health among pregnant women, children under five, and newborns.

Time: 60 minutes

Methodology: Interactive approaches such as demonstrations, role plays, group work, storytelling, and drama

Materials Needed: Flipchart paper and stand, markers, ½ sheets of A4 paper or cards, masking tape, printed copies of the story.

Prior to the session/meeting, the facilitator should do the following:

- Print a few copies of the story for participants to have on hand while reading.

Activity 1: Small Group Discussion

The facilitator should group the participants into three groups assigned as follows:

1. Pregnant women
2. Children under five years old
3. Newborns (first seven days of life)

Each group should discuss the common health conditions for their assigned group, the barriers they face in accessing needed health services, and suggestions to promote healthy practices and behaviors in their household and community. Each group should write their responses on flipchart paper to share with the wider group. The facilitator should lead a discussion with each group's presentation.

Activity 2: Story

The facilitator should read the story below about barriers to health service utilization in participants' preferred language.

Jamila/Chinwe is a 15-year-old girl who lives in Bakeso village with her husband, Farouk/Nicholas. She is uneducated and seven months pregnant. Her neighbor Grace tells her about attending ANC at the primary healthcare center in their ward, which is a four-hour journey from their village. The poor road conditions and high transportation costs make it difficult for Jamila/Chinwe to get there, and the money required for transportation is equivalent to a week's worth of food for her family.

Jamila/Chinwe discusses the importance of ANC with her mother-in-law, but her mother-in-law discourages her, stating that she successfully gave birth to all her children, including Farouk/Nicholas, without ever going for ANC or delivering in a health facility.

Some weeks later, Jamila/Chinwe starts experiencing bleeding and becomes very sick. Jessica, a community volunteer assigned to Bakeso village, is called to assess the situation. She finds Jamila/Chinwe in a severe condition with bleeding and high fever. Jessica informs Jamila/Chinwe that she needs to be treated at the primary healthcare center. However, Jamila/Chinwe's mother-in-law insists that Farouk/Nicholas must give permission for her to go. Farouk/Nicholas arrives late and gives his permission, but they struggle to find transportation.

Farouk/Nicholas eventually finds a driver who agrees to take Jamila/Chinwe to the primary healthcare center, but at a high cost. When they arrive, there are no health workers available to attend to them, so they are forced to travel to a general hospital that is two hours away. At the hospital, Farouk/Nicholas is asked to pay a sum of N20,000 before Jamila/Chinwe can receive treatment. He spends another three hours trying to gather the money, eventually obtaining a loan from someone. Unfortunately, Jamila/Chinwe's condition worsens during this time.

By the time Farouk/Nicholas pays the required amount, the doctor is unavailable, and there is no electricity in the theater for the emergency Caesarean section that Jamila/Chinwe needs. Farouk/Nicholas is also told that she requires a blood transfusion, and he must either donate blood or find blood donors. Tragically, while waiting to be attended to at the general hospital, Jamila/Chinwe passes away.

After reading the story, ask participants to answer these questions:

- What things contributed to Jamila/Chinwe's death?
- Do they know anyone in the community who has experienced such a thing?
- How do they think being in a WEG can help address some of these challenges?

Highlight the importance of recording and presenting community, LGA, or state health data, information, and evidence during entry visits and meetings with community stakeholders. This documentation supports the case for their support of Women Empowerment Groups (WEG), contributing to enhanced health and livelihood for women and children in the community.

Facilitate an engaging discussion with participants using the following points and highlighting areas that were not adequately addressed in their responses.

- Common health conditions in pregnant women:
 - ▶ Miscarriage, which is the loss of a pregnancy before the 28th week of pregnancy.
 - ▶ Convulsions (eclampsia), which occur due to high blood pressure during pregnancy and can lead to the death of the mother or baby.
 - ▶ Prolonged labor, which is labor lasting 20 hours or more among first-time mothers and 14 hours or more among mothers who have previously given birth.
 - ▶ Excessive bleeding, which can be a sign of miscarriage in the first six months of pregnancy. Bleeding after delivery, or postpartum hemorrhage, also can occur. Bleeding can lead to the death of the mother or baby.
 - ▶ Stillbirth, which is when a baby dies in the womb at or after 28 weeks of pregnancy
- Common health conditions in pregnant girls and young women:
 - ▶ Obstetric fistula, which is a serious problem during childbirth that can occur when a young girl's body is not physically prepared for giving birth.
 - ▶ Higher risk of health problems during pregnancy and childbirth, compared to older women, which poses risks to both mother and baby.
 - ▶ Among very young mothers, higher risk of experiencing health problems or even death shortly after birth.
 - ▶ Among young mothers, there is a higher risk of their babies having low birth weights, which can lead to additional health challenges.

- ▶ Anemia due to the extra strain of pregnancy.

- Common health conditions in newborns:

- ▶ Premature birth, which is when babies are born too early (earlier than nine months of pregnancy). Premature babies can have serious problems requiring hospital care.
- ▶ Low birth weight (<2.5 kg). These babies can have serious problems requiring hospital care.
- ▶ Birth asphyxia, which is difficulty breathing after delivery.
- ▶ Infection or cord sepsis.
- ▶ Hypothermia, which is when the baby's temperature is too low.

- Common health conditions in children under five years old:

- ▶ Malnutrition
- ▶ Malaria
- ▶ Pneumonia
- ▶ Diarrhea

Also discuss the various barriers to health services that women may experience.

- Barriers related to beliefs, traditions, and economic conditions:

- ▶ Mistrust of modern health care services.
- ▶ Belief in traditional care and healing practices.
- ▶ The low status of women due to women being economically dependent on men, placing men in the role of decision maker.
- ▶ Myths and misconceptions (e.g., children are not to be given certain foods to eat, immunizations will affect fertility).
- ▶ Religious beliefs about family planning.
- ▶ Poverty.
- ▶ Lack of time or resources to care for children when a sick woman wants to go to the health facility.

- Barriers related to poor infrastructure:

- ▶ Poor road networks.
- ▶ Transportation difficulties, especially during emergencies.
- ▶ Poor communication network.

- Barriers related to health services factors:

- ▶ Distance to health facilities.
- ▶ Cost of healthcare services and requiring payment at point of need for service for those with no health insurance.
- ▶ Inconvenient hours and lack of 24-hour services.
- ▶ Poor attitude of health care workers.
- ▶ Poor quality of health care services (e.g., no skilled health workers, inadequate drugs and equipment, limited range of needed services).

TAKE HOME POINTS

After the discussion, the facilitator should ask participants the following questions:

- What barriers prevent woman, infants, and children under five from accessing health services?
- What can women in the WEG do to address these barriers?

RECAP

Common health challenges can hinder utilization of health services at the health facility. You can promote and advocate positive health behaviors among pregnant women, children under five years old, and newborns in the communities by

- Going to the health center when you notice any signs or symptoms.
- Making sure someone in the household can help in emergencies if the spouse is unavailable. This could be a family member, neighbor, community member, or ward development committee member.

CALL TO ACTION

The facilitator should enquire if any woman is facing barriers to health care access and link them to the Ward Development Committee (WDC).

DAY 1 SESSION 4

Introducing the WEG to Community Stakeholders

This session describes how to engage with the community when introducing the WEG. Participants will learn how to identify stakeholders to engage with and how to gain support for the WEG.

Objectives:

By the end of the session, participants will

- Identify the most relevant community leaders, gatekeepers, and other community stakeholders with whom to conduct introductory visits.
- Know how to introduce the Breakthrough ACTION-Nigeria project and the WEG intervention.
- Introduce the community facilitator.
- Know how to gain broad support from community leaders and gatekeepers (including heads of households) for the WEG intervention.
- Know how to form a WEG group.

Time: 90 minutes

Methodology: Discussions, role play

Materials Needed: Flipchart paper and stand, markers.

Prior to the session/meeting, the facilitator should do the following:

- Prepare the discussion notes for the meeting with the different community stakeholders.
- Prepare examples of health issues that affect women and children within the community and itemize it with evidence. e.g. number of women who die from childbearing at home

Activity 1: Establishing a WEG

The facilitator should ask participants the following questions:

- Why is it important to engage stakeholders on the WEG activity start-up in our community?
- Which stakeholder groups are important to engage, and why?
- What type of information should be provided to stakeholders?

Note responses on flipchart paper. Review and discuss the information in Table 4.

Table 4 shows the steps the community facilitator takes to involve stakeholders in forming the WEG. After identifying key stakeholders, she arranges meetings at their convenience. During these meetings, she talks about the WEG's overview, importance, and benefits, seeking their support.

Table 4. Three Stages of Establishing a WEG (1–3 Weeks)

Meeting	Introductory meetings with community leaders and government officials	Orientation for community leaders, influencers, gatekeepers, heads of households	Orientation for women in the community
Purpose	To obtain consent and support of community leaders and relevant government officials To understand economic and social issues that may influence the methodology and overall approach	To create awareness in the community on the Hasken Mata (Women's Light) intervention (its purpose, methodology, and process) To obtain husbands' support to meet with women and potential members	To explore the usefulness of the Hasken Mata groups To provide more information on the methodology, operations, and benefits of Hasken Mata groups To clarify intentions, expectations, and obligations To set up a schedule and venue for meetings
Details	Introduce implementing organization, project goals, and objectives. Describe intended audience for the Hasken Mata (Women's Light)	Introduce implementing organization. Introduce Hasken Mata (Women's Light) and its	Step-by-step description of Hasken Mata activity implementation Types of activities and their benefits Explanation of 3-phase training system that

	<p>intervention. Describe role of community and government leaders.</p>	<p>methodology. Describe advantages of participating in Hasken Mata for women, men, and whole family.</p>	<p>is training of trainers, Training of community facilitators and training of the WEG. Individual self-selection and formation of groups Agree on meeting day, venue, and time</p>
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- The facilitator should do the following:
- Ask participants to volunteer to conduct a role play as they would in a real-life scenario with the information below.
 - Ask volunteers to use the information below as a guide for the role play.
 - The facilitator should inform the participants should note their observations.
 - Discuss the observation with the participants.
 - Review the content below with participants. Solicit responses and active participation by asking intermittent questions.

Activity 2: The WEG Introductory Meeting

During the introduction to the WEG, the community facilitator introduces herself, the project she is supporting, and the implementing organization. The facilitator will cover the following information at the meeting.

- Hasken Mata objectives:
 - ▶ To increase the knowledge and skills of community women groups on important maternal, newborn, child health, and nutrition behaviors.
 - ▶ To provide a safe space for women to support each other towards achieving their individual and collective aspirations.
 - ▶ To enable women to acquire skills for income generation.
 - ▶ To facilitate income generation through savings and access to microcredit loans.
- Hasken Mata operating principle: promoting the health and well-being of the mother, child, and her family along with savings and loans opportunities.
- Hasken Mata savings procedures:
 - ▶ Group savings consist of regular cash contributions by all members at each meeting.

- ▶ Savings deposits (in the form of shares) constitute the fund from which small, short-term loans can be taken by members and returned with gratuity (*tukuici*).
- ▶ Women in Hasken Mata (Women's Light) groups also contribute to emergency and social funds to help cope with unexpected emergencies and events.
- ▶ No outside funding is provided to the group.
- Membership and group size:
 - ▶ The WEG is a unified group ideally comprised of people from similar backgrounds who are keen to save their money and manage WEG affairs transparently and effectively.
 - ▶ Groups include a minimum of 15 and maximum of 25 members.
 - ▶ Groups with more than 20 members should divide into smaller sub-groups for ease of management.
 - ▶ Joining the group is voluntary.
 - ▶ Spousal support for participation in the group is encouraged.
 - ▶ Groups should have credible leaders.
 - ▶ Each member is the same. There is no discrimination.
- Rules and regulations:
 - ▶ The constitution of the group is binding on all members.
 - ▶ Each group should have objectives and goals at the beginning of each cycle.
 - ▶ Each group should have rules and regulations to govern day-to-day activities. These rules should include the adoption of important maternal, newborn, child health, and nutritional behaviors.
 - ▶ Attending weekly meetings is compulsory for every member. Each group should agree on a weekly meeting day and time.
- Important information all members of Hasken Mata groups should know:
 - ▶ WEG's primary concern is promoting the health and well-being of the mother, child, and her family.
 - ▶ The WEG offers a better return on members' money than a bank, if it is managed well.
 - ▶ Evidence from similar programs shows that if a group member contributes for a year, they will get back at least 30% more than they save, and usually much more.
 - ▶ Loans start with minimal amounts but grow according to the rate at which the loan fund grows, based on the group's financial transactions.

- The three stages of establishing a WEG. These stages take three months to complete, during which a facilitator will cover the training modules and support the group in becoming independent.

▶ **Nurturing Stage.** This intensive one-month stage involves a total of four weekly visits from the facilitator. The facilitator, local government area supervisor, and supporting project officers play an active role during this time, helping groups follow proper procedures and keep accurate records. The WEG training modules are delivered in this stage, and contributions commence by the end of this stage.

▶ **Development Stage.** This stage also lasts one month, during which the facilitator visits the group weekly, for a total of four visits. During this stage, the facilitator observes how the group practices what they learned in the nurturing stage and provides guidance or support where needed. The group begins dispensing loans by the end of this stage.

▶ **Maturity Stage.** This final stage also lasts one month. As groups should be maturing, the facilitator will visit twice a month to evaluate whether it is ready to function independently. If the group's performance is judged to be satisfactory, it is officially recognized as independent and capable of managing its affairs with little supervision.

After these three stages, the group can be visited voluntarily by the facilitator or another external person at their request. However, if group activity is deemed unsatisfactory, the group will undergo another month of guidance to reach their goals.

At the end of an introductory or orientation meeting with the community key stakeholders, the facilitator should inform community stakeholders that the team will return to the community at an agreed time to follow up on community members' interest and identify women who want to participate.

Before closing the introductory meeting, the facilitator should do the following:

- Take questions and clarify any points that remain unclear.
- Ensure subsequent meetings are scheduled with an agreed-upon date and time.
- With support from the project, administer the pre-assessment for the community support ecosystem (e.g., husbands, religious leaders, WDCs, service providers) to the external stakeholders. (Find details of the assessment tool on page 150)

Note that the same discussions (adapted for each audience) can be held with community and government leaders, community stakeholders, and women. Also.

- ensure selection is made for women who are interested to form group at the end of the meeting.
- agree on the venue and time for the next meeting.
- As part of the women meeting share the following points below with the women

The facilitator should guide the women on the following:

- **WEG meeting location.** The proposed group members identify where to hold meetings, such as a local mosque, church, school, or other public building; the home of the chairperson of the group; or elsewhere. The location must be big enough to accommodate all members comfortably. It should be quiet, not too breezy, well-ventilated, and with adequate privacy to avoid interruptions from outsiders. It is customary for meetings to be held with women seated in a circle on a mat so that everyone can see one another.
- **WEG meeting duration.** Meetings should be kept short and not exceed 1.5 hours.
- **WEG meeting participation.** The success of Hasken Mata groups depends upon its members' active participation, which means attending all training meetings, subsequent regular weekly meetings, and sustaining weekly contributions. Members' consistent presence helps guarantee accuracy of the accounts.
- **WEG meeting supplies.** The following materials are needed for each meeting:
 - ▶ Lockable cash box with three good-quality padlocks and keys.
 - ▶ Record-keeping notebook
 - ▶ Ruler, pen, calculator
 - ▶ 3–5 plastic bowls, at least 30 cm in diameter and at least 15 cm deep for separating weekly contributions, loans, and gratuities (tukuici), interest, repayments, fines, and social and emergency funds
 - ▶ MP3 Bluetooth player for playing and listening of the AK/JKJ spots and radio drama, MNCH Audio messages.

TAKE HOME POINTS

After this session, the facilitator should ask participants the following questions:

- What are the three steps in the preparatory stage of WEG awareness raising?
- Who are the WEG stakeholders to visit at this stage and why?
- What are the contents in the three stages of establishing WEG that will be shared with stakeholders?

RECAP

WEG introductory session is important at the community level to obtain consent and support from community leaders, relevant government officials, and other relevant stakeholders such as spouses. This could be a family member, neighbor, community member, or ward development committee member.

CALL TO ACTION

All participants should be able to:

- Identify key influential community leaders, gatekeepers, and other community stakeholders as allies to the WEG activities.
- Form a Hasken Mata (Women's Light) group.

DAY 1 SESSION 5

MNCH+NPriority Behaviors Part I

The session is the first of several sessions that introduce participants to key health behaviors that improve the health outcomes of mothers, children, and families. In this session, participants discuss the importance of antenatal care, safe delivery practices, breastfeeding, complementary feeding, immunization, and postnatal care.

Objectives:

By the end of the session, participants will understand the following:

- Benefits of ANC and intermittent preventive treatment of malaria in pregnancy.
- Importance of sleeping inside an insecticide-treated mosquito net during pregnancy.
- Importance of eating nutritious foods during pregnancy.
- Common problems during pregnancy that put a woman and her baby's life in danger.
- How pregnant women and spouses should plan for birth with a skilled birth attendant at a health facility.
- Importance of spousal communication and joint decision making around health, including male support.
- How to refer and support families for healthy pregnancies and childbirth.

Time: 90 minutes

Methodology: Discussions, role play

Materials Needed: Flipchart paper and stand, markers, cardboard paper, long-lasting insecticide-treated mosquito net and demonstration kit (sticks for spreading net), examples of a birth plan calendar, Albishirin Ku! /JKJ radio drama or spots, audio message, discussion, role play on facilitated discussion with integrated SBC flipchart, drama, songs, story time, food, or other demonstration.

Prior to the session/meeting, the facilitator should do the following:

- Write the health behaviors (see below) on a cardboard paper and paste it on wall.
- Prepare talking points on the benefits of ANC, safe delivery practices, breastfeeding, complementary feeding, immunization, and postnatal care on a flipchart.
- Prepare 1–2 of the following activities to engage participants in priority behaviors (selected activities should be conducted as lighthearted fun activities for learning):

- Albishirin Ku! /JKJ radio drama or spot
- Audio message, discussion, or role play on facilitated discussion with Integrated Social and Behavior Change Community Mobilization (ISBC/CM) flipchart.
- Drama, songs, story time, food, or other demonstration

The facilitator should identify a trained, skilled facilitator (community volunteer, LGA supervisor, or community facilitator) who is familiar with the contents of the flipcharts to conduct the facilitated session on priority behaviors using the Breakthrough ACTION Nigeria integrated SBC flipchart, Community Health Information Booklet, Community Health Information Booklet (CHIB), or Community Event Dialogue.

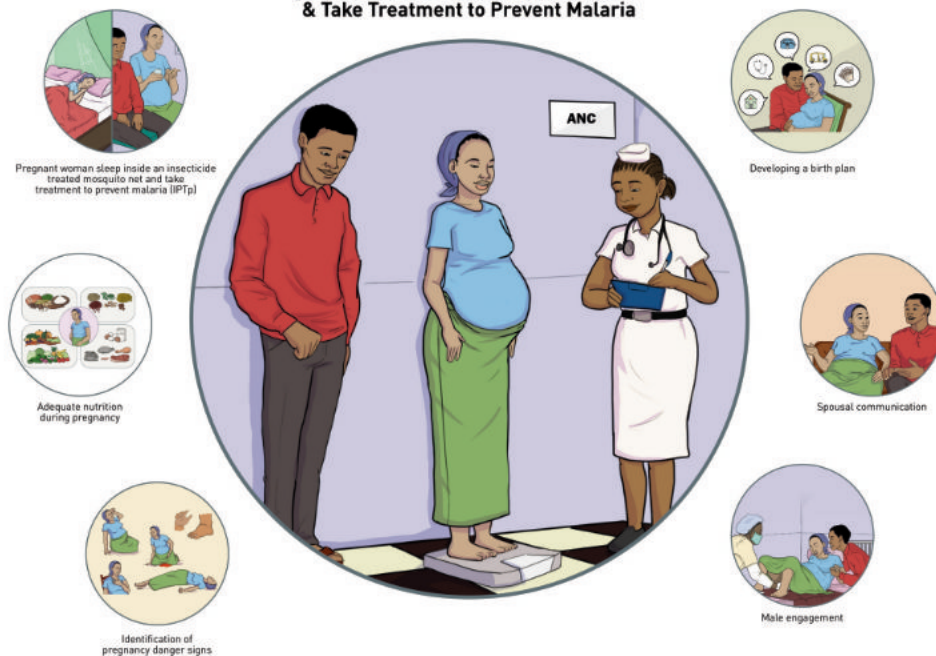
Activity Day 1: Health Behaviors: Pregnant Women Attend Early Antenatal Care & Take Treatment to Prevent Malaria

Pregnant women should:

- Attend early ANC.
- Sleep inside an insecticide-treated mosquito net and take treatment to prevent malaria.
- Get adequate nutrition.
- Know about pregnancy danger signs.
- Develop a birth plan.
- Have good spousal communication.
- Have engaged male partners.

The discussion of priority health behaviors can be facilitated using any of the following activities throughout training and during the WEG weekly meetings.

Pregnant Women Attend Early Antenatal Care & Take Treatment to Prevent Malaria



Activity 1: Role Play

Role play using Integrated SBC Flipchart, Community Health Information Booklet, Community Event Dialogue Guide, or Nutrition Training Guide

- Select participants to role-play a group session using the above listed resources. Other training participants role-play as the audience for the group session.
- Participants conducting the role play use the instructions in the selected resource to engage participants in discussion using probing questions and providing key messages on the desired response.
- After the role-play, the facilitator and other participants should encourage participants who conducted the role-play with positive feedback.

Activity 2: Albishirin Ku!/JKJ radio drama or spot discussion

- Play the drama episode or spot related to the topic of discussion from a pre-downloaded source or on Airtel 4-2-1. Ensure speakers are loud and audible.
- Allow participants to listen attentively and note key messages shared through the spot.
- Ask participants to share what they learned from the segment and discuss key messages on the focal behaviors.
- Use the Integrated SBC Flipchart, Community Health Information Booklet, or Community Event Dialogue Guide to guide discussions and feedback as required.

Activity 3: Drama

- Divide participants into groups and assign each a priority health behavior.
- Ask each group to develop a drama skit depicting the current situation of that priority health behavior in their community and household.
- Ask each group to present their skit.
- Ask the audience to respond to skits by sharing lessons learned and observations.
- Use the Integrated SBC Flipchart, Community Health Information Booklet, or Community Event Dialogue Guide to guide discussions and feedback as required.

Activity 4: Storytelling

- Divide participants into groups and assign each a different priority behavior.
- Ask each group to develop a compelling story, either made up or based on a true story from their community, related to the assigned priority behavior.
- Ask a representative of each group to tell the story to all participants at the training.
- Ask the audience to share lessons learned and observations from what they heard in the story.
- Use the Integrated SBC flipchart or Community Health Information Booklet to guide discussions and feedback as required.

