

MANUAL FOR TRAINING ON MALE INVOLVEMENT IN MATERNAL AND INFANT NUTRITION



A manual for use by male champions

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Abbreviations and Acronyms

ADF	Austria Development Fund
CARE	Cooperative for Assistance and Relief Everywhere
EU	European Union
FHOK	Family Health Options Kenya
HIV	Human immuno-deficiency virus
ILJ	Institute for Law and Justice
LCD	liquid crystal device
MIYCN	Maternal infant young child nutrition
MOH	Ministry of Health
MUAC	Mid upper arm circumference
PMTCT	Prevention of mother to child transmission

Background

Male Involvement in Maternal, Infant and Under-Five Nutrition

Men's involvement in the health of women and children is considered an important avenue for addressing gender influences on maternal and newborn health.¹ Over the past 20 years infant and under-five mortality rates have been on the rise in Kenya, with current poor infant feeding practices contributing to more than 10,000 deaths each year.² Evidence is available that exclusive breastfeeding for the first six months of life is the most effective preventive intervention for ensuring child survival; it is estimated that universal coverage of exclusive breastfeeding could save 13 percent of all under-five deaths, and appropriate complementary feeding could prevent an additional 6 percent of all under-five deaths.³

A combination of complex factors influence infant feeding decisions, including knowledge, attitudes, traditions, societal norms, and support from partners, family members, and the wider community.⁴ In order to improve these practices, it is essential that mothers, caregivers, and family members have accurate information, as well as support to overcome barriers. When mothers receive proper counseling and support, they are able to exclusively breastfeed for the first six months.⁵ For instance, engaging male partners in breastfeeding promotion and education, as well as providing fathers with knowledge and skills for optimal nutrition practices, including breastfeeding, has been shown to positively impact exclusive breastfeeding rates.^{6,7}

Notes on this Training Strategy

This training manual is highly participatory and relies on modeling activities, integration of critical assessment of activities throughout the training, called "Stepping Out," and ultimately application and practice (Teach Backs).⁸

Modeling

Throughout the training, activities are "modeled" so that while facilitators are participating in the training, in so doing, they are experiencing good practice for delivering education on male involvement in maternal and infant nutrition. The session "Knowing Your Content" is especially important for modeling good practice as trainers are delivering male involvement education to participants while using activities that can be applied in community meetings and workshops. In addition, lesson plans provided for the "Teach Backs," allow trainers to practice their skills and apply what they have observed through modeling and assessment of activities until that point. Further, these lesson plans focus on core male involvement in nutrition content, thereby also serving to educate the trainers on key topics peer-to-peer.

Stepping Out

To facilitate reflection by trainers on activities used throughout the training, they will "step out of" and analyze after experiencing these in the training. As part of this pre-implementation training, not only will trainers be learning content that is important for them to master in order to deliver male involvement in maternal and infant nutrition, sexuality education in the community, but as they learn the subject matter, they will also be learning skills and techniques for delivering such content by observing the trainers.

1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706017/>

2 United States Agency for International Development, the Infant & Young Child Nutrition Project: Engaging men to increase support for optimal infant feeding in Western Kenya. www.iycn.org.

3 Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS, and the Bellagio Child Survival Study Group. How many child deaths can we prevent this year? *Lancet*. 2003; 362:65–71.

4 Mukuria, AG. *Exclusive Breastfeeding and the Role of Social Support and Social Networks in a Slum Community of Nairobi, Kenya*. {Dissertation}. Baltimore, MD, Johns Hopkins University; 1998.

5 UNICEF-ESARO. *Implementation of the Global Strategy on Infant and Young Child Feeding Towards Child Survival, Growth and Development: Progress, Success Factors and Challenges*. Nairobi: UNICEF; 2005.

6 Susin LR, Giugliani ER. Inclusion of fathers in an intervention to promote breastfeeding: impact on breastfeeding rates. *Journal of Human Lactation*. 2008; 24(4):386–392.

7 Pisacane A, Continisio GI, Aldinucci M, D'Amora S, Continisio P.A controlled trial of the father's role in breastfeeding promotion. *Pediatrics*. 2005; 116:e494–e498.

8 This methodology has been adapted from the UNESCO Regional Module for Teacher Training on Comprehensive Sexuality Education for East and Southern Africa By Nicole Cheetham, MHS, International Division of Advocates for Youth July 2015

For each activity delivered during the training, trainers will be asked to literally “step out” of that activity to analyze the trainer’s process in facilitating that activity so that they can analyze it and apply what they have observed in their own community sessions. The questions that trainers will be asked to answer include the following and are located in the handout “Stepping Out” (See Appendix 1) to be distributed on the first day of the training.