Activity 5: Story Reading

- Ask a volunteer to read aloud a story on a priority health behavior.
- Ask participants to listen attentively and take note of key messages shared through the spot.
- Engage participants with discussion questions on the story.
- Ask participants to share what they learned from the story by responding to questions and discussing key message on the behaviors of focus.
- Use the Integrated SBC flipchart or Community Health Information Booklet to guide discussions and feedback as required.

Activity 6: MNCH+NSongs

- Divide participants into groups and assign each a different priority behavior.
- Invite participants to practice by singing an Albishirin Ku! /JKJ song (e.g., Essential Newborn Care songs in Hausa) creating a new song on the assigned priority behavior. New songs should ensure key messages on priority behaviors are well captured.
- Ask participants to identify key messages from the song and discuss them within their group.
- Assign each group to present their song on one of the six days of training.
- Ask participants to rehearse songs during training as energizers for retention.

Activity 7: Food or Other Demonstration

- Inform participants of the topic of discussion that requires demonstration a day before.
- Ask participants to bring materials needed to demonstrate or prepare for the demonstration.
- During the regular weekly meeting, in addition to describing how materials can be combined or used, women can practically demonstrate how to prepare a nutritious meal.

TAKE HOME POINTS

After the discussion, ask the participants to list the behaviors discussed in this session and their benefits, such as the following:

RECAP

- ANC allows a pregnant woman to learn more about her pregnancy, health, and the growth of the baby from the health worker. Every pregnant woman should attend ANC at least eight times before delivery to learn more about what she needs to do for a healthy pregnancy and safe delivery.
- Pregnant women should sleep inside an insecticide-treated mosquito net to prevent mosquito bites and malaria.
- Intermittent preventive treatment in pregnancy can prevent malaria.
- Use locally available foods from different food groups to make nutritious meals.
- Early identification of any complications in pregnancy can avoid putting mother and baby at risk.
- A birth plan can ensure a safe delivery and prepare for potential complications.
- Spouses should support the health of their pregnant spouses and expected baby.
- Men should support women and the family during pregnancy by attending ANC visits and delivery.
- Couples should jointly make decisions about pregnancy and the health of the mother and expected baby.

CALL TO ACTION

Participants should be able to

- Identify key influential community leaders, gatekeepers, and other community stakeholders as allies to the WEG activities.
- Form a Hasken Mata (Women's Light) group.

DAY 1 SESSION 6

Daily Evaluation

This session is designed to help participants and the facilitator reflect on the day's activities, identify areas of strength and areas for improvement, and to identify ways to adjust for the subsequent sessions.

Objectives:

By the end of the session, participants will be able to summarize learnings from the day and share their feelings about the day.

Time: 90 minutes

Methodology: Participatory

Materials Needed: Flipchart paper and stand, markers, sticky notes

Prior to the session/meeting, the facilitator should do the following:

- Choose evaluation questions.
- Prepare a simple evaluation format on a flipchart (see Table 5 for an example).
- Prepare the parking lot or unanswered questions flipchart.
- Identify key learnings for the day to be pasted on a flipchart.

Table 5. Sample of Evaluation Chart

S/N	Item	Good	Average	Poor
	Pace of the training sessions			
	Usefulness of information received during training			
	Ability to provide accurate answers to the question			
	Ability to explain and clarify topics in a clear and concise manner			
	Proper knowledge of subject matter			

Activity: Parking Lot

The facilitator should ask participants to do the following:

- Write on sticky note any questions they still have and post the sticky note on the “parking lot/unanswered questions” flip chart.
- Write on a sticky note one thing they learned today and will put into practice.
- Stick each sticky note on the specific flipchart prepared for them.
- Use markers to mark “X” on the daily evaluation flipchart based on their personal judgment on how they feel about each question in today's training.

The facilitator then should provide any instructions about the next day and assign group tasks for preparation for the next day's activities (as applicable). This evaluation format will be applied throughout the training session.



Introduction to WEG Membership/ Participation

DAY
02

DAY 2 WEEK 1

Introduction to WEG Membership/Participation

The session focuses on highlighting the importance of WEG. It marks the official commencement date of the WEG.

Note: This is day two of the facilitator's training, but it will be week 1 of the group activity/Meeting.

Objectives:

By the end of the sessions, participants will understand the following:

- What is meant by “healthy behavior.”
- Gender and gender-based violence.
- Common health conditions affecting pregnant women, newborns, and children under five, barriers to accessing health services.
- Responsibilities of the supporting project and organizations, community facilitator, and WEG members.
- Community activities.
- Differences and similarities between other women groups and the WEG.

Time: 480 minutes

Methodology:

Interactive demonstrations and role plays, group work, story time, dramas

Materials needed:

Flipchart paper and stand, markers, sticky note pads, ball, Integrated SBC Flipchart (Life Stages 2 and 3), downloaded Albishirin Ku!/JKJ audio messages or access to Airtel 4-2-1, speakers for playing Albishirin Ku!/JKJ audio messages, materials for a demonstration (e.g., oral rehydration solution and zinc, cup, water, spoon, nutritious food items, mid-upper arm circumference tape), photographs of a community ceremony (e.g., wedding, naming ceremony) or group meeting

Prior to the session/meeting, the facilitator should do the following:

- Prepare all materials needed for facilitating Day 2 sessions.

Day 2 Session 7:

Recap of Previous Sessions

The recap session aims to foster engagement, knowledge reinforcement, and open communication among participants. As we approach the end of our training, it's essential to recap what we've learned and address any outstanding questions. This activity is designed to energize participants, encourage active participation, and create a supportive atmosphere. The recap session should use an interactive question/answer approach that engages all training participants throughout the training days.

Objectives:

By the end of the sessions, participants will be able to:

- Recall and share key learnings from the training.
- Get any lingering questions from previous activities addressed.

Time: 20 minutes

Methodology: Participatory

Materials needed: Ball, Flipchart, Markers

Prior to the session/meeting, the facilitator should do the following:

- Prepare the ball-passing activity, ensuring participants are ready for an interactive session.
- Review and familiarize themselves with questions from the parking lot activity.
- Have answers prepared for the identified questions.
- Be ready to address any additional questions that participants may have from previous activities, promoting a comprehensive understanding among participants.

Suggested recap activity:

- Ask participants to stand in a circle and take turns throwing a ball to each other.
- As each person catches the ball, they say at least one thing they learned during training so far.
- Review questions from the parking lot activity and provide answers.
- Ask for and answer any remaining questions from the previous activities.

Day 2 Session 8:

MNCH+NPriority Behaviors Part II

This session focuses on the importance of a pregnant woman giving birth at a health facility with a skilled birth attendant. Participants also explore the care needed by a new mother and her newborn immediately after delivery.

Objectives:

By the end of the sessions, participants will understand the following:

- The importance of giving birth in a health facility with a skilled birth attendant.
- The importance of placing baby on the mother's bare chest immediately after birth.
- How to care for baby's cord immediately after birth.
- Care received after delivery.
- When breastfeeding should start and why.
- The importance of breastfeeding for first six months without supplementing with water or any other liquid, solid, or food.
- The importance of immunization immediately after birth.

Time: 60 minutes

Methodology:

Interactive demonstrations and role plays, group work, story time, drama

Materials needed:

Flipchart paper and stand, markers, cardboard paper, sample of chlorhexidine gel.

Prior to the session/meeting, the facilitator should do the following:

Make available (either print or use the ICM Flipchart) copies of various pictures as follows: pregnant women delivering with a skilled birth attendant at the health facility, skin-to-skin care, cord care, immunizations at birth, early initiation of and exclusive breastfeeding, postnatal check-up, post-pregnancy contraception for childbirth spacing, spousal communication, male engagement

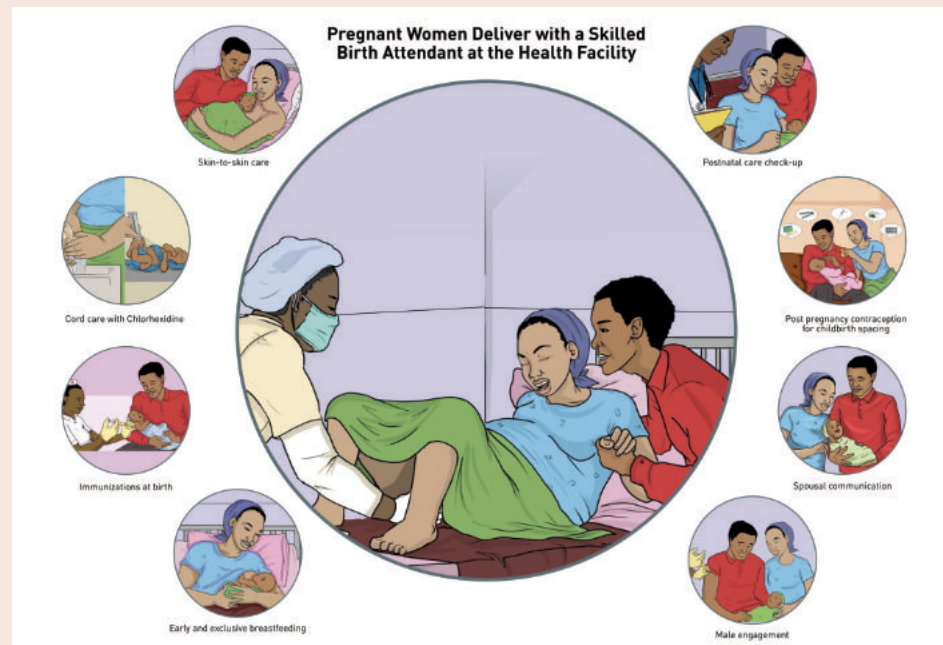
Activity Day 2: Health Behaviors: Pregnant Women Deliver with Skilled Birth Attendant at the Health Facility

Health benefits of delivering at a health facility with a skilled birth attendant:

- Skin-to-skin care
- Cord care with Chlorhexidine
- Immunizations at birth
- Early and exclusive breastfeeding
- Postnatal care check-up
- Post pregnancy contraception for childbirth spacing.
- Spousal communication
- Male engagement

Activity

Refer to page 40 for steps in facilitating MNCH+N and nutrition behaviors.



TAKE HOME POINTS

After the discussion, ask participants to list the behavior discussed in this session and its benefit, such as the following:

RECAP

- Every delivery is a risk even if there were no complications during the pregnancy. A skilled birth attendant is trained to manage complication during pregnancy at the health facility, where they have special equipment to prevent loss of the mother or baby.
- Delivery with a skilled birth attendant at a health facility encourages the following:

Skin-to-skin care. Immediately after birth, the baby should be placed on the mother's bare stomach and covered for up to one hour to help the baby adjust to the outside weather and keep warm.

Cord care. Chlorhexidine should be put on the cord to prevent infection and promote healing.

Immunizations. Immediately after birth, immunizations help children's bodies fight life-threatening diseases and protect them from many illnesses, giving them a healthy start in life.

Early initiation of exclusive breastfeeding. New mothers should start breastfeeding within one hour after delivery. The first breast milk (colostrum) contains all the nutrients the baby needs and protects the baby from diseases. Mother should continue breastfeeding for the next six months and not supplement with water or any food.

Postnatal care. These check-ups enable the health provider to check the new mother and baby to make sure everything is fine. Visits should be done at 24 hours, 3 days, 1 week, and 6 weeks after delivery.

Post-pregnancy contraception. Childbirth spacing helps a woman to have the next pregnancy after her body is fully recovered from the last pregnancy. A woman should wait at least two years after delivery before getting pregnant again.

Joint decision making. Spouses should support facility delivery with a skilled birth attendant.

Spousal communication. Couples should jointly make decisions about birth preparedness and facility delivery with a skilled birth attendant.

Male engagement. Men should support women and their families by comforting women during labor and delivery and helping them initiate breastfeeding.

CALL TO ACTION

Participants should refer pregnant woman, new mothers, and their spouses to care for any of the following:

- Signs of labor
- Bleeding too much after giving birth.
- Their child has not received first round of immunization.
- They are using or not using any childbirth spacing methods.

They should know to use the referral card to refer them to the health facility immediately and link them with transport as needed.

Day 2 Session 9:

Introduction to Gender and Gender-Based Violence

This session aims to increase participants' understanding of how gender norms affect health and development, to explore attitudes and beliefs around gender norms, and to empower participants to address gender norms that prevent equal access to opportunities.

Objectives:

By the end of the session, participants will be able to The importance of giving birth in a health facility with a skilled birth attendant.

- Define gender and gender-based violence.
- Describe different roles performed by men and women in the community.
- Describe the effects of gender differences on health.
- Identify how gender roles negatively affect people's health and lives.
- Identify ways to advocate for changing harmful gender roles through community leadership.

Time: 60 minutes

Methodology:

Interactive approaches including demonstrations, role plays, group work, storytelling, and drama

Materials needed:

Markers, 1/2 sheets of A4 paper or cards, masking tape, flipchart stand or wall for posting cards, paper.

Prior to the session/meeting, the facilitator should do the following:

- Write out the definition of terms to be discussed and paste around the training room.
- Create two signs (one titled "I agree" and one titled "I disagree") and place them in separate areas of the training room.

Activity 1: Defining Gender and Sex

The facilitator should do the following:

- Ask participants what comes to mind when they hear the words “sex” and “gender”?
- Share the points below.

▶ **Sex** refers to the biological characteristics of being male or female and is based on one's genetic and physiological features, for example, reproductive organs. **Gender** refers to expected roles, responsibilities, and duties assigned to males and females. These roles can change over time in the same community.

▶ **Gender** is acquired through culture and varies across cultures and countries. It determines family roles, such as earning money (male), housekeeping (female), decision-making (male), and caring for sick members (female)

Activity 2: Gender Norms

The facilitator should do the following:

- Divide participants into four groups: Man, Woman, Girl, and Boy.
- Give each group a piece of flip chart paper and instruct them to draw a big circle in the middle of it.
- Instruct each group to discuss things their assigned sex cannot do in the community and write them in the middle of the circle. Then tell them to discuss things their assigned sex should do in the community and write each outside the circle.
- Have each group nominate one person to present the group's discussions to the larger group.
- After each group presents, have them discuss their thoughts and feedback. Repeat that gender norms are unspoken rules and beliefs in our community about how boys and girls, or men and women, are supposed to act.

Activity 3: Value Clarifications

The facilitator should ask participants to assemble in the middle of the room. Then, explain that participants will move to the posted "I agree" or "I disagree" sign after hearing the following value statements, which the facilitator reads aloud. After each statement, ask participants why they chose their side. Repeat until all value statements are complete.

- A woman can access health care when she is sick or during pregnancy only if permitted by her husband.

- A woman should have a trade or business to support herself and her family.
- It is okay for a man to beat his wife if they have a misunderstanding because he is the man of the house.
- A woman should not spend money saved from the Hasken Mata (Women's Light) group without her husband's consent.
- Women should receive health care only from female health service providers.

Activity 4: How Does Gender Affect Health?

The facilitator should ask participants, how can different roles of men and women in families and communities affect their health? Provide the following concrete examples, then note their additional answers on a flipchart paper. Discuss the results.

- Women are expected to be modest and shy in speaking up about their needs.
- Women do all the housework, even when they are sick or pregnant or caring for other children.
- Men make all decisions, including which health services to use.
- Women cannot receive care from a male health service provider.
- Men are the ones who earn income for the family's needs.

Activity 5: Gender-Based Violence

The facilitator should provide unbiased information to guide the women towards understanding what is right and what they can do if they experience any gender-based violence. Ask participants the following questions and discuss the responses.

- What do you understand as the meaning of gender-based violence?
- What are some examples of gender-based violence based on your understanding?

Then, define gender-based violence as follows and have a discussion based on this definition.

Gender-based violence is any act perpetrated against a person's will and is based on gender norms and unequal power relationships between the victim and the perpetrator. It inflicts harm on women, girls, men, and boys. Gender-based violence can take different forms. It can be physical, emotional, psychological, or sexual and can take the form of a denial of resources or access to services. It also includes threats of violence and coercion.

The facilitator should ask the participants:

- Now that you understand gender-based violence, what would you wish to happen if you became aware it in your community? For example, you could report the case, help a survivor to get medical help if needed, and so on.
- What are the likely challenges or barriers that may prevent your wishes from happening?
- What can you do if you or someone you know experiences gender-based violence?

Survivors of gender-based violence should seek help or be referred for help. Survivors with physical injuries should go to or be referred to hospital for treatment. Survivors of physical, sexual, psychological, and emotional violence can seek support from trusted family members, religious leaders, or community-based organizations that provide counseling and support for victims of violence.

TAKE HOME POINTS

After the discussion, ask the participants the following questions:

- What is sex, gender, and gender-based violence?
- How does gender affect health?

RECAP

Gender roles can negatively affect the health and life of people. We should be observant, report any gender-based violence in our community, and support those affected by it.

CALL TO ACTION

The facilitators should:

- Encourage any woman who is interested in sharing any experience related to the topic to meet her after the session.
- Probe the discussion to ensure there are no cases of violence.
- If there is case of violence, refer the woman to appropriate center for support.

Day 2 Session 10:

WEG Module 1 - Responsibilities of the Supporting Project, Community Facilitator, WEG Members and Supporting Organizations

This session marks the beginning of WEG activity module. WEG Module 1 is dedicated to discussing the responsibilities of the supporting project, community facilitator, WEG members, and supporting organizations. The module aims to help WEG members understand their different roles and how they work together to promote women and children's health and well-being. By the end of this day's sessions, participants will be equipped with the knowledge to work collaboratively to achieve the program's goals.

Objectives:

By the end of the session, participants will

- Understand the concept of the WEG and what it entails.
- Understand the duties and responsibilities of the facilitator and the benefit of cooperating with her.
- Understand the roles and responsibilities of WEG members.
- Understand the roles and responsibilities of the supporting project and other community support structures in the success of the WEG.
- Identify ways to work with the facilitator.
- Choose their group leaders.

Time: 60 minutes

Methodology:

Interactive demonstrations, role plays, group work, story time, drama.

Materials needed:

Flipchart stand or wall for posting cards, papers, markers, 1/2 sheets of A4 paper or cards, chart for the workshop, masking tape.

Prior to the session/meeting, the facilitator should do the following:

- Write examples of roles and responsibilities of different Hasken Mata stakeholders on flip chart paper and paste around the training room.

Activity 1: Roles and Responsibilities of WEG Stakeholders

The facilitator should ask the participants:

- What do you understand are the roles and responsibilities for these groups of people:
 - Community facilitator
 - Supporting project
 - Hasken Mata (Women's Light) group members
- Who do you think should be a community facilitator?

Note their responses on the flip chart. Facilitate an active discussion using participatory questions. During the discussion, mention the following important points:

- A community facilitator should be.
 - Literate (able to read and write in English, Igbo, Hausa, or Ajami)
 - Good at calculations
 - Trustworthy and honest
 - Responsible and mature
 - Considerate of others
 - Open to other people's ideas
 - Respected in the community.
 - Patient and a good listener
 - Fair and just
 - A good communicator
 - Able to provide constructive feedback.
 - Positive in her personality
 - Hard-working
 - Able to have the time to prepare for and participate in group meetings.
 - Able to have her husband's support.
 - Willing to provide her support without payment (trained and mentored will be provided by the project)
 - Willing to not allow her decision to influence the WEG.
 - Aware and accepting that she does not handle the group's cash.

- The community facilitator performs the following duties:
 - ▶ Facilitate formation of Hasken Mata (Women's Light) groups and guide new groups through the 3-month nurturing period. A facilitator should have no more than 15 groups so that she can manage the recordkeeping, though she can form as many groups as she is able without obtaining consent from the supporting project.
 - ▶ Foster harmony and good working relationships within the groups she has supported.
 - ▶ Know the amounts each of her groups has saved and given out as loans and gratuity (tukuici) or interest.
 - ▶ Train group members on skills required for effective group management.
 - ▶ Maintain mutual respect and understanding between her and her groups.
 - ▶ Mentor one member from each of the 15 groups to take on a community facilitator role to nurture an additional 15 groups. This is a recommended, not a required, responsibility, and there is no pressure to form groups beyond the initial 15.

- The supporting project has the following responsibilities:
 - ▶ Ensure that facilitators are trained or mentored by a trained community facilitator.
 - ▶ Support facilitators in forming and nurturing Hasken Mata (Women's Light) groups. Assist in developing solutions to challenges and constraints.
 - ▶ Follow-up and guide the facilitator to ensure she is forming and nurturing groups according to Hasken Mata guidelines and not exploiting the women. If facilitators are not following guidelines or engaging in dishonest behavior, the project can prohibit that facilitator from performing their roles or dismiss her entirely if there are continued issues and complaints.
 - ▶ Keep the facilitator abreast of new developments in terms of training.
 - ▶ Keep in regular contact with the Hasken Mata groups and ensure due process is followed and that the women are being supported well by their facilitator.
Regularly check all Hasken Mata working tools to ensure they are accurate and current.
 - ▶ Access and review records such as amounts generated, loans given, and returns collected to ensure rules and regulations are followed and records are well maintained.

- Hasken Mata (Women's Light) group members are responsible for the following:
 - ▶ Remain committed to the overall rules and regulations of the Hasken Mata groups.
 - ▶ Learn from the facilitator.
 - ▶ Voluntarily support the facilitator's transportation costs.
 - ▶ Report any concerns about the group or facilitator.

Also mention the following important notes on the relationship between the facilitator and Hasken Mata (Women's Light) groups:

- The relationship between the supporting project, facilitator, and Hasken Mata group members are guided by the following principles:
 - Each member can change their mind about the level of support received from the facilitator.
 - Women should benefit from knowledge.
 - Women should increase their awareness of all-around skills and health.
 - Women should adopt MNCH+N priority behaviors.
- Honestly fulfilling agreements by all parties (e.g., facilitator, group members) is key.
- A facilitator should not touch or have anything to do with the women's savings.
- The facilitator should not charge the Hasken Mata groups any fee; rather, members will offer what they want to pay her.
- The constitution/regulations of the Hasken Mata groups are also binding on the facilitator.
- All parties have responsibilities, roles, and rights and should hold themselves and other groups accountable. It is important that all parties fulfill their duties.

The facilitator should end the session by reviewing what has been discussed so far and allow time for questions.

Activity 2: Supporting Community Structures and Roles to Support Hasken Mata

Ask the participants to share.

- Other community structures they know within the community.
- Which of these community structures may be important supporters and affiliates to Hasken Mata and why.

Note their responses on the flipchart paper.

Review the content on community resources below and solicit responses and active participation with intermittent questions like why the community resources are important for an engaging session.

- Ward development committees (WDCs)
 - Hasken Mata (Women's Light) groups may be linked with the gender and women's empowerment sub-committees of WDCs through a female WDC leader or member.
 - If invited by the WEG, WDCs can help the WEG solve problems.
 - A female WDC leader or representative can provide feedback on Hasken Mata groups to the WDC and community leadership during WDC meetings.

- Female religious leaders may be invited to attend, speak at, or join a WEG meeting. They may advocate for the practice of priority MNCH+N behaviors from religious perspectives.
- Government ministries, departments, and agencies
 - The government supports gender and women affairs at the ward, LGA, and state levels and can link the Hasken Mata groups to relevant support.
 - When available, the government can link the WEG to opportunities like skill acquisition funding.
 - The Hasken Mata groups will update government representatives with necessary information on key indicators relevant to monitoring the groups, upon request.
- Supporting project field officers provide the following support:
 - Assist in training of Hasken Mata community facilitators, such as providing on-the-job coaching and mentoring.
 - Help identify key influencers at the LGA and ward levels for advocacy and entry-level engagements for Hasken Mata activities.
 - As needed, support monitoring of all Hasken Mata group activities in implementation areas.
 - Assist with the identification, formation, and nurturing of Hasken Mata groups.
 - Assist the supporting project state team in supervising community facilitators and Hasken Mata groups.
 - Support community facilitators' oversight of weekly Hasken Mata meetings.
 - Mentor community facilitator and Hasken Mata groups on MNCH+N priority behaviors.
 - Ensure linkage of Hasken Mata groups with relevant supporting community structures (WDC, SBC-Advocacy Core Group, LGA primary healthcare center, community-based organizations, non-governmental organizations)
 - Collect and collate Hasken Mata weekly and monthly monitoring data in close collaboration with community facilitators.
 - Document and report Hasken Mata activities (e.g., periodic reports, success stories, pictures)
 - Submit all forms, reports, and registers to supporting projects' monitoring and evaluation officer for analysis.

TAKE HOME POINTS

After the discussion, ask participants to list the different structures or persons that collaborate with WEG and to name two of their roles or responsibilities. Reiterate that the WEG requires support from key stakeholders for ease of activity implementation.

RECAP

Refer to the Activity 2 in page 60 for the answers.

Day 2 Session 11:

Part 1: WEG Module 2 - Knowing Your Community: Understanding Community Groups

This session emphasizes the importance of understanding the community to effectively promote health and well-being. Various methods of gathering information about the community are discussed. Participants also learn how to identify community strengths and challenges related to households' health and well-being and how to apply effective strategies for promoting health and well-being among women and children.

Objectives:

By the end of the session, participants will understand

- The nature of the relationship between individuals and community groups.
- The benefits of co-existence within groups.
- Approaches to work effectively within a group supporting community development efforts.

Time: 60 minutes

Methodology:

Interactive approaches including demonstrations, role plays, group work, story time, and drama

Materials needed:

Markers, ½ sheets of A4 paper or cards, masking tape, flipchart stand or wall for posting cards, flipchart papers.

Prior to the session/meeting, the facilitator should do the following:

- Prepare a picture of a community or a different group. It can be drawn or modeled in a prototype and displayed in the training room.

Activity: Defining Group and Community

Facilitate a discussion by asking participants to explain their understanding of a community group. After each question, allow time for discussion. Write responses on a flipchart.

- What are the benefits of co-existing or forming a group?
- Why do we need to form groups?
- Which types of groups do you have in your communities? Allow time for participants to answer:
- What are the identities of these groups?
- What other groups/organizations within the community will be relevant to supporting some of the groups mentioned above?

Add information as needed using the following information:

- A group involves people working together to achieve a common objective within a specific period. Show participants pictures of different groups from any source documents like ICM flip chart, such as weddings or naming ceremonies.
- A community group is people working together to address a collective need or goal, such as health.
- Everyone should agree to work together when the need arises for the betterment of the group.
- Groups offer many benefits:
 - Problem solving
 - Strengthening co-existence and togetherness
 - Ability to achieve more than an individual could.
 - Helping others
 - Protecting other's rights
 - Publicizing achievements
 - Supporting local communities
 - Provide needs that governments cannot.
 - Obtaining support (e.g., grants, funding) from other organizations

Types of community groups

- Farmers groups
- Student groups
- Market women groups
- Youth groups
- Teachers' groups
- Political groups

Group identities

- Each group has its goal, constitution, and specific number of people.
- All members work toward common objectives.
- Groups have leadership.
- Groups have funds to conduct day-to-day activities.

Other supporting community groups

- WDC
- Government ministries, departments, and agencies

Day 2 Session 12:

Part 2: WEG Module 2 - Knowing your community: Differences and Similarities Between Other Women's Groups and WEGs

◆ Objectives:

By the end of the session, participants will understand

- The meaning of a group and how most groups work.
- The role of the WEG in communities.
- The importance of a management committee in community groups.
- How to manage the affairs of their group.

◆ **Time:** 60 minutes

◆ Methodology:

Interactive, demonstrations role plays, group work, story time, drama

◆ Materials needed:

Markers, ½ sheets of A4 paper or cards, chart for workshop, masking tape, flipchart stand or wall for posting cards, paper

◆ Prior to the session/meeting, the facilitator should do the following:

- Prepare a picture of a community with different groups (e.g., model, prototype) and display it in the training room.

Activity: How Groups Organize Themselves to Work Together

The facilitator should ask participants if they have an existing community group in their locality. If yes, ask them to describe what the group does and if they think the group is managed well or not and why. If no one mentions a group, the facilitator should give them an example of a group and discuss it.

Ask participants to recap the meaning of groups as discussed in the previous lesson. Include the following:

- Management committee
- Leaders
- Audit committee
- Money counter
- Conflict resolution committee
- Group assets

Discuss the following for Haken Mata groups in particular (also see Table 6):

- Group members are the body from which the group leader is elected.
- Each member has only one vote.
- The Haken Mata leadership committee is made up of six people: a chairperson, two secretaries, a treasurer, and two money counters. Their authority is defined in the group's constitution. They are inaugurated during the general meeting.
- The assets of the group help the group to organize themselves and include both monetary and non-monetary assets, such as savings (regular contributions by members), gratuity (tukuici) or interest payment on lending by members, contributions from other organizations (e.g., governments, philanthropists, advocacy), profit from other business, and inheritance from other non-governmental organizations.

Table 6. Difference between Hasken Mata and Other Community Groups

Hasken Mata	Other Community Groups
Membership is voluntary	Membership is voluntary
Bound by common goals and objectives	Bound by common goal and objectives
All members participate in routine weekly activities	All members are not obliged to participate in day-to-day activities of their group
Has a constitution	Has a constitution
Hasken Mata (Women's Light) Only	
Women only	
Group membership is limited	
Members come from the same community	
Members must contribute weekly	
Promotes health and wellbeing of women and their children	
Every member is a stakeholder and has an equal right to the group's assets	
Linked with other community structures and stakeholders	
Focused on addressing gender norms	

TAKE HOME POINTS

After the discussion, ask the participants to discuss their understanding of community groups and if they think the Hasken Mata is like any other group in their community. Allow a few minutes for discussion.

RECAP

There are different types of community groups, but the WEG offers unique benefits, including self-reliance, increased knowledge on health and practices, and skill acquisition.

CALL TO ACTION

Participants should feel empowered to encourage more women to join the WEG.

Day 2 Session 13:

Activity

The facilitator should refer to page 45 for activity guide.



Governance and Management

DAY

03

Day 3 Week 2:

Introduction: Governance and Management

This day focuses on WEG governance and management by providing participants with an understanding of good governance and management practices and the roles and responsibilities of all members. Participants will be able to apply the learnings to govern and manage the WEG effectively. It also covers MNCH+N Priority Behaviors Part III: recommended and routine children and adult vaccinations.

Objectives:

By the end of the sessions, participants will understand

- Priority MNCH+N health behaviors.
- Different leadership positions and how to take on a leadership role.
- The importance of rules and regulations in a group and how to develop them for the group.
- Conflict resolution and tools to address conflict.

Time: 255 minutes

Methodology:

Interactive approaches such as demonstrations role plays, group work, storytime, and drama

Materials needed:

Flipchart paper and stand, markers, sticky note pads, Integrated SBC Flipchart (Life Stages 2 and 3), downloaded Albishirin Ku!/JKJ drama or spots or reliable access to Airtel 4-2-1, speakers for playing Albishirin Ku!%JKJ content, materials for demonstration (e.g., oral rehydration solution and zinc, cup, water, spoon, nutritious food items, mid-upper arm circumference tape), handout of sample guidelines, rules, and regulations for WEG.

Prior to the session/meeting, the facilitator should do the following:

- Prepare all presentations for the day.
- Prepare all tools required for conducting an election.

Day 3 Session 14: Recap

To recap, refer to page 49 for guide.

Day 3 Session 15:

MNCH+NPriority Behaviors Part III

This session focuses on recommended and routine children and adult vaccinations. Participants are introduced to different types of vaccinations, their importance, and how to support families to complete the required vaccinations.

◆ Objectives:

By the end of the sessions, participants will understand

- The importance of vaccinations for infants, children, and adults.
- The different routine immunization schedules for infants and children.
- The importance of adult vaccinations and some vaccines available for adults.
- How men can jointly communicate with their spouse and participate in vaccine uptake.
- How to refer and support families to get vaccinated at the health facility.

◆ **Time:** 60 minutes

◆ Methodology:

Brainstorming, discussions, group work

◆ Materials needed:

Flipchart paper and stand, markers, child health card, priority behavior picture banners.

◆ Prior to the session/meeting, the facilitator should do the following:

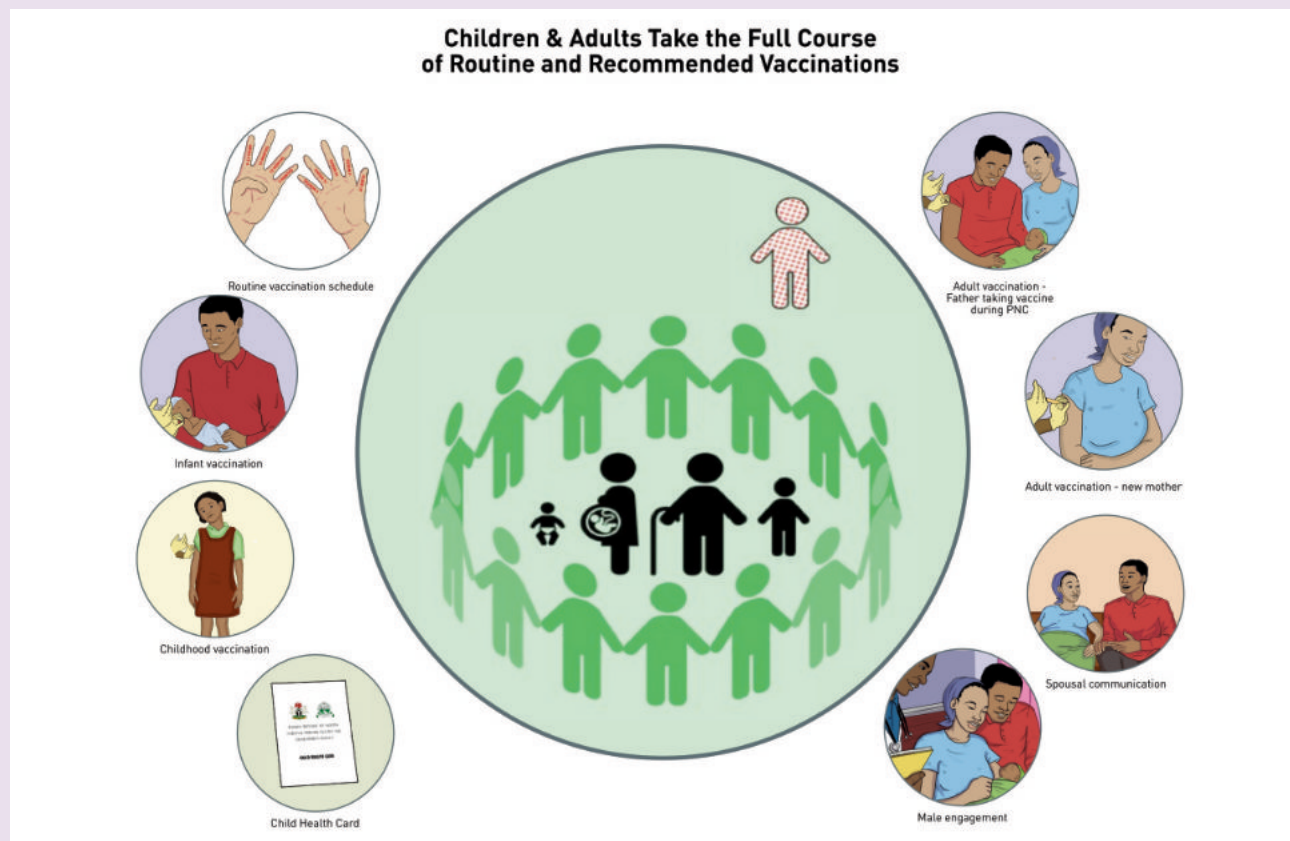
- Position the priority behavior picture banners where it can be visible to all the participants.

Activity Day 3: Health Behaviors: Children & Adults Take Full Course of Routine and Recommended Vaccinations

- Routine vaccination schedule for infants and children
- Child health card
- Adult vaccination for fathers and mothers during postnatal care
- Spousal communication
- Male engagement

Activity

Refer to page 40 for steps in facilitating MNCH+N behaviors.



TAKE HOME POINTS

Ask participants to name the health behavior discussed and its benefits, using the following information:

RECAP

- Vaccinations given through all phases of life can reduce diseases and deaths from vaccine-preventable diseases (e.g., polio, measles, COVID) in communities.
- Vaccination saves lives and help keep infants, children, and adults healthy.
- When infants, children, and adults are vaccinated, they are protected from life-threatening diseases and help prevent diseases from spreading to others in the community.
- Vaccinations are safe even if a child or adult has a fever afterwards. This shows the vaccine is working.
- A child needs to visit the health facility nine times to get vaccinations: at birth, 6 weeks, 10 weeks, 14 weeks, 6 months, 9 months, 12 months, 15 months, and 9–13 years of age.
- The child health card shows the exact date when they should go to the health facility and what vaccine they need to get at each age. Parents should take the child health card along to the health facility.
- COVID-19 vaccines are safe and effective for preventing life-threatening COVID-19 infections. It is recommended that everyone aged 18 and older get the COVID-19 vaccine, including pregnant women, breastfeeding mothers, and elderly people.
- Couples should jointly make decisions about their children's and their own immunizations.
- Men should support women and their families to get vaccinated by going to the health facility together with their children and spouse and taking their own vaccines.

Call to Action

Participants should feel empowered to identify any child or adult who has not been vaccinated and refer them immediately to the health facility using the referral card and linking them to community transport as needed.

Day 3 Session 16:

WEG Module 3: Choosing Group Leaders

This session focuses on recommended and routine children and adult vaccinations. Participants are introduced to different types of vaccinations, their importance, and how to support families to complete the required vaccinations.

◆ Objectives:

By the end of the sessions, participants will understand

- The concept of the WEG.
- What a management committee is.
- The roles and responsibilities of the management committee in managing the affairs of the WEG.
- The role and rights of the WEG in relation to the management committee.
- The qualities of a good leader.
- How to select management committee members and decide on their tenure during service.

◆ **Time:** 60 minutes

◆ Methodology:

Brainstorming, discussions, group work, questions, and answers session

◆ Materials needed:

Flipchart paper and stand, markers.

◆ **Prior to the session/meeting, the facilitator should do the following:**

- Position the priority behavior picture banners where it can be visible to all the participants.

Activity 1: Forming a WEG Management Committee

The facilitator should ask participants what they know about a management committee. Explain that WEG members need to nominate people for each position in the management committee, starting with the chairperson.

Ask if participants belong to other groups in the community. Most groups will have people who are members of other groups in the community.

Ask participants to discuss what makes a group successful and unsuccessful.

Explain the definition and role of the group members in the WEG. Note their comments on the flipchart and be sure to cover the following.

- Management committee members: chairperson, deputy chairperson, secretary, assistant secretary, treasurer, assistant treasurer, and two money counters
- The deputy chairperson, assistant secretary, and treasurer serve as needed in the absence of the lead position.
- Anyone can make nominate individuals for positions in the management committee.
- A nominee must agree to stand for election. They are free to refuse and should not be pressured to do so.
- At least two people should be nominated for each position to allow members a genuine choice.

- To explain the management committee, the facilitator should compare it to the national parliament. Although the government runs the country, it can only do so because the people elect them. If the people of the country think that the government is not doing its job correctly, then the government can be dismissed through an election.
- Provide an example of a recent case in which a government (preferably not the national government) lost office, and another came to power as an example. Explain that the management committee is answerable to the WEG in the same way. If the management committee does not perform well, the WEG may replace it. Only the WEG can do this.
- If the constitution and rules of the group are not respected, the WEG can choose to organize a special meeting where the problems can be discussed.

Activity 2: Choosing a Leader

- The facilitator should ask participants the following questions:
- Who is a leader?
- Can you give an example of a leader you know?
- Why do we need a leader?

Allow participants to respond to each question and share the points below.

- A group leader is a person selected by members to manage the affairs of their group.
- Leaders include district heads, household heads, local government chairs, councilors, and village heads.
- We need a leader.
 - To enforce the constitution and regulations of the group.
 - To manage the day-to-day activities of the group.
 - To bring order to a group.

Activity 3: Nomination and Election of Chairperson and Deputy Chairperson

The responsibilities of a chairperson (and deputy chairperson in the chairperson's absence) are to:

- Provide overall leadership to the group.
- Provide opening and closing remarks at every meeting.
- Organize weekly meetings.
- Resolve conflict amicably.
- Represent the group in external meetings.
- Enforce rules and regulations among the group.

The qualities of a chairperson and deputy chairperson are as follows:

- Respected in the community.
- Patient and a good listener
- Fair, just, and considerate of others
- Positive personality
- Hard-working and intelligent
- Basic literacy with primary school certificate and ability to read and write English, Igbo, Hausa, or Ajami
- Able to prepare for and attend group meetings.

At this point, the facilitator should allow time for the nomination and election of a chairperson and deputy chairperson.

Activity 4: Nomination and Election of Secretary and Assistant Secretary

Responsibilities of a secretary (and assistant secretary in the absence of the secretary):

- Collect weekly contributions and record them in the savings books.
- Give loans and record them in the loan booklet.
- Keep a record of all group assets.
- Memorize the amount of money left in the savings box.
- Manage all of the group's recordkeeping and meeting materials, such as mats, bowls, biros, and record books.

Qualities of a secretary:

- Basic literacy with primary school certificate and ability to read and write English, Igbo, Hausa, or Ajami
- Organized, focused, and intelligent.
- Able to give time to and attend group meetings.
- Patient and a good listener
- A positive personality

At this point, the facilitator should allow time for nomination and election of a secretary and assistant secretary.

Activity 5: Nomination and Election of Treasurer and Assistant Treasurer

Responsibilities of a treasurer (and assistant treasurer in the absence of the treasurer):

- Provide safekeeping of all savings boxes (asusu)
- Know groups' assets.

Qualities of a treasurer:

- Honest and trustworthy
- Focused
- Intelligent
- Able to attend group meetings.
- Has a safe place to keep the savings box?

At this point, the facilitator should allow time for nomination and election of the treasurer and assistant treasurer.

Explain to newly elected leaders that they will henceforth be held responsible for the group's funds. It is their responsibility to ensure ethical and sound safekeeping of the funds in the process of counting and recordkeeping, and they may be liable to refund the group.

Activity 6: Nomination and Election of Money Counters

Two money counters should be elected. Their responsibilities are to

- Count all funds in the group, including weekly contributions, emergency and social funds, gratuity (tukuici) or interest paid on the loan, loan payment, fines.
- Count the money left in the savings box at the beginning of every week and confirm it is the same amount that was in the savings box during the previous week's meeting.

Qualities of money counters:

- Trustworthy
- Intelligent
- Ability to count money accurately.
- Ability to read and write English, Igbo, Hausa, or Ajami

Activity 7: Selection of Other Committees

The facilitator should explain that other management committees may be created as needed:

- Conflict resolution committee: Members are selected from outside the WEG. Usually, two or three older and respected community members are given the position, and their sole responsibility is to resolve any conflict in the group. It is encouraged to have the WDC chair and someone from the Social and Behavior Change -Advocacy Core Group, where applicable, on the conflict resolution committee.
- Loans committee: Two or three WEG members can be selected to deliberate on loan requests by members before the loan is given out. The committee confirms what they intend to do with the loan to minimize risk for the group.
- Audit committee: Three women within the group can be selected to double check the group's assets at a stipulated period agreed by all.

Activity 8: Tenure of Service

The facilitator should ask participants the following:

- What do you understand by the word tenure?
- Why do we need to fix tenure for leaders elected?

Allow time for discussion and explain that tenure is the time allocated to elected leaders to allow them to hold the job. It is decided all WEG members.

The facilitator should ask why tenure is needed for elected leaders. Allow time for brainstorming and share points below.

- To hold them accountable and remind them their primary role is to serve the people.
- To allow new leaders with new ideas to benefit the group.
- To ensure that authority is not held by one person for too long.

To reduce misconduct, including mistreatment of a group, the facilitator should stress that

- Elections are not a one-time activity. They must be held at the intervals laid out in the constitution.
- It is necessary for all to agree on the tenure of service for the management committee. Periodic elections also remind everyone that the WEG is the supreme body in the group.
- If elections are not held, members may feel they are being dominated by a few leaders who do not have to explain things to members.
- Regular elections remind group leaders that they need to serve the members if they want to keep their position.



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- Regular elections remind group leaders that they need to serve the members if they want to keep their position.

TAKE HOME POINTS

After the discussion, ask participants to name the leadership positions of the WEG, the qualities of the leader, and the roles they play. Explain that.

RECAP

Leadership helps manage the day-to-day activities of the group, bring order to the group, and ensure the group has people who enforce the constitution and regulations of the group.

Call to Action

The facilitator should monitor the first ever group elections.

Day 3 Session 17:

WEG Module 4 – WEG Rules and Regulations

In this session, participants will be introduced to and discuss the importance of having rules and regulations for WEG and explore the different types of rules and regulations that can be established. Participants will also examine the process of developing and implementing rules and regulations, and how to ensure that they are effectively communicated to all members.

◆ Objectives:

By the end of the sessions, participants will understand

- Understand the roles and regulations for promoting a healthy and effective group.
- Develop and implement rules and regulations for the specific needs of the WEG.
- Understand the policies and regulations best suited to guide their group.
- Develop their groups' policy documents.

◆ **Time:** 60 minutes

◆ Methodology:

Brainstorming, discussions, group work

◆ Materials needed:

Flipchart paper and stand, markers.

◆ Prior to the session/meeting, the facilitator should do the following:

- Write the rules and regulations on a flipchart for ease of engagement during the session.

Activity 1: Choosing a Name for the Group

The facilitator tells the participants they are now considered as newly formed group! Give them time to decide on a name, and then write it down.