Summary of This Manual

Topic	Objectives	Activities	Guideline
Part 1: Climate setting	By the end of this session the participants should be able to: 1. Identify particular aspects about their colleagues, including family, preferences, experiences, and interests. 2. Articulate their own expectations for the training. 3. Describe the goal, objectives, and main content areas and strategies of the training. 4. Agree upon ground rules for the training.	<ul style="list-style-type: none"> ● Activity 1.1: Introductions and Expectations ● Activity 1.2: Review of Training Goal, Objectives, and Agenda ● Activity 1.3: Ground Rules 	<ul style="list-style-type: none"> ● Time ● Materials ● Steps
Part 2: Gender, infant feeding and male roles	By the end of this session the participants should be able to: 1. Define ‘gender’ and ‘gender roles’. 2. Describe how our values and gender norms impact on maternal and infant feeding/nutrition 3. Effective communication 4. Healthy relationships 5. Thinking about fatherhood 6. Family and community care	<p>Activity 2.1: Values clarification on gender and infant feeding</p> <p>Activity 2.2: Understanding gender</p> <p>Activity 2.3: Gender roles: what it means to be a man</p> <p>Activity 2.4: Gender roles: division of labor and childcare in the home</p> <p>Activity 2.5: Effective communication</p> <p>Activity 2.6: Healthy relationships</p> <p>Activity 2.7: Thinking about fatherhood</p> <p>Activity 2.8: Family and community care</p>	<ul style="list-style-type: none"> ● Time ● Materials ● Steps
Part 3: Men’s role in maternal and infant health promotion	By the end of this session the participants should be able to: 1. engage in discussion on and promotion of maternal infant feeding. 2. increase their sensitivity to the nutrition concerns of women and children; and 3. increase their level of comfort discussing HIV-related topics	<p>Activity 3.1: Problem tree</p> <p>Activity 3.2: What your family eats</p> <p>Activity 3.3: Understanding nutrition</p> <p>Activity 3.4: Supporting exclusive breastfeeding and early initiation of breastfeeding</p> <p>Activity 3.5: Complementary feeding</p> <p>Activity 3.6: What to do when your child falls ill</p> <p>Activity 3.7: Mother-to-child transmission of HIV</p> <p>Activity 3.8: HIV and infant feeding</p>	<ul style="list-style-type: none"> ● Time ● Materials ● Steps
Part 4: Action planning	By the end of this session the participants should be able to: 1. Develop action plans to integrate infant feeding content into their current activities with their group and community members	<p>Activity 4.1: Problem tree</p> <p>Activity 4.2: What your family eats</p> <p>Activity 4.3: Understanding nutrition</p>	<ul style="list-style-type: none"> ● Time ● Materials ● Steps

Topic	Objectives	Activities	Guideline
Part 5: Skill building	<p>By the end of this session the participants should be able to:</p> <ol style="list-style-type: none"> 1. Demonstrate workshop facilitation skills; and 2. Demonstrate meeting facilitation skills 	<p>Activity 5.1: Maximizing participation and engagement in groups</p> <p>Activity 5.2: What is facilitation?</p> <p>Activity 5.3: How people learn</p> <p>Activity 5.4: Preparing for a workshop</p> <p>Activity 5.5: Workshop facilitation skills</p> <p>Activity 5.6: Troubleshooting</p> <p>Activity 5.7: Evaluation</p> <p>Activity 5.8: Identify blocks to progress in meetings and workshops</p> <p>Activity 5.9: Practice how to manage difficult behaviors and situations, problem exploration, problem solving, ideas generation and decision making</p> <p>Activity 5.10: Practice facilitating meeting/ team and project reviews</p>	<ul style="list-style-type: none"> • Time • Materials • Steps

Sample Workshop Programs

The following are sample training programs based on the number of days you might have or the number of sessions you want to cover with the participants. The manual is designed so you can pull out the sessions you will use with the participants. You should select the sessions based on the needs of your program and the knowledge level of your participants in relation to different topic areas. For example, if your participants are well versed on campaigns, but need more knowledge and skills-building related to forming Community Nutrition Action Teams (C-NAT) you can remove the other sessions and add more activities related to C-NAT to your training agenda. It is also possible that you may want to use only the activities from chapter three on C-NAT if that is your focus. And the opposite is true. You may decide not to use any activities on C-NAT if you are not involved in or planning to develop any C-NAT. As mentioned earlier, depending on your programmatic context and the time availability of participants and facilitators, these sessions can be held several days in a row, or over time. If you are doing them over time, it is important not to have too much time elapse between sessions or in other words it would be ideal to do approximately one session a week.

TWO-DAY TRAINING

DAY 1: Climate setting

8:30 – 9:00 Introductions and expectations

9:00 – 9:30 Review of Program and Workshop Objectives, Ground rules

9:30 – 11:00 Gender infant feeding and male role

Values clarification on gender and infant feeding

Understanding gender

Gender roles: what it means to be a man

11.00 – 11.30 BREAK

11.30– 1:00 Gender infant feeding and male role (Continued...)

Gender roles: division of labor and childcare in the home

Activity 2.5: Effective communication

Activity 2.6: Healthy relationships

Activity 2.7: Thinking about fatherhood

Activity 2.8: Family and community care

13:00 – 14:00 LUNCH

14:00 – 16:30 Men’s role in maternal and infant health promotion

- Problem tree

- What your family eats
- Understanding nutrition
- Supporting exclusive breastfeeding and early initiation of breastfeeding
- Complementary feeding
- What to do when your child falls ill
- Mother-to-child transmission of HIV
- HIV and infant feeding

16:30 – 17.00 ADJOURNMENT & TEA BREAK

DAY 2: Action Planning and Skill building

8.30 – 8.45 Recap of Day 1

8:45 – 11:00 Action Planning

- Problem tree
- What your family eats
- Understanding nutrition

11.00 – 11.30 BREAK

11.30– 1:00: Skill building

Maximizing participation and engagement in groups

What is facilitation?

How people learn

13:00 – 14:00 LUNCH

14:00 – 15.00

- Preparing for a workshop
- Workshop facilitation skills
- Troubleshooting

15:00 – 16.00

- Evaluation
- Identify blocks to progress in meetings and workshops

16:00 – 17.00

- Practice how to manage difficult behaviors and situations, problem exploration, problem solving, ideas generation and decision making
- Practice facilitating meeting/ team and project reviews

17.00 ADJOURNMENT & TEA BREAK

THREE DAY TRAINING

DAY 1: Climate setting

8:30 – 9:00 Introductions and expectations

9:00 – 9:30 Review of Program and Workshop Objectives, Ground rules

9:30 – 11:00 Gender infant feeding and male role

- Values clarification on gender and infant feeding
- Understanding gender
- Gender roles: what it means to be a man

11.00 – 11.30 BREAK

11.30– 1:00 Gender infant feeding and male role (Continued...)

- Gender roles: division of labor and childcare in the home
- Effective communication

13:00 – 14:00 LUNCH

14:00 – 16:30

- Healthy relationships
- Thinking about fatherhood
- Family and community care

16:30 – 17.00 ADJOURNMENT & TEA BREAK

DAY 2: Men's role in maternal and infant health promotion

8.30 – 8.45 Recap of Day 1

8:45 – 11:00

- Problem tree
- What your family eats
- Understanding nutrition
- Supporting exclusive breastfeeding and early initiation of breastfeeding

11.00 – 11.30 BREAK

11.30 – 13:00

- Complementary feeding
- What to do when your child falls ill
- Mother-to-child transmission of HIV
- HIV and infant feeding

13:00 – 14:00 LUNCH

14:00 – 15:00 Action Planning

- Problem tree
- What your family eats
- Understanding nutrition

15.00– 16:00: Skill building

- Maximizing participation and engagement in groups
- What is facilitation?
- How people learn

16:00 – 17:00

- Preparing for a workshop
- Workshop facilitation skills
- Troubleshooting

17.00 ADJOURNMENT & TEA BREAK

DAY 3: SKILL BUILDING

8.30 – 8.45 Recap of Day 1

8:45 – 11:00

- Evaluation
- Identify blocks to progress in meetings and workshops

11.00 – 11.30 BREAK

11.30 – 13:00

- Practice how to manage difficult behaviors and situations, problem exploration, problem solving, ideas generation and decision making.
- Practice facilitating meeting/ team and project reviews

13:00 – 14:00 LUNCH

14:00 – 17:00: C-NAT /Action Planning

- Warm-up
- Introduction to Community Action Teams (C-NAT)
- NAT and the Ecological Model
- Action Planning
- Presentations
- Wrap Up and Evaluation

17.00 ADJOURNMENT & TEA BREAK

FOUR DAY TRAINING

DAY 1: Introduction and Gender Issues

- 8:30 – 9:00 Welcome and Introductions
- 9:00 – 9:30 Review of Agenda and Workshop Objectives
- 9:30 – 10:15 Learning About Gender

10:15 – 10:30 TEA BREAK

10:30 – 12:00 Act Like a Man

12:00 – 13:00 Why work with Men on RH/FP?