Activity 2: Understanding Rules and Regulations

The facilitator should ask what are the participants' understanding of policies and regulations? Allow time for brainstorming and share the following points:

- The group's policies and regulations guide group's activities and conduct.
- The policies and regulations can change as the life of the group evolves.

The facilitator should ask participants the following, allowing time for brainstorming and discussion.

- What are examples of regulations or policies in your locality?
- Why do we have rules and regulations?

Share these points about the benefits of developing rules and regulations in a group:

- To guide our conduct to achieve our group objectives.
- To minimize conflict.
- To discipline offenders.
- To guide relationships with other groups.

The facilitator should instruct the newly elected secretary to start writing the policies and regulations.

Explain that every group has a right to develop policies they think can best guide them. Not all groups need to have the same policies and regulations.

Activity 3: Developing Rules and Regulations for Hasken Mata (Women's Light) Group

The facilitator should ask participants, "In your opinion, which rules and regulations can we put in place to guide how we conduct our group activities?" Allow time for brainstorming.

Share the following sample guidelines, rules, and regulations as a guide while helping the group to develop their own rules and regulations. Remind participants that some of the proposed rules should help the group stay focused.

- Sample Guidelines, Rules, and Regulations (Constitution) for WEGs
 - Name of town
 - Name of group
 - Type of group
 - Number of members
 - Name of group
 - Date of establishment
 - Meeting day
 - Date the rules and regulations become effective.
 - Amount of weekly contribution

- Members
 - Women of reproductive age
 - Adolescent girls
 - Breastfeeding mothers
 - Pregnant women
 - First-time mothers
 - Resident within the village of settlement where the group is established.
 - Women interested in starting or expanding income generation activities.
 - Women who have husband's support to participate in the group.
 - Women who have the time to attend the weekly meetings.

- Composition of Management Committee
 - Chairperson and deputy chairperson
 - Secretary and assistant secretary
 - Treasurer and assistant treasurer
 - Two money counters

- Regulations for Obtaining a Loan
 - Loans are obtained by group members in the presence of all members.
 - Taking a loan is voluntary.
 - Only members are entitled to a loan.
 - No new loan will be given to members if a member has an existing or outstanding loan.
 - Gratuity (tukuici) or interest must be paid on ALL loans obtained.
 - All loans must be paid as within the agreed period.
 - Defaulters will not be given a loan for three months after they pay back the defaulted loan.

- Regulations for Paying Loans
 - Duration of loan
 - Penalty for defaulting

- Election Procedures
 - Maximum number of terms any one person can serve on management committee.
 - Period of term for management committee members
 - When election of a new management committee will be held
 - Minimum number of members who must be present to hold an election.
 - Election procedure for casting votes
 - Minimum number of people that must stand for each position
 - Nomination procedures

- Removal of Officers from their Position between Elections
 - Any member of the group can call for a vote of no confidence in a member of the group leadership.
 - If most members pass the vote, the member must step down and another member will be elected to the same position.

- Meetings
 - Procedures for meeting to mobilize savings.
 - Procedures for disbursing loans.
 - Procedures for sharing out group assets.

- Members Leaving the Group
 - Procedures for if a person is expelled from the group for failing to make regular savings deposits, including how to calculate how much they will be paid.
 - Procedures for if a person is expelled from the group for failing to repay a loan, including how the group will calculate how much they will be paid.
 - Procedures for if a member leaves the group because they have no alternative (such as if they marry and move away), including how the group will calculate how much they must be paid.
 - Procedures for if a person leaves the group before the end of the cycle for no good reason, except their preference to leave, including how the Group will calculate how much they must be paid.
- Expulsion from the group, including reasons why a person should be expelled.
- Death of a member, including how the group will calculate how much money should be given to her heirs.
- Fines for offenses committed by members (see Table 7 for examples).

Table 7. Schedule of Fines

OFFENSE	FINE
Not obeying group rules and regulations	
Non-attendance at a meeting for personal reasons	
Late to meetings	
Not memorizing group rules as required by chairperson	
Failure to make minimum share/savings deposit	
Chatting or interrupting the meeting during proceedings	

Showing disrespect to group officers or members	
Not remembering the decisions and activities of the preceding meeting	
Non-execution of the role by a member of the management committee	
Late deposit or loan reimbursement	
Not practicing MNCH+N Behaviors including but not limited to:	
Not breastfeeding immediately after birth	
Breastfeeding with other things like water pap within the first six months	
Becoming pregnant within two years of last pregnancy	
Not ensuring complete child immunization at least five times in the first year	
Not attending antenatal care	
Delivery outside the health facility	
Add any other priority health behavior WEG members find important to help promote their health. (This will be guided by their facilitator.)	
Add any other behavior to help promote spousal communication. (This will be guided by their facilitator.)	

Disrespecting spouses (members should find common ground to agree on how to address this.)

Not getting support from a spouse (if married) or family (if single) before joining the group.

- Amendments to the Constitution
 - The number of members who must agree before the constitution can be amended.
 - People who can propose an amendment to the constitution.
 - Items in the Constitution that can be amended (e.g., tenure of leaders, facilitator fee, amount of emergency funds, amount of social funds, weekly contribution, goal of group).

TAKE HOME POINTS

Ask participants which rules and regulations they like the most and why. Recap with the information below

RECAP

Group rules and regulations play an important role in the success of the WEG. They guide conduct, allow achievement of group objectives, minimize conflict, discipline offenders, and guide relationships with other groups.

Call to Action

Participants should be guided to develop their first-ever group rules and regulations.

Day 3 Session 18:

WEG Module 5 - Conflict and Conflict Resolution

This session covers conflict, including causes, types, and stages, and will explore strategies for preventing and managing conflict. Additionally, the session will cover the process of conflict resolution and different approaches and techniques that can be used to resolve conflicts effectively.

◆ Objectives:

By the end of the sessions, participants will understand

- Different types of conflict, how they are caused, and stages of conflict.
- Ways to resolve conflict that may arise in their group.

◆ **Time:** 60 minutes

◆ Methodology:

Brainstorming, discussions, group work

◆ Materials needed:

Flipchart paper and stand, markers.

◆ **Prior to the session/meeting, the facilitator should do the following:**

- Prepare and list types of conflicts on a flipchart paper for use during the session or find pictures that depict conflict from any source like the story book and paste them on the wall of the training room.

Activity 1: Conflict

The facilitator should ask participants what they understand about conflict. Allow time for brainstorming and share the points below.

- Conflict is a serious disagreement or argument between two or more people or between two or more groups of people.
- Conflict can be caused by poor leadership by the management committee.

The facilitator should ask participants the following questions. Allow time for discussion.

- Have you had any misunderstandings in any group you have been part of before now? Probe to find out the nature of their conflict.
- What types of conflict do you think may occur in your group and what may cause the conflict? Examples should include the following:

- Difference in opinion
- Arguments among group members
- Misunderstanding between individuals
- Dislike between individuals

Ask participants how they resolved conflict in the previous group? Allow time for answers.

Explain that Conflict is like a tree: it has its roots and branches. This means, like a tree, the conflict's roots are the underlying causes and tensions, and its branches represent the visible manifestations and outcomes of the conflict.

Use an example of a conflict from above to draw and illustrate the branches and roots of the conflict (see Figure 1 for an example).

Figure 1. Illustration of Conflict Tree

Misunderstanding between individuals ●

● Arguments among Members

Dislike between individuals ●

● Difference in Opinion



The root

Envy between individuals

Lack of understanding of Groups rules and regulations/activities

Activity 2: Conflict Resolution

The facilitator should explore some ways to resolve conflicts that may arise in the WEG. Ask about ways conflicts can be resolved in the groups and be sure to cover the following examples:

- Probe and find out the root cause of the conflict by discussing with parties involved.
- Identify the best person within the group to resolve the conflict. Sometimes, this may mean bringing in someone from outside the group who can help to resolve.
- Weigh the magnitude of the conflict and its effect on the group.
- Call for an emergency meeting and use the constitution to address the conflict.
- Punish offenders appropriately.

Activity 3: Conflict Outside the WEG

The facilitator should ask participants what types of conflict can occur outside the group in their personal lives. Allow time for brainstorming, and be sure to cover the following examples:

- Difference in opinion with spouse on business venture.
- Difference in opinion with spouse on spending the money from the 'group's savings.
- Misunderstanding between spouse and in-laws on being a WEG member or attending WEG group meeting.

The facilitator should ask participants how they resolved or try to resolve the conflict. Allow time for answers and be sure to explain again how conflict is like a tree with roots and branches using the illustration in Figure 1.

Activity 4: Conflict Resolution Outside the WEG

The facilitator should help participants explore some ways to resolve conflicts that may arise outside the WEG in their personal lives. Allow brainstorming and share the following strategies:

- Probe and find out the root cause of the conflict by discussing with parties involved in the conflict.
- Weigh the magnitude of the conflict and its effect on the individual and the individual's participation in the group.
- Seek external support (e.g., respected family members, religious leaders, WDC) if the conflict is not able to be resolved by the parties involved.

Activity 5: Avoiding Conflict

The facilitator should ask participants what they think they can do to avoid conflict. Allow time for participants to provide answers. Share the following examples of how to avoid conflict:

- Enforce rules and regulations.
- Conduct group activities transparently.
- Ensure all group members are informed and involved in group activities.
- Give all members the same treatment.
- Attend meetings regularly.
- Have an active ad hoc conflict resolution committee.

The facilitator should ask participants who should be involved if the group cannot resolve a conflict. Allow them to brainstorm and be sure to discuss the following options:

- Two or three elderly and respected community members who can provide support.
- Invite WDC chair and someone from SBC-Advocacy Core Group to join conflict resolution committee.

TAKE HOME POINTS

After the discussion, ask the participants what type of conflict they think will occur in the group and how it can be resolved if it arises? Explain that.

RECAP

WEG should avoid conflicts, if possible, by adhering to the group's rules and regulations and being transparent. However, if it surfaces, conflict is like a tree with roots and branches (see Figure 1). Address conflict by addressing the root causes.

Call to Action

Participants should know how to encourage each other to avoid conflicts and always find a common ground.



Resource Mobilization and Management

DAY
04

Day 4 Week 3:

Introduction Resource Mobilization and Management

In this session, participants will be introduced to the different types of resources and resource mobilization approaches that can be applied within the WEG.

Objectives:

By the end of the sessions, participants will understand

- How to effectively mobilize and manage resources to support the activities and goals of their groups.
- The requirements for starting a new business.

Time: 60 minutes

Methodology:

Interactive approaches including demonstrations role plays, group work, storytime, and drama

Materials needed:

Flipchart paper and stand, markers, sticky note pads, Integrated SBC Flipchart (Life Stages 2 and 3), downloaded Albishirin Ku!/JKJ drama or spots or reliable access to Airtel 4-2-1, speakers for playing Albishirin Ku!/JKJ content, demonstration materials (e.g., oral rehydration solution and zinc, cup, water, spoon, nutritious food items, mid-upper arm circumference tape), handout of sample guidelines, rules, and regulations for WEG.

Prior to the session/meeting, the facilitator should do the following:

- Prepare samples of all WEG financial documents from the training manual or any other financial resources.

Day 4 Session 19: Recap

Activity

To recap, refer to page 49 for guide.

Day 4 Session 20:

MNCH+NPriority Behaviors Part IV

This session focuses on common causes of illness and death in children in the first five years of life, such as pneumonia, malnutrition, diarrhea, fever and, acute respiratory infections. The session also provides information on preventive measures and what to do when illnesses occur.

Objectives:

By the end of the sessions, participants will understand

- Common childhood illnesses and signs that can occur in children under five.
- What caregivers can do to prevent these illnesses.
- Ways women can jointly communicate with their spouse and support their families in caring for children under five.
- How to refer and support families to get help from the health facility.

Time: 60 minutes

Methodology:

Brainstorming, discussions, group work, questions, and answers session

Materials needed:

Flipchart paper and Stand, Markers

Prior to the session/meeting, the facilitator should do the following:

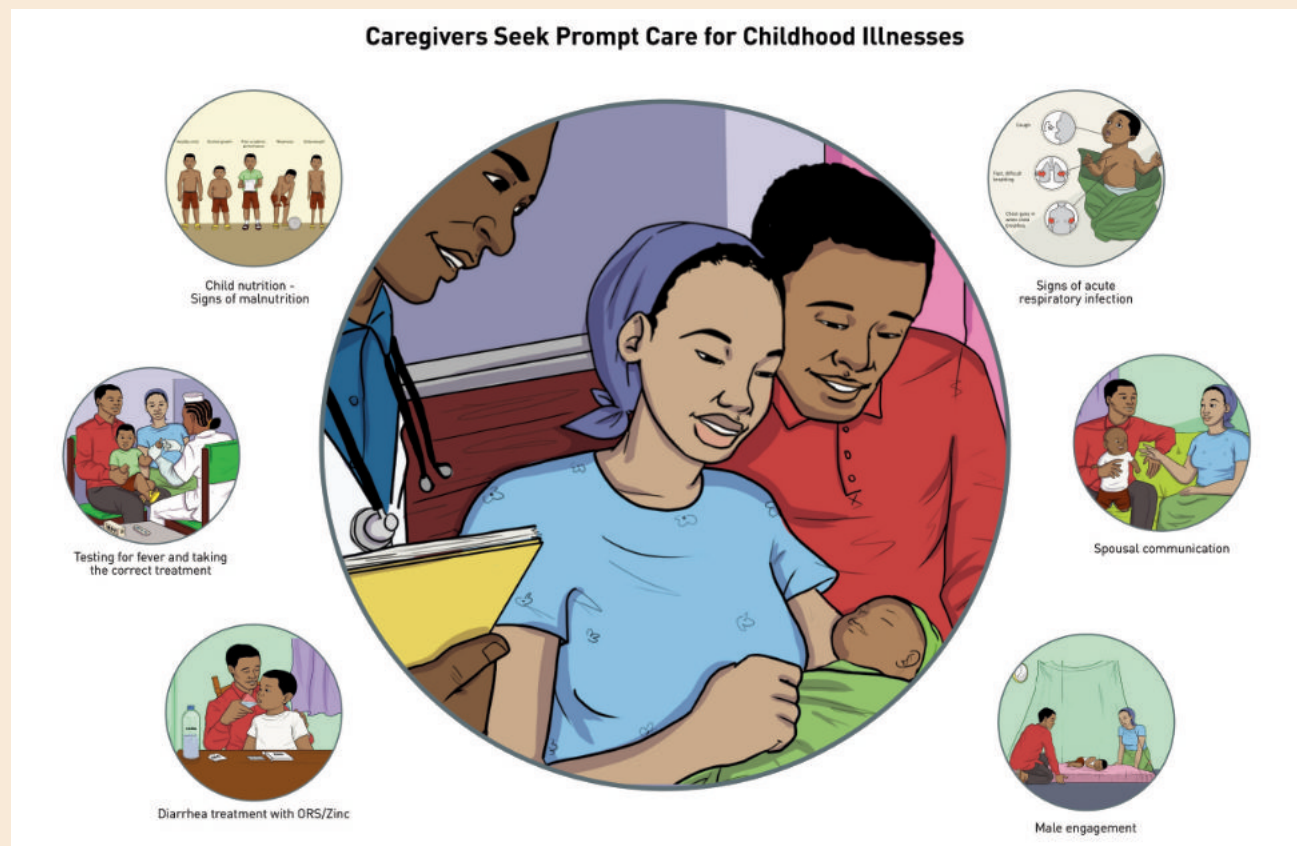
- Prepare samples of all WEG financial documents from the training manual or any other financial resources

Activity Day 4: Priority Health Behavior: Seeking Prompt Care for Childhood Illnesses

- Child nutrition - signs of malnutrition
- Testing for fever and taking the correct treatment.
- Diarrhea treatment with oral rehydration solution and zinc
- Signs of acute respiratory infection
- Spousal communication
- Male engagement

Activity

Refer to page 40 for steps in facilitating MNCH+N behaviors.



TAKE HOME POINTS

After the discussion, ask participants to describe the behaviors discussed in today's session and their benefits. Be sure to cover the following:

RECAP

- Caregivers should ensure that infants and children under five receive adequate food and nutrition. They should also seek care at the health facility for any illness immediately before the child gets seriously sick.
- Signs of inadequate nutrition include appearing unusually thin (sometimes with visible ribs, thin arms, and legs), short stature for age, always tired, low energy, crying often, getting sick often, dry or scaly skin, trouble paying attention and learning. Malnutrition can result in death if not treated immediately.
- Not every fever is malaria. Many illnesses cause fever, such as a normal cold, diarrhea, or ear infection. The way to be certain a child has malaria is to test for malaria with a rapid diagnostic test or blood microscopy. If the test is positive, malaria should be treated with artemisinin-based combination therapy.
- Diarrhea treatment should be treated with an oral rehydration solution and zinc while continuing to breastfeed if appropriate. A child loses body fluids during diarrhea through frequent, watery stooling usually more than three times in a day. Diarrhea is a serious risk to children under five.
- Signs of acute respiratory infection include coughing with fast or abnormal breathing and fever. This may be a serious illness called pneumonia, which requires treatment by a trained health worker.
- Couples should discuss how to ensure children sleep under an insecticide-treated mosquito net every night, to seek prompt care at a health facility when needed, and to provide the correct treatment for childhood illnesses.
- Men should support their wives to eat adequately during pregnancy, provide age-appropriate nutritious foods for their children, seek prompt care for their wives and children when they are ill or have other health needs.

CALL TO ACTION

Participants should be empowered to

- Assess any child for malnutrition using the mid-upper arm circumference tape.
- Refer any child to the health facility immediately using the referral card if a child is coughing and has abnormal breathing, has severe diarrhea (passing watery stool more than three times in a day), has a fever, lacks appetite to feed well, has any other signs of illness, or shows a red color on the mid-upper arm circumference tape (malnutrition).
- When needed, link community members to emergency transport.

Day 4 Session 21:

WEG Module 6 - Savings, Loan, Gratuity (Tukuici) or Interest, Fines, Emergency and Social Funds

This session focuses on the different contribution funds within the WEG and how to raise resources for income-generating activities and skills acquisition activities.

◆ Objectives:

By the end of the sessions, participants will understand

- The terms savings (contribution), loan, gratuity (tukuici) or interest, fine, emergency funds and social funds.
- How to manage WEG contributions, loan, and gratuity (tukuici) or interest.

◆ **Time:** 60 minutes

◆ Methodology:

Brainstorming, discussions, group work, questions, and answers session

◆ Materials needed:

Flipchart paper and Stand, Markers

◆ Prior to the session/meeting, the facilitator should do the following:

- Print definitions on a flipchart and paste in the training room.

Activity 1: Savings

The facilitator should ask participants why they should save and borrow. Allow time for discussions and sharing. Answers may include.

- To fulfill our needs.
- To save for rainy days.

The facilitator should emphasize that a main reason is to enable them to take care of the health of their children and support their household. The facilitator should ask participants why a person is better off saving in a group rather than individually. Allow time for discussions and brainstorming and share. Answers may include the following:

- Group peer pressure encourages people to save rather than spend their money.
- Savings held by the group are more secure because they cannot be lost or stolen by other members of the household.
- Access is controlled until the savings build up to a useful amount.

The facilitator should ask why people have different forms of savings. Allow time for discussion and share. Answers include the following:

- To reduce the risk of losing everything at once in the event of a fire, flood, theft, and so on.
- To gain gratuity (tukuici) or interest in money saved and reduce inflation.

The facilitator should ask what types of savings you practice as individuals in the community. Allow time for discussions and sharing. Answers include the following:

- Money
- Grain
- Cattle and livestock rearing

The facilitator should ask what the difference between individual and group savings is. Allow time for discussions and sharing. Examples to share with the participants:

- Individual savings
 - Usually it is easy, but difficult to achieve a set target because of family and other needs.
 - Requires a lot of self-discipline.
 - Difficult to prevent friends and family from borrowing.

- Group savings
 - Can grow and build to a reasonable amount.
 - Individuals leverage each other.
 - Allows for learning new skills related to saving and borrowing funds.
 - Once you start, you are compelled to continue, which prevents you from changing your mind.
 - The money grows.
 - It allows for borrowing.

Activity 2: Weekly Contributions to the WEG

The facilitator should ask participants what they would like to see in their group savings contributions? Allow time for discussion and share the information below:

- WEG members contribute to a group fund in the form of a fixed minimum sum contributed during their regular meetings.
- Group members set the amount for the contribution to allow the poorest members to pay reliably and regularly. The amount determined should enable members to contribute to the group during every meeting during the cycle without suspension. Payments are recorded in a weekly savings book.
- At the start of a new cycle, the value of the contribution can be increased or decreased with the consent of the members.
- Once a new cycle begins, members can agree to change the minimum value of a share. Thus, for example, a group may decide to increase the minimum contribution from ₦300(US \$0.39) to ₦500(US \$0.65) or decrease it.
- Members can decide to suspend weekly contributions to accommodate lean periods of the year, such as during challenging economic circumstances or when local demand for agricultural labor allows no time to attend meetings. The group suspends their contributions by mutual agreement, meaning the entire group stops contributing.
- The WEG relies on financial discipline and regular contributions, but it must recognize that rural incomes are unstable and variable. Thus, rigid requirements to maintain contributions cannot be imposed on the groups, as this may lead to individuals abandoning the scheme.
- Members must continue to repay loans, regardless of whether the group has temporarily suspended financial contributions.
- In cases where financial contributions are suspended, meetings will continue to occur and focus on MNCH+N activities. This suspension also allows for repayment and disbursement of loans.
- A group may decide to share part of their total contribution among members to cushion the effect of difficult financial periods.
- Members start making weekly contributions after they complete Module 6 (see the WEG/HASKEN MATA (WOMEN'S LIGHT) Training Manual) during the WEG Initial/Nurturing Stage (described under Group Composition). At this point, the group should understand the process of weekly contributions and agree on the minimum and maximum share during the stage's fourth week.

Activity 3: Loans

The facilitator should ask participants what they can do if they require money and do not have it. Allow time for discussions and sharing. Ask participants if anyone has received money (a loan) from a bank, money lender, cooperative, family member, or friend? What was the purposes of the loan?

Ask participants what the difference between individual and group loans is. Allow time for discussions and brainstorming. Share the points below.

- Individual loans
 - Gives longer time to the borrower to repay.
 - The proceed/interest rate is usually very low.
- Group loans
 - Gratuity (tukuici) or interest shared with members of group.
 - Borrowing is not compulsory.
 - Grows member savings from gratuity (tukuici) or interest on loans.

Activity 4: WEG Loan

The facilitator should ask what they would like to see in their group loan. Allow time for discussion and share the information below.