13:00 – 14:00 LUNCH

14:00 – 14:30 Are Men Interested in Change?

14:30 – 15:30 What does Community Engagement Mean to You?

15:30 – 15:45 TEA BREAK

15:45 – 16:15 What does Community Engagement Mean to You? (cont.)

16:15 – 16:30 Wrap-up

DAY 2: Building Alliances/Defending/Community Engagement

8:30 – 8:45 Warm-up

8:45 – 10:00 Building Alliances

10:00 – 10:15 TEA BREAK

10:15 – 11:45 Dealing with the Opposition

11:45 – 12:00 Identifying Community Engagement Activities

12:00 – 13:00 Media Campaigns and Social Marketing

13:00 – 14:00 LUNCH

14:00 – 15:00 Media Campaigns Presentations

15:00 – 15:15 TEA BREAK

15:15 – 16:30 Theatre Performance/Talk Show

16:30 – 16:45 Wrap-up

DAY 3: Community Engagement Activities/C-NAT

8:30 – 8:45 Warm-up

8:45 – 10:15 Community Fairs/Group Discussions/Marches Rallies

10:15 – 10:30 TEA BREAK

10:30 – 11:00 Other Strategies (Engaging Artists; Painting Murals, Sports)

11:00 – 12:30 Door-to-Door Campaigns

12:45 – 13:45 LUNCH

13:45 – 14:45 Introduction to Community Action Teams (C-NAT)

14:45 – 15:00 TEA BREAK

15:00 – 16:15 C-NAT and the Ecological Model

16:15 – 16:30 Wrap-up

DAY 4: Action Planning/ Wrap Up

8:30 – 8:45 Warm-up

8:45 – 10:00 Sustaining Volunteer Involvement

10:00 – 10:15 TEA BREAK

10:15 – 12:15 Action Planning

12:15 – 13:30 Presentations

13:30 – 14:00 Wrap Up and Evaluation

Part 1: Welcome and Introductions

Objective

1. Introduce the participants to male involvement component of the Nawiri project
2. To provide an interactive way for participants to get to know each other

Time: 40 minutes

Materials

Flip charts, foolscap and marker pens

Advance Preparation

Prepare a flipchart with the heading, “Expectations.” Write out some statements on foolscap. The number of statements should constitute a half of the participants i.e. If you have 20 participants then you write 10 statements. Cut out each statement and split it into two halves.

Steps

1. Welcome the group to the workshop. Explain that this workshop will focus on understanding different approaches to engaging boys and men in nutrition in the family.
2. Introduce yourself and explain your role in the workshop. Have other facilitators do the same. Explain that this is an orientation and if anyone is interested in obtaining more in-depth knowledge on the topic, you will guide them to other resources.
3. Mix up the statements and hand each person half of the statements. Issue each participants with one half of the statement (*see Appendix 7*). NOTE: Do not include the numbers as you write the statement. Ask everyone to find the person with the other half of their statement. When they believe they have found their partner, tell them to share the following with each other:
 - o Name
 - o Where they work/what they do
 - o What area/unit they’re responsible for
 - o One expectation, and
 - o Experience with male involvement in nutrition

Appreciate the participants

Part 2: Gender, infant feeding and male roles

Activity 2.1: Values clarification on gender and infant feeding

Session Objective: To demystify myths and misconception hindering good infant and young child feeding practices

Time: 1½ to 2 hours

Materials: Flip charts, marker pens, fact sheets

Methodology: The facilitator will use brainstorming, question and answer, role -play, interpersonal sessions, fact

Steps

Designate two corners of the room or the space you are using as ‘Agree’ and ‘Disagree’ respectively, and a place in between as ‘Don’t know.’ Read out one of the following statements and ask participants to respond by moving closest to the sign that corresponds with their opinion. (The statements below are examples. You can choose a few or add more depending on how much time is available, or insert others that are more appropriate to your

context.)