- Loans are money borrowed from members' combined contributions and must be repaid.
- The group is allowed to loan from different sources (e.g., emergency funds for health-related issues, social funds for social-related issues, and weekly contributions) for business purposes only.
- Only business loans from the weekly contributions are paid back with proceeds. Loans from the emergency and social funds do not produce proceeds/interest.
- Anyone needing support from either the emergency or social fund or weekly contributions must make the request publicly to the group.
- Approval of the loan rests with group members and may be immediately disbursed.
- Loans and benefits are provided for purposes agreed to by the group, as noted in its constitution. Misuse results in fines or penalties.
- The group sets loan terms. During the first cycle, loan terms do not exceed six weeks. They may be shorter (e.g., two weeks) and may change in subsequent cycles.
- The size of a loan available to a member is linked to the total value of her shares.
- The group may decide the amount a member can borrow may not be more than a multiple of her total shares. This prevents a member from borrowing far more than she has saved and then defaulting or being overwhelmed by too much debt.

This also maximizes the percentage of funds in use.

- Borrowers repay the loan principal either by the time due or earlier. The period of loan repayment may vary, as the group decides, but the full amount of the principal sum lent to the member must be repaid on time or sooner.
- If the borrower for any reason cannot pay on time, she is fined and must pay both any accrued proceeds/interest from the loan borrowed and the fine. The principal sum of her loan rolls over to the next reimbursement meeting in the form of a new loan with its expected proceeds.
- Loan disbursement starts four weeks after the group begins collecting contributions, so they have enough money for the loan.

Activity 5: Gratuity (Tukuici) or Interest

The facilitator should read the story below and brainstorm with the participants.

Redau/Charity is a woman who borrowed a pot from her neighbor to use to cook food for her daughter's naming ceremony. After the ceremony, Redau/Charity washed the pot, put kola nuts and snacks into the pot, and returned the pot to the owners.

Ask participants.

- What did you take away from the Redau/Charity story?
- Why did Redau/Charity give her neighbor the kola nut and snacks?

Ask participants what is a gratuity (tukuici) or interest? Be sure they understand that it is a token gift given as a reward or show of appreciation.

Note: The training manual will be used across Nigeria. The term Gratuity (tukuici) is applied in Northern Nigeria in line with Islamic practice. The term Interest is applied in other parts of Nigeria where the practice is acceptable.

The facilitator should ask participants why gratuity (tukuici) or interest is required for the WEG? Allow time for discussion and brainstorming and share the points below.

- In WEGs, gratuity (tukuici) or interest is given to show appreciation to the group members.
- Gratuity (tukuici) or interest is a means of thanking the lender (the group) for supporting the borrower with the items (business materials such as seeds and grain) required for money borrowed.
- Gratuity (tukuici) or interest is the property of the group and is not lost to the members (including the borrower who gave the Gratuity (tukuici) or interest as it would be if you had borrowed from a bank.
- It ends up back in the pockets of all the members and is in effect - another form of savings because the groups get it at the end of the cycle when the money is shared out.

The facilitator should ask participants how to share the gratuity (tukuici) or interest charged on loans? Allow time for discussion and brainstorming and be sure to explain that it is shared equally among members according to the number of shares.

Ask participants what is the difference between gratuity (tukuici) or interest on loan and gratuity (tukuici) or interest on savings? Allow time for discussion and brainstorming and share the points below.

- Gratuity (tukuici) or interest on loans is a token amount of money an individual (borrower) gives when repaying money borrowed from the group to purchase a business start-up or upgrade.
- Gratuity (tukuici) or interest on savings are the cumulative profit obtained from income-generating activities, including fines paid by members.

Activity 6: Fines

The facilitator should ask participants, what is a fine? Allow time for discussions and sharing. Discuss how.

Fines are small amounts of money charged to members for breaking group rules and that fines help maintain adherence to the group's rules and regulations.

Ask participants, when is it appropriate to pay a fine? Allow time for sharing and discussion. Discuss how.

The group defines offenses and their fines when developing its roles and regulations, and fines are paid at the time the offense is committed in front of all members.

Ask participants, where are the fines kept? Allow time for sharing and discussion. Discuss how.

Fines is added to the regular contributions given out for loans to earn gratuity (tukuici) or interest. Money from fines belongs to all members and is kept in the money box.

Activity 7: Emergency Funds

The facilitator should ask participants to explain emergency funds and how are they managed? Allow time for sharing and discussion. Participants should know and discuss the following about emergency funds:

- They are special funds generated by all members to be used in case of any health emergency. They are issued as interest- free loans and cover unexpected health expenses.
- All members contribute an agreed-upon amount based on the minimum capacity.
- Members can borrow when in need and pay back at a stipulated time agreed by all members.
- The funds cannot be included at the end of the cycle share-out.
- No member can access the fund for anything except health emergencies, even if she leaves the group.
- The funds must not be mixed with other funds and must be physically separated from other cash in the box.
- The money in the emergency fund is not meant to increase in terms of gratuity; it's there to make sure the groups have enough to cover emergency expenses for at least 20% of the members.
- If needed, the group can appoint a committee of 2–3 persons to oversee the emergency funds and ensure it is utilized carefully and fairly.

Activity 8: Social Funds

The facilitator should ask participants to define social funds and how are they managed. Allow time for sharing and discussion. Discuss the following:

- Social funds are special contributions from every member, who each contribute the same amount.
- The group may pay advocacy from the social fund to an influential community member to solicit support.
- The social fund can cover many purposes:
 - Educational costs that benefit all members (e.g., learning a specific trade like soap making, beading, tailoring, food making).
 - Literacy classes or basic education in English, Ajami, or Igbo.
 - Naming or wedding ceremony support.
 - Worthy causes in the community like flood relief, famine, or emergencies.
- The social fund is expected to be depleted and will need replenishment after every cycle. This can be included in the loan funds to grow but not be included in the end-of-cycle share-out.

TAKE HOME POINTS

After the discussion, ask the participants to name the different types of WEG contributions and their functions. Examples include the following:

RECAP

- Savings contribution and loan
- Emergency funds for health emergencies
- Social funds for worthy causes within the group or community
- Fines for breaking group rules
- Gratuity (tukuici) or interest

CALL TO ACTION

Participants should know how to commence contributions.

Day 4 Session 22:

WEG Module 8 – Full and Partial Share-Out of Contributions, Graduation of WEG

During this session, participants are introduced to the process of sharing the group's contributions, including the different types of share outs and the documentation for each.

Objectives:

By the end of the sessions, participants will understand

- Understand the importance of sharing out contributions.
- Understand when and how to share out contributions.
- Be able to differentiate between full and partial share out of contributions.

Time: 60 minutes

Methodology:

Brainstorming, discussions, group work.

Materials needed:

Flipchart paper and Stand, Markers

Prior to the session/meeting, the facilitator should do the following:

- Prepare and draw the lines for the different registers on a flip chart.
- Prepare share out money samples for share out role play.

Activity 1: Share Out

The facilitator should ask participants to describe a share-out. Allow time for sharing and discussion. Examples of the responses the participants should know are below:

- Sharing out is the process of distributing contributions, fines, and gratuity (tukuici) or interest generated at the stipulated period agreed upon by in the rules and regulation. Share-outs are distributed among members equally according to the number of shares held.
- At the end of a period agreed upon by all members, each member is given what is due to her in terms of savings and gratuity (tukuici) or interest generated on loans and fines paid by members.
- Once a date is fixed for share-out, no new loans are given out for three months before the date of share-out.

Ask participants how a share-out is conducted. Participants should know the following about conducting a share-out:

- All outstanding loans should be reimbursed.
- The money counters should count ALL money accrued from savings, gratuity (tukuici) or interest, and fines.
- The entire group should know the amount available to the group.
- Everyone should know the number of shares they have contributed to.
- Share out according to the number of shares.
- Call members individually to pick according to the number of shares.
- Write the names of women interested in joining the next cycle.
- Partial share-outs can be conducted in times of need (e.g., during Eid, other festivals, or challenging economic circumstances) by sharing out an agreed-upon percentage of their savings. Partial share-outs are discouraged as they undo progress made by the group and reduce funds available for loans and the final share-out at the end of the cycle.
- For any member who did not repay a loan or owes a weekly contribution, the amount owed will be deducted from the person's previous savings.
- Emergency and social funds are not part of the funds to be shared at the end of the cycle. These funds carry over to the next cycle, or if the group does not wish to continue the funds, they should be used for any charitable contribution (e.g., gift to the less privileged).

The facilitator should ask participants to describe the advantages and disadvantages of a share-out. Be sure to discuss the following:

- Advantages
 - Provides opportunity for members to acquire capital they can use.
 - Gives women confidence in the group and to fulfill their dream.
 - Provides self-satisfaction and actualization of dreams and objectives for joining the group.
- Disadvantages
 - Reverses monetary achievements of the group.
 - Some members may not have capital at the beginning of a cycle because funds are shared out.

Activity 2: Graduation of Hasken Mata (Women's Light) Groups

After the initial three months of nurturing the WEG, if there is no major issue, the facilitator may visit periodically to provide support as required. Graduation allows WEG members and the management committee to independently practice and perfect adherence to the group's rules and regulations and take up initiatives the groups agree to on their own.

The facilitator should guide the participants to role play using the sample forms in Tables 8–13.

Table 8. Attendance/Weekly Contribution/Social and Emergency Funds Register

Attend/Weekly Contribution/Emergency Contribution/Social Fund													
S/N	NAME	WK 1				WK 2				WK 3			
		Attend	Save	EF	SF	Attend	Save	EF	SF	Attend	Save	EF	SF
1	Aisha												
2	Hanna												
3	Charity												
4	Ada												
5	Grace												

Sample Allocation of Shares Based on Weekly Contributions: Minimum Contribution = 50 Naira (1 Share), Maximum Contribution = 200 Naira (4 Shares)

S/N	Name	Weekly Contribution	Number of Shares
1.	Hadiza/Chinwe	50 naira	1
2.	Amaka	100 naira	2
3	Hassana	200 naira	4

Table 9. Loan Register

S/N	Name	Date Issued	Date Due	Purpose	Amt	Gratuity	Total	Date PD	Amt PD	Bal	Comment
1											
2											
3											

Table 10. Emergency Loan Register

S/N	Name	Date Issued	Date Due	Purpose	Amt	Date Paid	Amt Paid	Bal	Comment
1									
2									
3									

Table 11. Social Fund Expense Register

S/N	Name	Date Issued	Purpose	Amt Spent	Comment

Table 12. Social Fund Expense Register

S/N	Name	Date Issued	Date Due	Amt	Purpose	Date Pd	Comment
1							
2							
3							

TAKE HOME POINTS

After the discussion, ask the participants to review the types of share-outs conducted in the WEG and how they are done. Remind them that.

RECAP

Share-outs boost members' confidence and provide capital for income-generating activities.

Call to Action

Facilitators should observe and guide the group during a share-out.

Day 4 Session 23:

Starting and Growing a Business

The session focuses on the key steps and considerations in starting and growing a successful business. Participants learn about developing a business plan, securing capital, building a strong team, marketing and promoting the business, and managing finances.

Objectives:

By the end of the sessions, participants will understand

- Understand the concept and characteristics of entrepreneurship.
- Understand the business cycle and identify different types of businesses.
- Understand how to develop a business plan.
- Be able to differentiate a business idea from a business plan

Time: 60 minutes

Methodology:

Brainstorming, discussions, group work.

Materials needed:

Flipchart paper and Stand, Markers

Prior to the session/meeting, the facilitator should do the following:

- Prepare and write definitions of terms, as well as criteria, on a flipchart and post in the training room.

Activity : Creating a Business Plan

The facilitator should ask participants the following questions:

- What do they understand about being a business owner?
- Who is a business owner? Ask participants to provide the name of a local business owner in their community and their type of business.
- What are the characteristics of a business owner?
- What are types of businesses that you know?

Read aloud the story below.

Jamila/Chinwe, a newcomer to a new community, opens a fabric shop selling lace, Ankara fabrics, and appliques. However, she struggles to attract customers and faces ongoing challenges with her capital and business operations. Despite her efforts, the business fails to thrive and eventually closes. Due to Jamila's/Chinwe's desire to own a business, she takes this as a learning experience and focuses on acquiring new skills for future endeavors.

Finally, Jamila/Chinwe seeks guidance and refines her business vision. She identifies a demand for affordable school uniforms. She secures a small loan and successfully establishes a uniform production business. Through hard work and continuous learning, she achieves her dream of becoming a business owner.

The facilitator should do the following:

- Write the business opportunities and situations below on four cards and place in four different corners of the training room.
- Ask participants to stand next to the opportunity that resonates with them.
- Ask each group to discuss the questions below, in line with their personal experience and Jamila/Chinwe's experience. Ask them to write their points on a flipchart
- Assign each group a business type (below) and ask them to design some business activities for their group and current status.
 - Manufacturing: Currently owns a business and is doing well.
 - Service provision: Currently owns a business but struggling with the capital.
 - Wholesaling: Owned a business but it failed.
 - Retailing: Wants to own a business but has no idea or capital to start.
- Ask them to present their activities.

Discuss the following questions, as appropriate:

- Group One: Manufacturing
 - What made Jamila/Chinwe's business succeed?
 - How did Jamila/Chinwe's generate capital to reinforce the business?
 - What is Jamila/Chinwe's doing differently from other business owners?
 - What types of business within the community can you do under manufacturing?
- Group Two: Service provision
 - What made Jamila/Chinwe struggle with her business?
 - What would Jamila/Chinwe's have done differently before starting the business?
 - How would you suggest Jamila/Chinwe's mitigate such going forward?
 - What types of business within the community can you do under service provision?
- Group Three: Wholesaling
 - What made Jamila/Chinwe's business fail?
 - What would Jamila/Chinwe's have done differently before starting the business?
 - How would you suggest Jamila/Chinwe's mitigate such going forward?
 - How would you suggest Jamila/Chinwe's to raise capital again to restart the business?
 - What types of business within the community can you do under wholesaling?
- Group Four: Retailing
 - How did Jamila/Chinwe restart her business?
 - What measures did Jamila/Chinwe take to restart her?
 - What measures would you suggest to Jamila/Chinwe to put in place to ensure the business succeeds?
 - What types of business within the community can you do under retailing?

Note the different answers on a flipchart paper for reference during discussions. Review the following information:

- A business owner is someone who starts, owns, or runs a business, someone who exchanges goods and services for profit and is willing to endure potential risks to make profit. The process of setting up a business is known as entrepreneurship.
- Characteristics of a business owner:
 - Result-oriented
 - Risk taker
 - Confident
 - Creative and innovative
 - Adaptable

- Types of businesses:

- Manufacturing, which is any business that uses raw materials such as food, leather, wool, or fabrics to make a finished product. Examples include baking, shoe making, dress making.

Service provision, which are services provided in exchange for money, including hair dressing, entertainment, cleaning services, and plumbing.

- Wholesaling, which is a business that buys large quantities of goods from manufacturers and re-sells to retailers. Examples include bulk fabric and soft drinks in packs or crates.

- Retailing, which is buying ready-made goods from wholesalers or suppliers and re-selling to customers at a profit. Examples include groceries and office supplies.

- Business idea: A business idea is a clear and short description of what the business does, what it sells, who it sells to, and how it affects the environment. A clear business idea helps owners make important decisions for their business.

- Business plan: A business plan is a document that explains how the business runs and makes money by organizing ideas, setting goals, and describing how to secure funding. A good business plan should include how to sell the business, support contacts, management details, expected costs, financial projections, and start-up funds required. To develop a business plan, ask yourself the following questions. If most of your answers are yes, then you can achieve it. If most of your answers are no, come up with a new idea.

- What do you love doing? Is it solving any problem? Can it be turned into a business?

- What does the business hope to achieve in the short-term and long-term? These goals should be specific, measurable, achievable, relevant, and time bound.

- Is there a demand for the product or service in your community.

- Which group of customers does the business aims to serve?

- How will you reach your customers with the goods and services? Advertising, social media, or other promotional tactics?

- How much do you need to start and run the business?

- Will other people help you? If yes, what is their role?

- When can you start, and what do you need to start business?

The facilitator should do the following:

- Send participants back to their groups and tell them to use the steps above to generate a business idea and plan in their group. Each group will present their business plan.

- Provide suggestions as needed.

TAKE HOME POINTS

After the discussion, ask participants why businesses fail. Be sure to repeat that.

RECAP

Having a business is good, but having a good business plan helps manage the business in a sustainable way.

Call to Action

Participants should all have a good business plan for either a new business or business upgrade.

Day 4 Session 24:

Daily Evaluation

The facilitator should refer to page 49. For guide



Communication, Networking, Monitoring and Evaluation

DAY

05

Day 5 Week 4:

Communication and Networking / Monitoring and Evaluation

This session covers two topics: 1) communication and networking and 2) monitoring and evaluation. The communication and networking session guides participants through various structures with which to collaborate. The monitoring and evaluation session introduces participants to the significance of informed decisions for future planning, exploring different tools and techniques for data collection and analysis and strategies for reporting findings to stakeholders.

Objectives:

By the end of the sessions, participants will understand

- Which stakeholders to collaborate with in the community?
- The different tools for effective WEG monitoring and evaluation.

Time: 60 minutes

Methodology:

Interactive demonstrations, role-play, group work, storytime, drama

Materials needed:

Flipchart paper and stand, markers, sticky note pads.

Prior to the session/meeting, the facilitator should do the following:

The facilitator should print samples of the WEG tools and other materials needed for the session.

Day 5 Session 25: Recap

Activity

To recap, refer to page 49 for guide.

Day 5 Session 26:

MNCH+NPriority Behaviors Part V – Using Contraceptives to Space Childbirth

This session focuses on how couples can make informed decisions about childbirth, what they can do to space the births, the best time to make this decision, and where to get information and services.

◆ **Objectives:**

By the end of the sessions, participants will understand

- Contraceptives and their benefits.
- The different types of childbirth spacing options.
- Post-pregnancy contraception childbirth spacing is and its benefits.
- How to refer and support families to the health facility for childbirth spacing services.

◆ **Time:** 60 minutes

◆ **Methodology:**

Brainstorming, discussions, group work

◆ **Materials needed:**

Flipchart paper and stand, markers, Integrated SBC Flipchart (Life Stages 2 and 3), downloaded Albishirin Ku!/JKJ drama or spots or reliable access to Airtel 4-2-1, speakers for playing Albishirin Ku!/JKJ content

◆ **Prior to the session/meeting, the facilitator should do the following:**

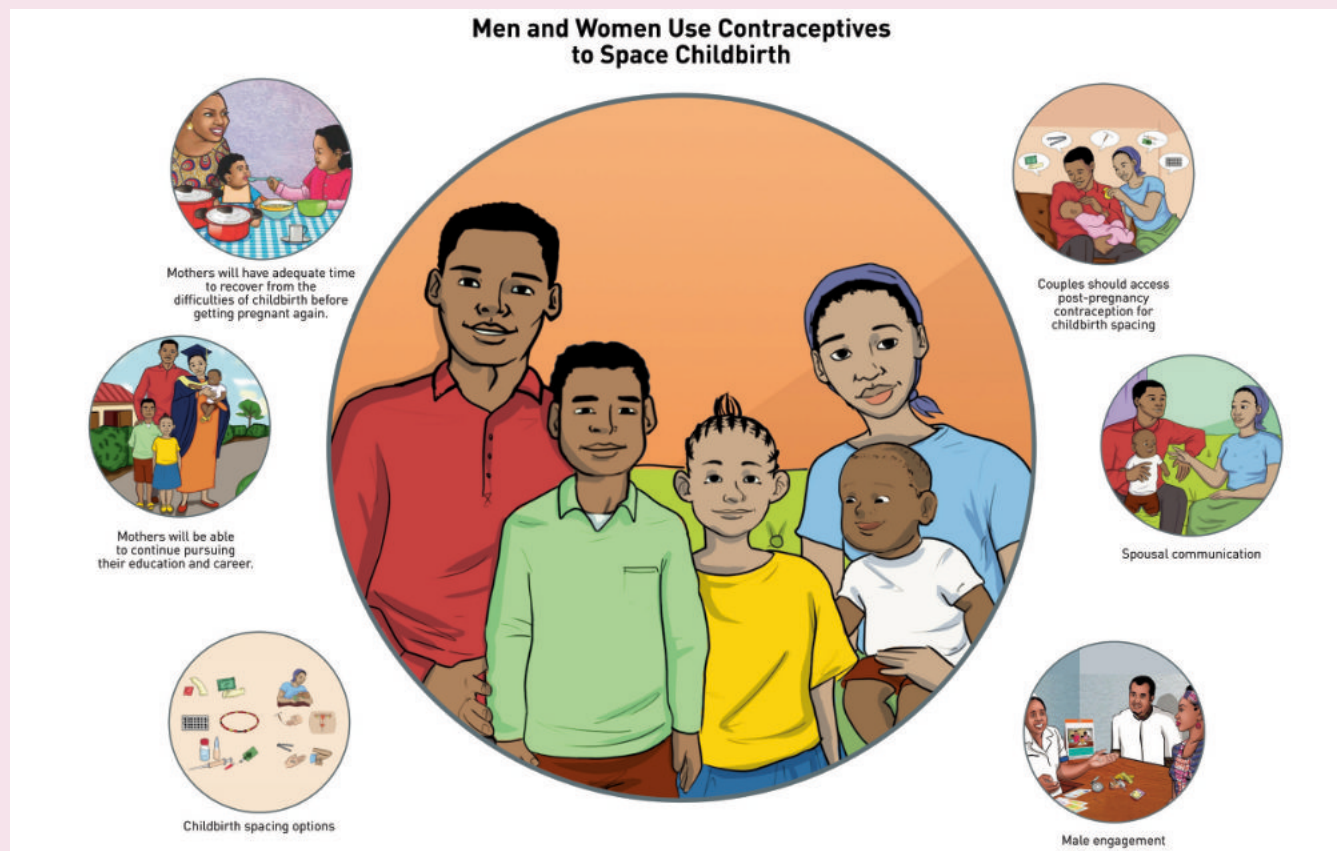
- Source different methods of contraceptives from the service provider within the community or use the ICM flipchart picture guide for display during the session.

Activity Day 5: Health Behaviors 1: Men and Women Use Contraceptives to Space Childbirth

- Benefits of childbirth spacing delaying, spacing, or limiting childbirth
- Childbirth spacing options.
- Post-pregnancy contraception for childbirth spacing during postnatal care visits
- Spousal communication
- Male engagement

Activity

The facilitator should refer to page 40 for steps in facilitating MNCH+N behaviors.



TAKE HOME POINTS

After the discussion, ask participants to name the health behavior discussed during this session and its benefits. Be sure to review the following:

RECAP

- It is healthiest for a woman to have a pregnancy when her body can handle the changes of pregnancy, between the ages of 18 and 35 years. Once a woman has a baby, it is healthiest to have her next pregnancy when her body is fully recovered from the last one, at least two years after giving birth.
- When families space their children, the father, mother, children, and community all benefit by creating more time and resources and increasing the chance of a child surviving.
- Couples can use different contraceptive methods to delay, space, or avoid pregnancies at different stages. These methods are safe and effective, and most are reversible.
- If a new mother gets pregnant again before she has fully recovered, she may have trouble with the pregnancy. She may struggle to adequately breastfeed and care for her newborn child if she gets pregnant again within two years of the previous delivery. Couples should speak to a health care provider about options for childbirth spacing that would be best for them.
- Couples should agree about how many children to have and when, discuss the available childbirth spacing methods, and agree on the one that best suits them.
- Husbands should support their wives to make decisions about how to space their children and which methods to consider.

Call to Action

Participants should feel empowered to

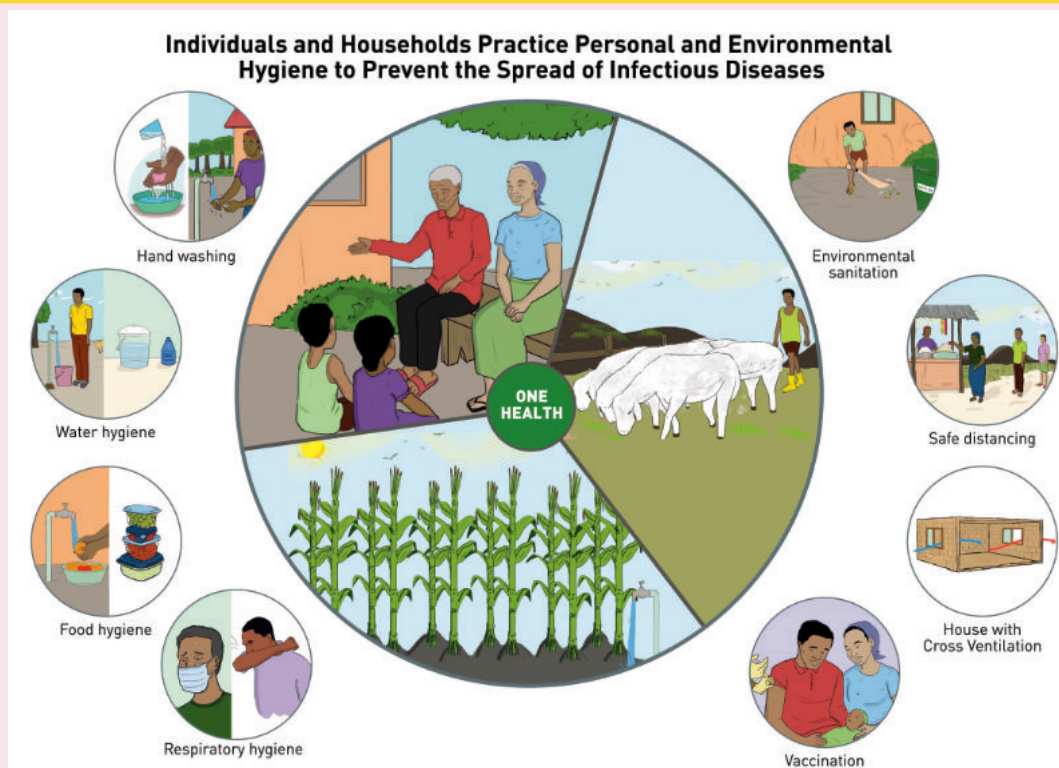
- Refer any couple to get a contraceptive method at a health facility using the referral card.
- If the couple has already adopted a method, praise and encourage them to continue.

Activity Day 5: MNCH+N Priority Health Behaviors Part VI – Individuals and Household Practice Personal and Environmental Hygiene to Prevent the Spread of Infectious Diseases

- Water hygiene (sourcing and treatment)
- Handwashing
- Food hygiene
- Respiratory hygiene
- Physical distancing
- Environmental sanitation
- Vaccination

Activity 2

Refer to page 40 for steps in facilitating MNCH+N behaviors.



TAKE HOME POINTS

After the discussion, ask participants to name the health behavior discussed during this session and its benefits. Be sure to review the following:

RECAP

- Good personal and environmental hygiene protects individuals and households from infectious diseases.
- To prevent infectious diseases, practice the following behaviors:
 - Regularly wash hands with soap under running water, especially before and after cooking and eating, using the toilet, or caring for anyone who is sick.
 - Collect and use water that is treated or boiled. Clean water should always be stored in a closed container.
 - Wash all food items thoroughly under running water before preparing. Cook foods properly before eating. Store food items in airtight containers to avoid contamination with insects or animals (e.g., rats).
 - When you feel sick or are around people who are sick, wear a mask. Sneeze or cough into your elbow or a tissue and wash your hands afterwards. Ensure proper ventilation by opening windows to allow free flow of air.
 - If you have a cough or rash, maintain a safe distance to avoid infecting other persons close to you.
 - Routinely clean and disinfect the environment to minimize the risk of transmission of infections.
 - Children and adults should be vaccinated against common infectious diseases to protect them and their loved ones from life-threatening forms of the disease.

Call to Action

Participants should feel empowered to refer others immediately to the health facility using referral card if they have a fever or get sick after contact with another person who has a fever.

Day 5 Session 27:

WEG Module 7 – Collaboration, Partnerships, and Negotiation

This session on communication and networking emphasizes the importance of effective communication and networking and walks participants through various structures for collaboration.

◆ **Objectives:**

By the end of the sessions, participants will understand

- Which stakeholders to collaborate with in the community.
- How to collaborate, negotiate, and partner with other organizations and groups for the benefit of the WEG.

◆ **Time:** 60 minutes

◆ **Methodology:**

Brainstorming, discussions, group work, question, and answer session

◆ **Materials needed:**

Flipchart paper and stand, markers.

◆ **Prior to the session/meeting, the facilitator should do the following:**

- Prepare and write out the list prospective stakeholders for collaboration, partnership.

Activity 1: Collaboration and Partnership

The facilitator should ask participants to define collaboration and partnership. Allow time for sharing and discussion. Be sure to cover the following:

- Collaboration is a semi-formal or informal agreement between two or more groups based on shared objectives or interests, mutual understanding, and trust to work together towards mutually beneficial goals.
- Partnership is usually more formal with a written and signed agreement to mutually beneficial goals.

Activity 2: Benefits of Collaboration and Partnership

Ask participants why they would collaborate or partner with other organizations? Allow time for sharing and discussion, including the following benefits for the WEG:

- To obtain training to develop new skills.
- To contribute to community initiatives or gain support in accessing grants or loan benefits for members.
- To strengthen relationships between existing community organizations and groups.

Activity 3: Identifying Individual- and Organization-Level Partners

Ask participants if there any organization, apart from the Breakthrough ACTION, to collaborate or partner with in this community. Allow time for sharing and discussion. List all their suggestion on a flipchart.

Activity 4: Strengthening Collaboration and Partnership

Ask participants what they think strengthens collaboration and partnership. Allow time for sharing and discussion, including the following examples:

- Registering groups
- Negotiating agreements
- Cooperation of members
- Fulfilling agreements

Activity 5: Guiding Principles of Collaboration and Partnership

Ask participants what kinds of things can aid in collaborating with other groups. Allow time for sharing and discussion, including the following:

- Understanding each other and know what each organization is doing.
- Negotiating and using a written agreement signed by both parties (if needed).
- Negotiating and partnering based on group needs.
- Reaching agreement on payment before any services are delivered.
- Withdrawing from collaborations or partnerships that are not beneficial to the group.

Activity 6: Negotiation

Ask participants to define negotiation. Allow time for sharing and discussion. Participants should know that.

Negotiation is agreeing to terms of collaboration or partnership with other organizations and groups to achieve the group's specific needs and objectives in a mutually beneficial way to all parties involved.

Activity 7: Benefits of Negotiation

Ask participants to explain why groups need to negotiate. Allow time for sharing and discussion. Examples of the responses the participants should know are below:

- To achieve a particular goal or objective for the group.
- To protect the gratuity (tukuici) or interest of the group's members.
- To reach an agreement that is mutually beneficial to all.
- To prevent conflict.
- To spell out the responsibilities and deliverables of all parties involved.

Activity 8: Steps for Negotiating with Partners

Ask participants if they have ever negotiated with others in this community? Allow time for sharing and discussion. If they answer in the affirmative, probe further by asking the organization's name, how they did it, and the outcome. Share the following steps for negotiating with partners:

- Know your needs as a group.
- Identify the organization, group, or individual that can fulfill the identified need.
- Be clear about the roles and responsibilities of each group.
- Investigate to ascertain the authenticity of the intended partner before entering a partnership.
- Anticipate challenges.
- Discuss and negotiate well.
- Have a written agreement with clear objectives and timelines signed by all parties.

The facilitator should emphasize the need for

- Clarity of intended benefit by all parties.
- Clarity on ways and manners the partnership will be executed.

TAKE HOME POINTS

After the discussion, the facilitator should ask participants why collaboration, partnership, and negotiation are important to the WEG?
Review the following:

RECAP

- Collaboration is a semi-formal or informal agreement between two or more groups based on shared objectives or interests, mutual understanding, and trust, to work together towards mutually beneficial goals.
- Partnership is usually more formal with a written and signed agreement to work toward mutually beneficial goals.

Call to Action

Facilitators should observe and guide the group on the type of collaboration and partnership they are entering.

Day 5 Session 28:

WEG Module 9 – Monitoring, Evaluation, and Supportive Supervision Tools: Role Play

This session stresses the significance of monitoring and evaluating an organization's activities to make informed decisions for future planning. It explores different tools and techniques used for data collection and analysis and strategies for reporting and communicating findings to stakeholders.

Objectives:

By the end of the sessions, participants will understand

- Understand the different monitoring, evaluation, and supportive supervision tools for engaging with WEGs.
- Know who is responsible for these tools.

Time: 60 minutes

Methodology:

Brainstorming, discussions, group work.

Materials needed:

Flipchart paper and stand, markers, Plain A4 paper

Prior to the session/meeting, the facilitator should do the following:

- Prepare and print out all the monitoring tool that will be needed for role play.

What Participants Should Know

After the discussion, ask participants to list the different tools used. Explain that each person has one or more tools to guide their activities, as listed in Table 14

Table 14: WEG Documentation and Monitoring Tools

No	Form	Information Collected	When to Complete	Who Completes	Form No./Note
1	Attendance/ Weekly Contribution/ Emergency contribution/Social Fund	Members weekly attendance, weekly contribution, Emergency Contribution and Social Funds	At weekly meeting	Secretary	Table 8
2	Loan/Gratuity (tukuici) or Interest Register for WEG	Loan amount given, purpose of loan, date collected, due date for repayment, gratuity (tukuici) or interest to be paid	At weekly meeting	Secretary	Table 9
3	Emergency Funds Loan Register	Name of person fined, nature of offense, amount of fine collected	At weekly meeting	Secretary	Table 10
4	Social fund Expense Register	Record of contributions based on group agreement (weekly, bi-weekly, or monthly)	At weekly meeting	Secretary	Table 11
5	Emergency Loan Fines Register	Name of recipient, Amount paid, purpose of emergency loan, date collected, due date for repayment	At weekly meeting	Secretary	Table 12
6	Weekly Meeting Record Form	Summary of information from the tools above and information on MNCH+N priority behavior, spousal communication, successes, and golden quote	Weekly, documented by group secretary. Monthly, documented by supporting project personnel (LGA supervisor)	Secretary, supporting project's personnel (LGA supervisor)	Annex Table A3
7	WEG Supportive Supervision Form	Observations on the day-to-day running of the Hasken Mara activities.	When external person visits the group	Any external supervisor	Annex Table A5

Call to Action

Participants should be able to use the different tools effectively.

Day 5 Session 29:

Daily Evaluation

Activity

The facilitator should refer to page 45 for guide.



Meetings and Activities

DAY

06

Day 6 Week 5:

Meetings and Activities

In this session, participants learn about the value of group meetings and activities and how to conduct effective WEG meetings and activities.

Objectives:

By the end of the sessions, participants will understand how to plan for and carry out effective meetings and activities to help their group achieve its goals.

Time: 60 minutes

Methodology:

Interactive approaches including demonstrations, roleplay, group work, story time and drama

Materials needed:

Flipchart paper and stand, markers, sticky notes, and post-test question sheets.

Prior to the session/meeting, the facilitator should do the following:

- Plain paper for answering post-test.

Day 6 Session 30: Recap

Activity

To recap, refer to page 49 for guide.

Day 6 Session 31:

MNCH+NPriority Behaviors

This session focuses on information families should have to ensure adequate nutrition for pregnant women, new mothers, infants, and young children and how to prevent malnutrition, identify signs of malnutrition, and seek prompt treatment for the overall wellbeing of the family.

Objectives:

By the end of the session, participants will understand:
The recommended nutrition practices for pregnant and breastfeeding women and children under five.
Why nutrition is important for a healthy baby and family.
What practices improve family nutrition.

Time: 60 minutes

Methodology:

Brainstorming, discussions, group work, question and answer session

Materials needed:

Flipchart paper and stand, markers, child health card, Breakthrough ACTION-Nigeria Nutrition Training Manual

Prior to the session/meeting, the facilitator should do the following:

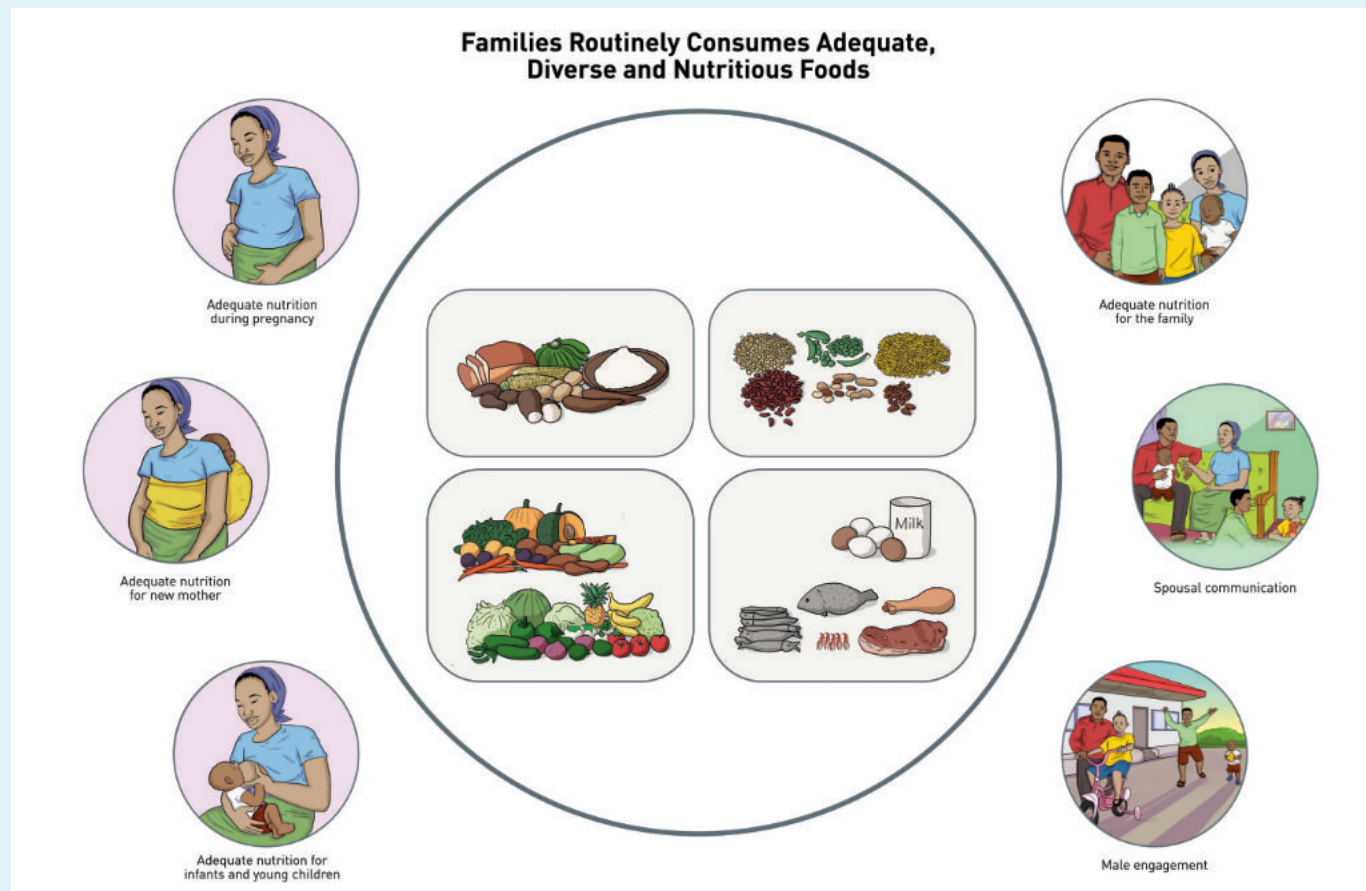
- Prepare any preferred introductory icebreakers.
- Print the Pretest and prepare the scoring sheet.
- Bring out pictures of a healthy well-nourished child, pregnant woman, mother breastfeeding infant under 6 months, mother giving complementary foods, family members eating nutritious foods, and child aged 24-59 months. Also have a smaller picture of a child eating nutritious foods and another one of a child going to school.

Activity Day 6: MNCH+N Priority Health Behaviors: Families Routinely Consume Adequate Diverse And Nutritious Food Environmental and Personal Hygiene to Prevent the Spread of Infectious Diseases

Introduce nutrition by explaining how families should routinely consume adequate, diverse, and nutritious foods. These foods should be consumed by pregnant women, new mothers, infants, young children, and the entire family. Adequate family nutrition requires good spousal communication.

Activity :

Refer to page 40 for Steps in facilitating MNCH and Nutrition Behaviors



TAKE HOME POINTS

After the discussion, ask participants to describe the health behavior discussed during today's session and its benefits. Be sure to review the following:

RECAP

- All family members should consume a variety of nutritious foods from each of the following four food groups: animal-source foods (e.g., flesh meats, eggs, dairy products) for bodybuilding, staples (e.g., grains, roots, tubers) for energy, legumes and seeds (e.g., beans, soya beans, benniseeds, groundnut) for bodybuilding, and fruits and vegetables to build immunity.
- A pregnant woman should eat lots of meat and fish, green leafy vegetables (like moringa), milk products, beans (including soya beans), nuts, and sweet potatoes.
- New mothers should eat lots of meat and fish, green leafy vegetables (like moringa), milk products, beans (including soya beans), nuts, and sweet potatoes to recover well from childbirth and to make enough breast milk. Lactating mothers need to eat a variety of foods, increase fluid intake, and eat three main meals plus two small meals or snacks daily.
- Children under six months old should be exclusively breastfed. After six months, a thick, soft pap or porridge consisting of two or three additional ingredients like fish, eggs, fruits, ground nuts, and palm oil makes for a nutritious meal in addition to breastmilk. As the child gets older, the consistency and quantity of the food will change.
- Fathers and other family members should eat a wide variety of foods from different food groups to make nutritious meals. Meals that are adequately nutritious for all family members can be prepared in one pot.
- Couples should discuss and agree on the types of nutritious food they will feed the family.
- Fathers should support mothers, children, and the entire family to eat nutritious foods and stay healthy.

Call to Action

By the end of the session, participants should feel empowered to

- Use the mid-upper arm circumference tape to screen children aged 6–59 months and refer those in the red zone to the nearest facility for case management of acute malnutrition.
- Refer any child under five who has not received deworming tablets in the past six months to health facility for deworming.
- Encourage households to make nutritious meals from locally available foods in their communities.
- Encourage households to grow backyard gardens for improving access to nutritious foods.

Day 6 Session 32:

Day 6 Session 32: Field Visit to Pilot LGA/Wards/Village OR Food Demonstration

This practical session is an opportunity to observe typical WEG activities. Participants can attend a WEG meeting conducted by an existing group, a food demonstration, or card game.

Objectives:

By the end of the session, participants will understand, in practical terms, how WEG activities take place.

Time: 180 minutes

Methodology:

Observation, discussion, question and answers

Materials needed:

Food demonstration items (food, cooking materials, and utensils), field visit supplies.

Prior to the session/meeting, the facilitator should do the following:

- Prepare all materials needed based on the activity you plan to conduct.

Activity 1: Planning for Field Visit

Arrange to visit an existing group or to give a demonstration. Use the nutrition training manual as guide for demonstration.

- Plan a visit or demo in advance, coordinate with the group or location, and brief participants on what to look for.
- Lead participants to the location, use the training manual as a guide and encourage them to engage actively by asking questions and taking notes.
- Divide the visiting group members into four groups of 3–5 participants. Assign each group one of the following stakeholder groups, and tell them to interact with this group:
 - Traditional/religious leaders
 - Spouses of Hasken Mata (Women's Light) group members
 - WDC members
 - Service providers
- For guide questions for the field visit, use the discussion questions on page 151.
- Tell each participant to make notes on their observations while on the trip.

Day 6 Session 33

Review Field Visit/Food Demonstration Experience

During this session, participants review and discuss their experiences from the previous session, including what they learned and how they will apply the learnings in their own WEG experience.

Objectives:

By the end of the session, participants will:

- Share what they learned from the WEG visit.
- Identify ways to apply what they learned in their own WEG experience.

Time: 40 minutes

Methodology:

Group discussions

Materials needed:

Flipchart paper and stand, markers.

Prior to the session/meeting, the facilitator should do the following:

- Prepare key questions to collect feedback from participants.

The facilitator should do the following:

- Ask participants to write one word or phrase describing how they feel about their experience on a piece of paper.
- Allow each participant to post the paper and talk about what they wrote.
- Ask participants to summarize their feedback from meeting with the different audiences. Tell them to write one summary per post-it notes and put it on the flipchart paper assigned for each audience.
- Ask one member of the group to present feedback on behalf of the team.
- To wrap up, ask participants if they are ready to experience the same thing as they move forward with supporting WEGs.

Day 6 Session 34:

Post-Test

During this session, the post-test will be administered.

Objectives:

By the end of the session, participants will assess their learning over the past six training days.

Time: 30 minutes

Methodology:

Dictation

Materials needed:

Plain paper, post-test print-out

Prior to the session/meeting, the facilitator should do the following:

- Post-test print-out (see page 20)
- Plain paper for answer sheet

When administering the post-test, use the following steps:

- Ask participants to outline numbers 1 to 30 on their plain answer script.
- Read aloud the questions in their preferred language.
- Allow them to write their answer or apply any method that works best for your group.
- Analyze the scores anonymously by code assigned to the participants on a plain flipchart paper and paste it in the training room.

Day 6 Session 35:

Next Steps

During this session, participants will develop action plans to be implemented after the training, using what they have learned from the training.

Objectives:

By the end of the session, participants will outline step-by-step activities to conduct immediately after the training, how to do them, and who will participate.

Time: 30 minutes

Methodology:

Discussion

Materials needed:

Flipchart paper, marker.

Prior to the session/meeting, the facilitator should do the following:

- Write the key next steps needed to enable the WEG to start their weekly meeting effectively (e.g., making a money box, buying padlocks and money bowls, creating registers).

Discuss the next meeting plans:

- Participants meet for the first time as the [NAME] Women's Empowerment Group. The meeting is chaired by the elected chairperson.
- The group discusses and writes down their next steps for action on a flipchart paper.
- The group presents their next steps for guidance from the trainers and the group facilitator.

TAKE HOME POINTS

After the discussion, the facilitator should ask to discuss their key takeaway from the training. Also review the actions needed to get the group fully started.

Call to Action

Facilitator should observe and guide the group to start up their weekly meeting.

Day 6 Session 36:

Daily Evaluation

Activity

The facilitator should refer to page 45 for guidance.



Annex

Table A1. Community Facilitators and Hasken Mata (Women’s Light) Training Agenda/Meeting Guide

6-Day Training Agenda for Community Facilitators of Women’s Empowerment Group (WEG)			
Date: Monday – Saturday			
Venue: Ward			
Time: 8:30 – 17:00 daily			
Day 1 – Setting the Tone			
Time	Duration (min)	Activity	Facilitator
8:30 – 10:00		Arrival and registration	All
10:00 – 10:30	30	Opening prayers and welcome remarks	Project staff/LGA officer
10:30 – 11:30	60	Activity 1: Introductions Activity 2: Setting lifelong expectations. Activity 3: Training objectives Activity 4: Training ground rules Activity 5: COVID-19 precautions Activity 6: Pre-test, post-test, and quizzes	Project staff
11:30 – 12:00	30	Tea Break Albishirin Ku! /JKJ Season 1, Episode 1	All
12:00 – 12:30	30	Session 2: Introducing Breakthrough ACTION-Nigeria and Hasken Mata (Women’s Light)	
12:30 – 13:30	60	Session 3: Common health conditions affecting pregnant women, newborns and children under five; barriers to accessing health services	
13:30 – 14:30	60	Prayer/Lunch Break Albishirin Ku! /JKJ Season 1, Episode 1	All

14:30 – 15:30	60	Session 4: Introducing the WEG to community stakeholders (discussion and role play)	
15:30 – 16:00	60	Session 5: MNCH+N priority behaviors part I-early ANC malaria prevention <ul style="list-style-type: none"> • Pregnant women sleep inside an insecticide treated mosquito net and take treatment to prevent malaria • Adequate nutrition during pregnancy (meal preparation) • Identification of pregnancy danger signs • Developing a birth plan • Spousal communication • Male engagement 	
16:00 – 16:15	15	Prayer/Break Albishirin Ku!/JKJ Season 1, Episode 1	All
16:15 – 16:20	5	Session 6: Daily evaluation and wrap-up	All
16:20 – 16:30	10	Facilitators' meeting	
Day 2 – Introduction to WEG membership and participation			
8:30 – 9:00	30	Registration	
9:00 – 10:00	60	Session 7: Recap of day 1	
10:00 – 11:00	60	Session 8: MNCH+N priority behaviors part II-delivering with a skilled birth attendant at a health facility <ul style="list-style-type: none"> • Skin-to-skin care • Cord care with chlorhexidine • Immunizations at birth • Early and exclusive breastfeeding • Postnatal care check-up • Post-pregnancy contraception for childbirth spacing • Spousal communication • Male engagement 	
11:00 – 11:30	30	Break Albishirin Ku!/JKJ Season 1, Episode 2	All
11:30 – 12:30	60	Session 9: Introduction to gender and gender-based violence	

12:30 – 13:30	60	Session 10: WEG Module 1: Responsibilities of the supporting project, community facilitator, WEG members, and supporting organizations (discussion)	
13:30 – 14:30	60	Prayer/Lunch Break Albishirin Ku!/JKJ Season 1, Episode 2	All
14:30 – 16:00	90	Session 11: WEG module 2: Knowing your community. Part 1: Understanding community groups. Part 2: Differences and similarities between other women’s groups and WEGs	
16:00 – 16:15	15	Prayer/Break Albishirin Ku!/JKJ Season 1, Episode 2	All
16:15 – 16:20	5	Session 12: Daily evaluation and wrap-up	
16:20 – 16:30	10	Facilitators’ meeting	
Day 3 Governance and Management			
8:30 – 9:00	30	Registration	
9:00 – 10:00	60	Session 13: Recap of day 2	
10:00 – 11:00	60	Session 14: MNCH+N priority behaviors part III-vaccinations ●Routine vaccination schedule ●Infant and child vaccination ●Child health card ●Adult vaccination (father getting vaccine during postnatal care, new mothers getting vaccinated) ●Spousal communication ●Male engagement	
11:00 – 11:30	30	Break Albishirin Ku!/JKJ Season 1, Episode 3	All
11:30 – 12:30	60	Session 15: WEG module 3 – choosing group leaders (role play)	
12:30 – 13:30	60	Session 16: WEG Module 4 – WEG rules and regulations (role play)	
13:30 – 14:30	60	Prayer/Lunch Break Albishirin Ku!/JKJ Season 1, Episode 3	All
14:30 – 15:30	60	Session 17: WEG module 5: Conflict and conflict resolution (role play)	

15:30 – 15:45	15	Prayer/Break Albishirin Ku!/JKJ Season 1, Episode 3	All
15:45 – 16:00	15	Session 18: Daily evaluation and wrap-up	
16:00 – 16:30	30	Facilitators' meeting	
Day 4 – Resource Mobilizations and Management			
8:30 – 9:00	30	Registration	
9:00 – 10:00	60	Session 19: Recap	
10:00 – 11:00	60	Session 20: MNCH+N Priority Behaviors Part IV – prompt care for childhood illnesses <ul style="list-style-type: none"> ●Child nutrition, signs of malnutrition (using mid-upper arm circumference tape) ●Treating fever ●Treating diarrhea with oral rehydration solution and zinc ●Signs of acute respiratory infection ●Spousal communication Male engagement	
11:00 – 11:30	30	Break Albishirin Ku!/JKJ Season 1, Episode 4	All
11:30 – 12:30	60	Session 21: WEG Module 6 – savings, loan, gratuity (tukuici) or interest, fines, emergency and social funds	
12:30 – 13:30	60	Session 22: WEG Module 8 – full and partial share-out of contributions, graduation of WEG (role play)	
13:30 – 14:30	60	Prayer/Lunch Break Albishirin Ku!/JKJ Season 1, Episode 4	All
14:30 – 15:30	60	Session 23: Starting and growing a business	
15:30 – 15:45	15	Prayer/Break Albishirin Ku!/JKJ Season 1, Episode 4	All
15:45 – 16:00	15	Session 24: Daily evaluation and wrap-up	

16:00 – 16:30		Facilitators' meeting	
Day 5 – Communication/Networking Monitoring and Evaluation			
8:30 – 9:00		Registration	
9:00 – 10:00	60	Session 25: Recap	
10:00 – 11:00	60	Session 26: MNCH+N priority behaviors part V – contraceptives to space childbirth <ul style="list-style-type: none"> • Childbirth spacing benefits and options • Accessing post-pregnancy contraception for childbirth spacing • Spousal communication • Male engagement 	
11:00 – 11:30	30	Break Albishirin Ku!/JKJ Season 1, Episode 5	All
11:30 – 12:30		Session 27: MNCH+N priority behaviors part VI – preventing spread of infectious diseases. <ul style="list-style-type: none"> • Hand washing • Water, food, and respiratory hygiene • Environmental sanitation • Safe distancing • Cross-ventilation indoors • Vaccination 	
12:30 – 13:30	120	Session 28: WEG module 7 – collaboration, partnerships, and negotiation	
13:30 – 14:30	60	Prayer/Lunch Break Albishirin Ku!/JKJ Season 1, Episode 5	
14:30 – 15:30	60	Session 29: WEG module 9 – monitoring, evaluation and supportive supervision tools (role play)	
15:30 – 15:45	15	Prayer/Break Albishirin Ku!/JKJ Season 1, Episode 5	All
15:45 – 16:00	15	Session 30: Daily evaluation and wrap-up	
16:00 – 16:30	30	Facilitators' meeting	
Day 6 – Meeting and Activities			
8:30 – 9:00	30	Registration	
9:00 – 10:00	30	Session 31: Recap	

10:00 – 11:00	60	<p>Session 32: MNCH+N priority behaviors Part VII</p> <ul style="list-style-type: none"> • Adequate nutrition during pregnancy, for new mothers, for infants and young children, and for the family • Spousal communication • Male engagement 	
11:00 – 11:30	30	<p>Tea Break</p> <p>Albishirin Ku!/JKJ Season 1, Episode 6</p>	All
11:30 – 13:30	120	Session 33: Field visit to pilot LGA, wards, or village or food demonstration	
13:30 – 14:30	60	<p>Prayer/Lunch Break</p> <p>Albishirin Ku!/JKJ Season 1, Episode 6</p>	All
14:30 – 15:30	30	Session 34: Review field visit, food demonstration experience	
15:30 – 16:00	30	<p>Session 35: Post-test</p> <p>Session 36: Next steps</p>	
16:00 – 16:15	15	<p>Prayer/Break</p> <p>Albishirin Ku!/JKJ Season 1, Episode 6</p>	All
16:15 – 16:30	15	Session 37: Daily evaluation and closing remarks	
16:30 – 17:00	30	Facilitators' meeting	

WEG Pre- and Post-Discussion Guide and WEG Assessment Questionnaire

◆ Objectives of WEG/HASKEN MATA (WOMEN'S LIGHT) Pre- and Post-Cycle Assessment

The WEG/HASKEN MATA (WOMEN'S LIGHT) assessment is meant to measure how participation in the women groups impacts on the lives and livelihoods of the women members, and the practice of priority health behaviors. The pre-cycle discussion guide is meant to collect baseline information prior to the participation of women in WEG. This exercise will help the project understand the need of WEG in the identified communities.

◆ Methodology

Key informant interviews are conducted for both the pre-test and post-test with 6-8 members of each new WEG, 3-5 of their spouses, and at least one member of the community health ecosystem, one community leader, one religious' leader, one woman leader, one WDC leader, one service provider, one government official, and one implementing partner representative.

Interviews are conducted in locations that are convenient and private. WEG facilitators will be trained to administer and document the key informant interviews with the support of LGA supervisors and Breakthrough ACTION-Nigeria staff. They will be conducted in the local language of WEG members in the communities of integrated SBC states.

The pre-test is conducted immediately after the group is formed and before they commence any group activities. The post-test is conducted at the end of the group's first cycle. Questions are administered randomly to selected respondents for both the pre-test and post-test. The test questions are organized across the following six themes: participation, income generation, community support, health behaviors, joint decision making, and confidence building.

Table A2. Women's Empowerment Pre-Assessment Tool

General Information		
State:	LGA:	Ward:
COMMUNITY:		Date of Interview:
Date(dd/mm/yyyy):		
Name of note taker:		
Oral Consent		
Please obtain an oral consent before you proceed with the interview guided by the following dialogue: "My name is (Interviewer's name), I am here on behalf of the LGA and Breakthrough ACTION-Nigeria. We are working to know more about what the people in this community know, believe, and do about health-seeking behaviors. I would like to discuss with you about women participation in women empowerment groups activities."		
Respondent type		
<input type="checkbox"/> WEG Member(Woman) <input type="checkbox"/> Spouse <input type="checkbox"/> Adolescent <input type="checkbox"/> Adolescent <input type="checkbox"/> Religious leader <input type="checkbox"/> Community/Traditional leader <input type="checkbox"/> WDC <input type="checkbox"/> Service Provider		
WEG Member (Woman)		
1. Have you been part of any women's groups before now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, move to question 3)		
2a. How do you feel about your participation in the group other than WEG? <input type="checkbox"/> Happy <input type="checkbox"/> Unhappy <input type="checkbox"/> Not sure		
2b. What could prevent women in your community from joining women's groups or Women Empowerment Groups? <input type="checkbox"/> Spouse <input type="checkbox"/> Lack of income <input type="checkbox"/> Community Perception of women empowerment groups <input type="checkbox"/> Other (Specify):		
3. Did you have an income-generating trade/business before joining WEG? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, move to question 5)		
4a. Probe: Who is/was responsible for managing your trade or business ? <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify):		
4b. Who decides how to use the money earned from your trade/business? <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Both <input type="checkbox"/> Other (Specify): (Move to question 6)		
5. Would you like to have a trade/business? <input type="checkbox"/> Yes <input type="checkbox"/> No		

6a. How has the community (community leaders/groups, WDC, Serviceprovider etc.) supported women's groups and addressed Women's issues? Provide specific examples.

Very supportive Supportive Unsupportive Very unsupportive Don't Know

7a. What do you know about these health behaviors? Provide specific examples.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
- Pregnant women deliver with a skilled birth attendant at the health facility.
- Children & adults take the full course of routine and recommended vaccinations. Caregivers seek prompt care for childhood illnesses.
- Families routinely consume adequate, diverse, and nutritious foods.
- Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
- None

7b. Do you feel confident practicing any of these health behaviors? Share your experience.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
- Pregnant women deliver with a skilled birth attendant at the health facility.
- Children & adults take the full course of routine and recommended vaccinations. Caregivers seek prompt care for childhood illnesses.
- Families routinely consume adequate, diverse, and nutritious foods.
- Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases. None

7c. Are you able to discuss or initiate discussions on the health behaviors with your spouse or any other person in the community?

Provide an example.

Yes No Maybe

7d. Has the extra income from your trade/business helped you and your household to practice any of the health behaviors listed? Provide specific example.

Yes No Maybe

8a. How are decisions on seeking health care made in your household? Provide specific example

- Both Spouse make decision.
- Male Spouse make decision.
- Female Spouse make decision.
- 3rd Party (e.g., mother-in-law, father-in-law etc.)

8b. What are the things that may prevent you, your spouse or child/ren from visiting the health facilities when you are ill?

- Distance to Health Facility
- Cost of services provided at Health Facility
- Lack of commodities at the Health Facility

Availability of traditional medicine Spousal Permission

Other(Specify)

8c. How do people in your community react to women visiting the health facilities without spousal permission?

Acceptable

Unacceptable

Neutral

9a. How do you interact with your spouse on health and household issues? Probe more

Interact freely with my spouse.

Need a third party to interact with my spouse.

Don't interact with my spouse.

9b. How do you interact with members of your community?

Please, based on the response, select the one that applies. Do not list the options for respondents.

Interact freely with both men and women.

Interact with women only.

Interact with male only.

Interact with only family members Interact with only close friends Don't interact at all

10. Any other general comment. What are your hopes for the future of the WEG?

Spouse

1. Has your spouse been part of any women's group besides WEG before now?

Yes No (If no, move to question 3)

2a. How do you feel about your spouse participating in a group other than WEG?

Happy Unhappy Not sure

2b. What could prevent women in your community from joining women's groups or Women Empowerment Groups?

Spouse Lack of income Community Perception of women empowerment groups

Other (Specify):

3. Did your spouse have an income-generating trade/business before joining WEG?

Yes No (If no, move to question 5)

4a Probe: Who is/was responsible for managing your trade or business?

- Wife Husband Both Other (Specify):

4b. Who decides how to use the money earned from your spouse's trade/business?

- Wife Husband Both Other (Specify):

(Move to question 6)

5. Would you like your spouse to have a trade/business?

- Yes No

6a. How has the community (community leaders/groups, WDC, Service provider etc.) supported women's groups and addressed Women's issues? Provide specific examples.

- Very supportive Supportive Unsupportive Very unsupportive Don't Know

6b. How do you feel about your spouse contributing to the community's development? Share your thoughts on this?

- Happy Unhappy Don't know

7a. What do you know about health behavior(s)? Provide specific examples.

- Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.
 Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.
 Children & adults take the full course of routine and recommended vaccinations. Caregivers seek prompt care for childhood illnesses.
 Families routinely consume adequate, diverse and nutritious foods.
 Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
 None

7b. Do you and your spouse feel confident practicing any of these health behaviors? Share your experience.

- Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.
 Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.
 Children & adults take the full course of routine and recommended vaccinations. Caregivers seek prompt care for childhood illnesses.
 Families routinely consume adequate, diverse, and nutritious foods.
 Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
 None

7c. Are you able to discuss or initiate discussions on the health behaviors with your spouse or any other person in the community?

Provide an example.

- Yes No Maybe

7d. Has the extra income from your spouse trade/business helped you and your household to practice any of the health behaviors listed?

Provide specific example.

- Yes No Maybe

8a. How are decisions on seeking healthcare made in your household? Provide specific example

- Both Spouse make decision
- Male Spouse make decision
- Female Spouse make decision
- 3rd Party (e.g., mother-in-law, father-in-law etc.)

8b. What are the things that may prevent you, your spouse or child/ren from visiting the health facilities when you are ill?

- Distance to Health Facility
- Cost of services provided at Health Facility
- Lack of commodities at the Health Facility
- Availability of traditional medicine.
- Spousal Permission
- Other (Specify)

8c. How do people in your community react to women visiting the health facilities without spousal permission?

- Acceptable
- Unacceptable
- Neutral

9a. How does your spouse interact with you on health and household issues? Probe more

Interact freely with my spouse.

- Need a third party to interact with my spouse.
- Don't interact with my spouse.

9b. How does your spouse interact with members of your community?

- Please, based on the response, select the one that applies. Do not list the options for respondents.
- Interact freely with both men and women.
- Interact with women only.
- Interact with male only.
- Interact with only family members Interact with only close friends Don't interact at all

10. Any other general comment. What are your hopes for the future of the WEG?

Adolescent Group

1. Have you been part of any adolescent girl's group apart from WEG before now?

- Yes No (If no, move to question 3)

2a. How do you feel about your participation in the group other than WEG?

- Happy Unhappy Not sure

2b. What could prevent adolescent girls in your community from joining women's groups or Women Empowerment Groups?

- Spouse Lack of income Community Perception of women empowerment groups
 Other (Specify):

3. Did you have an income-generating trade/business before joining WEG?

- Yes No (If no, move to question 5)

4a Probe: Who is/was responsible for managing your trade or business?

- Girl child Parent Both Other (Specify):

4b. Who decides how to use the money earned from your trade/business?

- Girl child Parent Both Other (Specify):

(Move to question 6)

5. Would you like to have a trade/business?

- Yes No

6a. How has the community (community leaders/groups, WDC, Service provider etc.) supported adolescent girl's groups and addressed adolescent girls' issues? Provide specific examples.

- Very supportive Supportive Un supportive Very unsupportive Don't Know

6b. How do you feel about contributing to the community's development? Share your thought son this?

- Happy Unhappy Don't know

7a. What do you know about these health behaviors? Provide specific examples*

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.
 Children & adults take the full course of routine and recommended vaccinations. Caregivers seek prompt care for childhood illnesses.
 Families routinely consume adequate, diverse, and nutritious foods.
 Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
 None

7b. Do you feel confident practicing any of these health behaviors? Share your experience.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.

Children & adults take the full course of routine and recommended vaccinations.

Caregivers seek prompt care for childhood illnesses.

Families routinely consume adequate, diverse, and nutritious foods.

Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases. None

7c. Are you able to discuss or initiate discussions on the health behaviors with your parents, peers or any other person in the community?

Provide an example.

Yes No Maybe

7d. Has the extra income from your trade/business helped you and your household to practice any of the health behaviors listed? Provide specific example.

Yes No Maybe

8a. How are decisions on seeking health care made in your household? Provide specific example

Adolescent child make decision.

Parents make decisions.

Both

3rdParty (e.g., mother-in-law, father-in-law etc.)

8b. What are the things that may prevent you from visiting the health facilities when you are ill?

Distance to Health Facility

Cost of services provided at Health Facility

Lack of commodities at the Health Facility

Availability of traditional medicine.

Parents' Permission

Other (Specify)

8c. How do people in your community react to adolescent girls visiting the health facilities without parental permission?

Acceptable

Unacceptable

Neutral

9a. How do you interact with your parents on health and household issues? Probe more

Interact freely with their parent.

Need a third party to interact with their parents.

Don't interact with their parents Other (Specify)

9b. How do you interact with members of your community?

Please, based on the response, select the one that applies. Do not list the options for respondent.

- Interact freely with girls, boys, women, and men.
- Interact with girls and women only.
- Interact with boys and men only
- Interact with only family members
- Interact with only close friends
- Don't interact at all

10. Any other general comment. What are your hopes for the future of the WEG?

Adolescent Parent

1. Has your adolescent girl ever been part of any women's group aside from WEG before now?

- Yes
- No (If no, move to question 3)

2a. How do you feel about your adolescent girl participating in a group other than WEG?

- Happy
- Unhappy
- Not sure

2b. What could prevent adolescent girls in your community from joining women's groups or Women Empowerment Groups?

- Parents
- Lack of income
- Community Perception of women empowerment groups
- Other (Specify):

3. Did your adolescent girl have an income-generating trade/business before joining WEG?

- Yes
- No (If no, move to question 5)

4a Probe: Who is/was responsible for managing your trade or business?

- Girl child
- Parent
- Both
- Other (Specify):

4b. Who decides how to use the money earned from adolescent girl's trade/business?

- Girl child
- Parent
- Both
- Other (Specify):

(Move to question 6)

5. Would you like your adolescent girl to have a trade/business?

- Yes
- No

6a. How has the community (community leaders/groups, WDC, Serviceprovider etc.) supported women's groups and addressed Women's issues? Provide specific examples.

- Very supportive
- Supportive
- Unsupportive
- Very unsupportive
- Don't Know

6b. How do you feel about your adolescent girl contributing to the community's development? Share your thoughts on this?

- Happy Unhappy Don't know

7a. What do you know about these health behaviors? Provide specific examples*

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.
 Children & adults take the full course of routine and recommended vaccinations.
 Caregivers seek prompt care for childhood illnesses.
 Families routinely consume adequate, diverse, and nutritious foods.
 Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
 None

7b. Do you and your adolescent girl feel confident practicing any of these health behaviors? Share your experience.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
 Pregnant women deliver with a skilled birth attendant at the health facility.
 Children & adults take the full course of routine and recommended vaccinations.
 Caregivers seek prompt care for childhood illnesses.
 Families routinely consume adequate, diverse, and nutritious foods.
 Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases. None

7c. Are you able to discuss or initiate discussions on the health behaviors with your adolescent girl or any other person in the community? Provide an example.

- Yes No Maybe

7d. Has the extra income from your adolescent girl trade/business helped you, her, or your household to practice any of the health behaviors listed? Provide specific example.

- Yes No Maybe

8a. How are decisions on seeking health care for adolescent girls made in your household? Provide specific example

- Adolescent girl make decision.
 parents make decision.
 Both
 3rd Party (e.g., mother-in-law, father-in-law etc.)

8b. What are the things that may prevent your adolescent girl from visiting the health facilities when you are ill?

- Distance to Health Facility
 Cost of services provided at Health Facility
 Lack of commodities at the Health Facility

- Availability of traditional medicine.
- parents' Permission
- Other (Specify)

8c. How do people in your community react to adolescent girls visiting the health facilities without spousal permission?

- Acceptable
- Unacceptable
- Neutral

9a. How do your adolescent girls interact with you on health and household issues? Probe more

- Interact freely with their parents
- Need a third party to interact with their parent
- Don't interact with their parent.
- Other (Specify)

9b. How do your adolescent girls interact with members of your community?

Please, based on the response, select the one that applies. Do not list the options for respondents.

- Interact freely with girls, boys, women, and men.
- Interact with girls and women only.
- Interact with boys and men only
- Interact with only family members
- Interact with only close friends
- Don't interact at all

10. Any other general comment. What are your hopes for the future of the WEG?

Other Respondent

Please select the type of respondent

- Religious leader
- Community/Traditional leader
- WDC
- Service provider

1a. Has the women in your community ever been part of any women's group aside from WEG before now?

- Yes
- No (If no, move to question 4a)

1b. Has the adolescent girls in your community ever been part of any women's group aside from WEG before now?

Yes No (If no, move to question 4b)

2a. How do you feel about the participation of your community women in the group other than WEG?

Happy Unhappy Not sure Other (Specify)

2b. How do you feel about the participation of your adolescent girls in a group other than WEG?

Happy Unhappy Not sure Other (Specify)

3a. What could prevent women in your community from joining women's groups or Women Empowerment Groups?

Spouse Lack of income Community Perception of women empowerment groups

Other (Specify):

3b. What could prevent adolescent girls in your community from joining women's groups or Women Empowerment Groups?

Parents Lack of income Community Perception of women empowerment groups

Other (Specify):

4a.. Do most community women have an income-generating trade/business before joining WEG?

Yes No (If no, move to question 7a)

4b.. Do most adolescent girls in your community have an income-generating trade/business before joining WEG?

Yes No (If no, move to question 7b)

5a. Probe: Who is/was responsible for managing communitywomen's trade or business?

Wife Husband Both Other (Specify):

5b. Probe: Who is/was responsible for managing adolescent girls' trade or business?

Girl child Parent Both Other (Specify):

6a. Who decides how to use the moneyearned from your community women's trade/business?

Wife Husband Both Other (Specify):

6b. Who decides how to use the moneyearned from adolescent girl's trade/business?

Girl child Parent Both Other (Specify):

(Move to question 8)

7a. Would you like your community women to have a trade/business?

Yes No

7b. Would you like adolescent girls in your community to have a trade/business?

Yes No

8a. How has the community (community leaders/groups, WDC, Service provider etc.) supported women's groups and addressed Women's issues? Provide specific examples.

Very supportive Supportive Unsupportive Very unsupportive Don't Know

8b. How has the community (community leaders/groups, WDC, Service provider etc.) supported adolescent girl's groups and addressed adolescent girls' issues? Provide specific examples.

Very supportive Supportive Unsupportive Very unsupportive Don't Know

9a. How do you feel about women in your community contributing to the community's development? Share your thoughts on this?

Happy Unhappy Don't know.

9b.. How do you feel about adolescent girls in your community contributing to the community's development? Share your thoughts on this?

Happy Unhappy Don't know

10a. What do you know about these health behaviors? Provide specific examples.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
- Pregnant women deliver with a skilled birth attendant at the health facility.
- Children & adults take the full course of routine and recommended vaccinations.
- Caregivers seek prompt care for childhood illnesses.
- Families routinely consume adequate, diverse, and nutritious foods.
- Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
- None

10b. Do you and members of your community feel confident practicing any of these health behaviors? Share your experience.

Please only select the health area that the respondent provided with the right explanation. Do not list the options for the Respondent.

- Pregnant women attend early antenatal care & take treatment to prevent malaria.
- Pregnant women deliver with a skilled birth attendant at the health facility.
- Children & adults take the full course of routine and recommended vaccinations.
- Caregivers seek prompt care for childhood illnesses.
- Families routinely consume adequate, diverse, and nutritious foods.
- Individuals and households practice environmental and personal hygiene to prevent the spread of infectious diseases.
- None

10c. Are women in your community able to discuss or initiate discussions on the health behaviors with their spouse or any other person in the community? Provide example

- Yes No Maybe

10d. Are adolescent girls in your community able to discuss or initiate discussions on the health behaviors with their parents or any other person in the community? Provide an example.

- Yes No Maybe

11a. Has the extra income from your community women's trade/business helped the woman or her household to practice any of the health behaviors listed? Provide specific example.

- Yes No Maybe

11b. Has the extra income from adolescent girl's trade/business helped her or her household to practice any of the health behaviors listed? Provide specific example.

- Yes No Maybe

12a. How are healthcare seeking decisions for women and their households made in your community?

- Both Spouse make decision
 Male Spouse make decision
 Female Spouse make decision
 3rdParty (e.g., mother-in-law, father-in-law etc.)

12b. How are healthcare seeking decisions regarding adolescent girls made in most households in your community?

- Adolescent girl makes the decision
 Parent make decision.
 Both make decisions.
 3rd Party (e.g., mother-in-law, father-in-law etc.)

13a. What are the things that may prevent women and their households in your community from visiting the health facilities when they are ill?

- Distance to Health Facility
 Cost of services provided at Health Facility
 Lack of commodities at the Health Facility
 Availability of traditional medicine
 Spousal Permission
 Other (Specify)

13b. What are the things that may prevent adolescent girls in your community from visiting the health facilities when they are ill?

- Distance to Health Facility
- Cost of services provided at Health Facility
- Lack of commodities at the Health Facility
- Availability of traditional medicine.
- parents' Permission
- Other (Specify)

14a. How do people in your community react to women visiting the health facilities without spousal permission?

- Acceptable
- Unacceptable
- Neutral

14b. How do people in your community react to adolescent girls visiting the health facilities without parent permission?

- Acceptable
- Unacceptable
- Neutral

15a. How do most women in your community interact with their spouses on health and household issues?

- Interact freely with their spouse.
- Need a third party to interact with their spouse
- Don't interact with their spouse.
- Other (Specify)

15b. How do most adolescent girls in your community interact with their parent son health and household issues? Probe more

- Interact freely with their parents.
- Need a third party to interact with their parents.
- Don't interact with their parent
- Other (Specify)

16a. How do women in your community interact with members of your community?

Please, based on the response, select only one that applies. Do not list the options for respondent

- Interact freely with both men and women.
- Interact with women only.
- Interact with male only
- Interact with only family members
- Interact with only close friends
- Don't interact at all.

16b. How do adolescent girls interact with members of your community?

Please, based on the response, select the one that applies. Do not list the options for respondents.

- Interact freely with girls, boys, women, and men.
- Interact with girls and women only.
- Interact with boys and men only
- Interact with only family members
- Interact with only close friends
- Don't interact at all

10. Any other general comment. What are your hopes for the future of the WEG?

Table A3 Hasken Mata (Women's Light) (WEG) Weekly Meeting Record

Women Empowerment Group Weekly Meeting Form

A. General Information									
A1. * Name of Group:						WEG ID:			
A2. * State:			A3. * LGA:			A4. * Ward:			
A5. * Community:									
A6. * Group Status:(Please tick new if this is the first time of reporting)				OLD			NEW		
A7. * Type of WEG:		Standard Group		Mixed Group		Adolescence Group (10-19 Years)			
A8. * Is the group ending their cycle in the reporting month					Yes		No		
A9. * Date (dd/mm/year): (Please write the date of the meeting)									
A10. * Groups Information: (Please write Number inside boxes)		Total number of women in the group							
		Total number of young women 10-19 Years in the group							
		Total number of young women 20 Years & above in the group							
		No. of persons physically present for the meeting							
B. Health area(s) discussed during meeting									
B1. * Priority Behavior discussed during the meeting (Please tick health area discussed during this meeting)		Pregnant Women Attend Early Antenatal Care & Take Treatment to Prevent Malaria							
		Pregnant women sleep inside an insecticide treated mosquito net and take treatment to prevent malaria (IPTp)							
		Adequate nutrition during pregnancy							
		Identification of pregnancy danger signs							
		Developing a birth plan							
		Spousal communication/Male engagement							
		Pregnant Women Deliver with a Skilled Birth Attendant at the Health Facility							
		Skin-to-skin care							
		Cord care with Chlorhexidine							
		Immunizations at birth							

Early and exclusive breastfeeding	
Postnatal care check-up	
Post pregnancy contraception for childbirth spacing	
Spousal communication/Male engagement-	
Children & Adults Take the Full Course of Routine and Recommended Vaccinations	
Routine vaccination schedule	
Infant vaccination	
Childhood vaccination	
Child Health Card	
Adult vaccination - Father taking vaccine during PNC	
Adult vaccination - new mother	
Spousal communication /Male engagement	
Caregivers Seek Prompt Care for Childhood Illnesses	
Child nutrition - Signs of malnutrition	
Testing for fever and taking the correct treatment	
Diarrhea treatment with ORS/Zinc	
Signs of acute respiratory infection	
Spousal communication /Male engagement	
Men and Women Use Contraceptives to Space Childbirth	
Benefits of Childbirth spacing	
Childbirth spacing options	
Couples should access post-pregnancy contraception for childbirth spacing	
Spousal communication /Male engagement	
Families Routinely Consumes Adequate, Diverse and Nutritious Foods	
Adequate nutrition during pregnancy	
Adequate nutrition for new mother	
Adequate nutrition for infants and young children	
Adequate nutrition for the family	
Spousal communication/ Male engagement	

	Individual and Household Practice Environmental and Personal Hygiene to Prevent the Spread of Infectious Diseases	
	Hand washing	
	Water hygiene	
	Food Hygiene	
	Respiratory Hygiene	
	Environmental sanitation	
	Safe distancing	
	House with Cross Ventilation	
	Vaccination	
	Other Specify	
B2. * Method/Medium of discussing the priority behavior (Please tick one or write out others)	a. Albishirinku/Jide ka I Ji radio drama	
	b. MNCH +N Audio messages	
	c. MNCH+N Story Book	
	d. WEG Drama	
	e. WEG Story telling	
	f. Flipchart	
	g. Message Booklet	
	h. Nutrition Card Game	
	i. Food Demonstration	
	j. Cooking Competition	
	k. Others Specify	
	a. Albishirinku/Jide ka I Ji radio drama	
	b. MNCH +N Audio messages	
	c. MNCH+N Story Book	
	d. WEG Drama	
	e. WEG Story telling	
	f. Flipchart	
	g. Message Booklet	

	h. Nutrition Card Game	
	i. Food Demonstration	
	j. Cooking Competition	
	k. Others Specify	
B3. * Message Facilitated by (Please tick the main facilitator of the meeting from the list or specify others if not listed)	a. Group Member(s)	
	b. Community facilitator	
	c. Community Volunteer	
	d. Local Government Supervisor	
	e. WDC	
	f. SBC ACG	
	g. LGAST/Govt official	
	h. Others Specify	
C. Group Contributions		
C1. * Weekly Contributions & Loans (Please write number inside the boxes provided)	Main Contribution & Loan	
	a. Number of women who made main contribution this week	
	b. Total amount contributed this week from the main contribution	
	c. Number of women given loan this week from the main contribution	
	d. Total amount given as loan this week from the main contribution	
	e. Number of women who refunded loan this week from the main contribution	
	f. Total amount refunded (Loan) this week from the main contribution	
	Fine	
	g. Total number of women fined this week	
	h. The total amount contributed this week from fine(s)	
	Emergency Fund (EF)	
	i. Number of women who contributed EF this week	
	j. Total amount contributed this week for EF	
	k. Number of women given loan this week from EF	
	l. Total amount given as loan from EF this week	
m. Number of women who refunded EF this week		

	n. Total amount refunded (EF) this week	
	Social Fund (SF)	
	o. Number of women who contributed SF this week	
	p. Total amount contributed this week for SF	
	q. Total amount spent this week from SF	
C2. * Reasons for collecting Loan (Please enter the number of women who collected loan for any of the reasons listed. If the reason is not in the list kindly specify the other reason)	a. New Business	
	b. Upgrade Business	
	c. Others Specify:	
C3. * Reasons for Paying Fine (Please enter the number of women who were fined for any of the reasons listed. If the reason is not in the list kindly specify the other reason)	a. Lateness	
	b. Not refunding loans	
	c. Not practicing priority behaviors	
	d. Others Specify	
C4. * Reasons for collecting Emergency Loan (Please enter the number women who collected loan for any of the reasons listed. If the reason is not in the list kindly	a. Personal health emergency	
	b. Family Health emergency	
	c. Others Specify	
C5. * Reasons for Using Social Funds (Please enter the number of times the following listed activities occur or specify others if activity is not listed)	a. Skill acquisition	
	b. Food Demonstration	
	c. Community/Facility	
	d. Group member delivery	

	e. Group member marriage				
	f. Group member loss				
	g. Other (Specify):				
C2. * Reasons for collecting Loan					
D. Other Participants who attended the Meeting					
D1. * Enter each participant in one category only (Please write Number inside boxes)	Participants Categories	Male	Female	PW	
	1. Traditional ruler				
	2. Religious leader				
	3. WDC member				
	4. LGAST/Govt official				
	5. Other Influencers				
Total number of participants above (add 1 to 5)					
E. Activities and Reached			Male	Female	
Total number of community activities conducted					
Total number of persons reached during community activities					
F. Nutrition Screening for Under 5 Children			Male	Female	
Number of under 5 children screened using MUAC					
Number of under 5 children screened with yellow MUAC result					
Number of under 5 children screened with red MUAC result					
G. Referrals Made			Male	Female	
G1. * Number of persons referred	Total number referrals made				
	Total number of under 5 referred				
	Total number of pregnant women referred				
	Total number of other people (5 years and above excluding pregnant) referred				
G2. * Services referred for	Immunization: children under 5 referred for immunization services				
	ANC: Pregnant women referred for ANC services				
	Delivery: Pregnant women referred for facility delivery				

	Fever, pregnant women: pregnant women referred for fever		
	Fever, under 5: children under 5 referred for fever		
	MUAC, under 5: children under 5 referred due to small arm circumference		
	Fever, others: other persons (5 years and above excluding pregnant) referred for fever		
	FP: Persons referred for FP services		
	TB: Persons 14 years and below referred for TB services		
	TB: Persons 15 years and above referred for TB services		
	COVID-19: Persons referred for COVID-19 Vaccination		
	mpox: Persons referred for Monkeypox		
	Yellow Fever: Persons referred for Yellow Fever		
	Lassa Fever: Persons referred for Lassa Fever		
	Others: Persons referred for other services		

H. Rumors heard during Community Event

Did you (CV/LGS) hear any rumor about any disease outbreak during this activity? Yes No

If yes, what rumor was reported during this event?

Rumor 1	
Rumor 2	
Rumor 3	
Rumor 4	
Rumor 5	

_____ Group Member Name:

_____ Mobile No:

_____ Signature/Date

_____ Community Facilitators Name:

_____ Mobile No:

_____ Signature/Date

_____ LGA Supervisor Name:

_____ LGA ID:

_____ Mobile No:

_____ Signature/Date

Table A4 Women's Empowerment Group Monthly Summary Form

State _____ LGA _____ Ward _____

Reporting Period _____ Name of WEG _____

WEG ID: _____

Is the group new or old? New Old

Type of WEG: Standard Group Mixed Group Adolescence Group (10-19years)

Is the group ending their contribution cycle in the reporting month? Yes No

S/N	Indicator	Male	Female	Total
1	Total number of times the group met in the month			
2	Number of women in the group			
3	Number of young women 10-19 years in the group			
4	Number of women 20 years & above in the group			
5	Number of women who were physically present in the meeting in the month			
6	Number of Priority Behaviors discussed in the month			
7	Total number of food demonstration(s) conducted			
8	Total number of Nutrition Card Game conducted			
Main Contribution & Loan				
9	Number of women who made main contribution			
10	Total amount contributed from the main contribution			
11	Number of women given loan from the main contribution			
12	Total amount given as loan from the main contribution			
13	Number of women who refunded loan from the main contribution			
14	Total amount of loan refunded from the main contribution			
Fine				

15	Number of women fined this month			
16	Total amount contributed this month from fine(s)			
Emergency Fund (EF)				
17	Number of women who contributed EF			
18	Total amount contributed for EF			
19	Number of women given loan from EF			
20	Total amount given as loan from EF			
21	Number of women who refunded loan from EF			
22	Total amount of loan refunded from EF			
Social Fund (SF)				
23	Number of women who contributed SF			
24	Total amount contributed for SF			
25	Total amount spent from SF			
Reasons for collecting loan				
26	Number of women who collected loan to establish new business			
27	Number of women who collected loan to upgrade their business			
28	Number of women who collected loan for other reasons			
Reasons for paying fine				
29	Number of women who paid fine on Lateness			
30	Number of women who paid fine for not refunding loans			
31	Number of women who paid fine for not practicing priority behavior			
32	Number of women who paid fine for other reasons			
Reasons for collecting emergency loan				
33	Number of women who collected emergency loan for personal health emergency			
34	Number of women who collected emergency loan for family health emergency			
35	Number of women who collected emergency loan for other reasons			
Reasons for using social funds				
36	Total number of skill acquisition sessions conducted with SF			
37	Total number of Community/Facility supported with SF			

39	Number of members who benefited from SF for marriage			
40	Number of women who received SF for other reasons			
Other participants who attended the meeting				
41	Total number of Traditional rulers who attended at least one meeting in the month			
42	Total number of Religious Leader who attended at least one meeting in the month			
43	Total number of WDC member who attended at least one meeting in the month			
44	Total number of LGAST/Govt official who attended at least one meeting in the month			
45	Total number of other Influencers who attended at least one meeting in the month			
Activities and Reached				
47	Total number of community activities conducted			
48	Total number of persons reached during community activities			
Screening Under 5 Children for Malnutrition				
49	Total number of under 5 children screened using MUAC			
50	Total number of under 5 children screened with yellow MUAC result			
51	Total number of under 5 children screened with red MUAC result			
Referrals Made				
52	Total number of referrals made			
53	Total number of under 5 referred			
54	Total number of pregnant women referred			
55	Total number of other people (5 years and above excluding pregnant) referred			
Services Referred for				
56	Total number of under 5 referred for immunization services			
57	Total number of pregnant women referred for ANC			
58	Total number of pregnant women referred for Facility Delivery			
59	Total number of pregnant women referred for fever testing & treatment			
60	Total number of under 5 referred for fever testing & treatment			

61	Total number of children under 5 referred for MUAC			
62	Total number of other persons (5 years and above excluding PW) referred for fever testing & treatment			
63	Total number of persons referred for FP services			
64	Total number of persons 14 years and below referred for TB services			
65	Total number of persons 15 years and above referred for TB services			
66	Total number of persons referred for COVID-19 services			
67	Total number of persons referred for mpox services			
68	Total number of persons referred for Yellow fever services			
69	Total number of persons referred for Lassa services			
70	Total number of persons referred for other services			

E. Rumors heard during Community Event

Did you (CV/LGS) hear any rumor on any disease outbreak and/or disease management during this activity?

Yes No

If yes, what rumor was reported during this event?

Rumor 1	
Rumor 2	
Rumor 3	
Rumor 4	
Rumor 5	

 Women Group Facilitator/Member Name:

 Signature/Date

 Mobile No:

 LGA Supervisor Name:

 LGAS ID:

 Mobile No:

 Signature/Date

Table A5. Women's Empowerment Group (WEG) Supportive Supervision Form

General Information (to be completed by any supervisor)			
Name of Group:			
State:		LGA:	
Ward		Date:	
Community/Settlement:			
		IS IT DONE? Yes (✓) No (×) and	
S/N	ORDER OF ACTIVITY	0-Not all,	1- Somewhat Agree 2- Completely Agree
	Total number of women in the group was same as number of women present during meeting		
	Meeting venue is convenient, ready for meeting, and members arrived on time for meeting		
	The chairperson calls meeting to order and starts meeting with prayers followed by an energizer (e.g., health song)		
	Members review last meeting module OR success stories about things that happened to them directly or indirectly around MNCH+N behavior or their businesses throughout the past week. Note outstanding examples observed from the groups		
	Members take turns reviewing, reciting, or discussing the group rules and MNCH_N priority behaviors assigned to them at the beginning of the meeting.		
	The facilitator confidently takes members through MNCH+N modules using different techniques (e.g., drama, dialogue, radio drama or spot, visual discussion using flip charts)		
	General remarks and observation on discussing MNCH+N behaviors		
	Financials (cash box) Observe that	0-Not all,	1- Somewhat Agree, 2- Completely Agree
	Occupants of the cash box keys open the cash box with three locks, and the treasurer counts the cash inside to make sure that the amount is the same as shown on the last week balance sheet.		
	Announces the cash amount in the cashbox for all to hear.		
	The secretary checks who is present and absent, noting it down on the Attendance Record form. Each person's name is called, and they announce their weekly contribution, placing it in the right container with the emergency and social fund.		

	Money counters count the total sums of different contributions and announces each for all to hear.			
	The secretary sums the total amount contributed and, documented and announces the total sum openly to all WEG member present at the meeting and properly arranges the contribution money in the cash box.			
	The names of defaulter and associated fines are announced. Those fined place fine in correct container.			
	Financials (Gratuity) Observe that	0- Not all,	1- Somewhat Agree,	2- Completely Agree
	Loan earnings (proceeds) from income-generating activity are announced aloud by the member stating how much she took, what she did, and how much she made from it. The proceed/interest is handed over to the treasurer in front of all members.			
	Other loans (e.g., emergency) are retrieved as needed and documented.			
	Requests for new loans are announced by members interested, stating what the loan is for and the consensus of the group.is obtained to give to the person that requested			
	The registers are well documented and up to date.			
	The chair wraps up the meeting and provides information to group as needed.			
	General remarks and observation on discussion financials and proceeds occur.			
	Unique Lessons from the WEG Supportive Supervision: Probe further on the questions below. Note outstanding feedback and share in narrative report.	YES	NO	comment
	My personal dream aligns with the WEG goal.			
	The WEG has positively impacted both my health and my family's well-being.			
	The WEG holds greater value compared to other women's groups in the community.			
	Everyone in the community wants to be a member of WEG.			
	WEG has improved communication and joint decision-making for both me and my spouse.			
	The WEG helped me initiate/improve my business.			
	The WEG enables me to communicate and share health information with anyone in my community confidently and comfortably.			
	Everyone in the community strongly supports WEGs.			

Observations

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Golden Quotes**Name****Sex****Occupation (trader,
housewife, teacher)**

Golden Quotes	Name	Sex	Occupation (trader, housewife, teacher)

Supervisor Name and Signature:**Phone No.:**