- a. The health of a child is a woman's business.
- b. Women make better parents than men.
- c. Making sure the family eats well is solely a woman's responsibility.
- d. Children should sometimes go hungry so that they can learn to do without when they grow older.
- e. Because men work hard to provide for the family, they should be given priority at meal times.
- f. Women should always consult their husbands before going to a health center.
- g. A man should not be seen taking his children to hospital.
- h. Infant formula (Nan, etc.) is very good for babies.
- i. Breast milk is best for babies when they are first born, but after two to three months, babies start to be hungry and need to eat other foods.
- j. Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breast milk.
- k. It is more important for women than men to know their HIV status.
- l. Men can always know their HIV status following the results of their wives.
- m. A couple should go for HIV testing together.
- n. If a woman tests positive for HIV, her husband should kick her out of the home.
- o. A woman's most important role is to take care of her home and cook for her family.
- p. There are times when a woman deserves to be beaten.

It is important that a father is present in the lives of his children, even if he is no longer with their mother.

- a) Move through the questions slowly, and facilitate a discussion about why people chose the response that they did after each question.
- b) Use questioning to dig deeper into the underlying issues.
- c) Allow some time for debate between people of differing viewpoints.
- d) After a short debate, ask people if they would like to change their position, or if anyone in one group wants to convince people in another group to change positions or move closer to their position.

Discussion

Initiate a discussion with the group using some or all of these questions as a starting point; ask additional probing questions as appropriate. Encourage debate within the group, and be ready to spend some time discussing the issues that arise.

- How did it feel to confront values that you do not share?
- What did you learn from this experience?
- Did you change your opinion about any of the issues?

Conclusion

Thank participants for their honesty, and their willingness to open their minds to different ways of thinking. Emphasize that values clarification is an ongoing process.

It is normal to re-evaluate our attitudes as we grow and mature, and as we gather new knowledge and experiences.

Ask participants how this values clarification exercise will contribute to their work.

How will it contribute to their own personal growth?

It is important to maintain a non-judgmental atmosphere during this exercise. These are complicated, emotional issues, and some participants may react strongly. It is important to challenge our own understandings of sexuality, but we also need to remember that everyone brings his or her own personal perspective to the table.

Changing mindsets takes time. But it is important to point out to people that changing their opinion is possible; it is healthy to examine one's attitudes and adjust them if necessary.

Activity 2.2: Understanding gender

Objectives

1. To understand the difference between the terms "sex" and "gender"
2. To understand the terms "gender equity" and "gender equality"
3. To discuss gender roles in relation to MIYCN

Time: 45 minutes

Materials

- Flipchart
- Markers
- Tape
- Enough copies of Handout 1: The Gender Game for all participants
- Resource Sheet 1: Answers to the Gender Game

Steps

1. Explain that before you start working on developing strategies to reach the community, it is important for all the participants to be clear about key issues that will be addressed in the activities. Therefore, in this activity you will focus on the issue of gender.
2. Ask participants if they can explain the difference between “sex” and “gender.” After getting feedback from the group, provide the following definitions:
 - **Sex** refers to physiological attributes that identify a person as male or female.
 - **Gender** refers to widely-shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities, as well as common expectations about how women and men should behave in various situations.
3. Distribute the handout and ask the participants to indicate if the statements refer to “sex” or “gender.” After allowing the participants to read and answer the statements on their own, discuss each answer with the entire group.
4. Explain that there are several terms related to the word “gender” that also need to be defined. Ask the group if they have ever heard the term “gender equality.” Ask them what they think it means. Allow plenty of time for discussion.
5. After getting their feedback, provide the following definition:
 - **Gender Equality** means that men and women

enjoy the same status. They both share the same opportunities for realizing their human rights and potential to contribute to, and benefit from, all spheres of society (economic, political, social, and cultural).

6. Ask the group if the definition makes sense. Allow them to ask any questions about it.
7. Ask the group to discuss whether or not gender equality actually exists in their country. During this discussion, write down any statements that explain why women do not share equal status with men in all spheres of society. Be sure to include some of the following points, if they are not mentioned by the group:
 - Women in many countries are more likely to experience sexual and domestic violence than men.
 - Men are paid more than women for the same work (in most cases).
 - Men are in greater positions of power within the business sector.
 - Women bear the brunt of the AIDS epidemic, both in terms of total infections and in having to care and support those living with HIV.
8. Ask the group if they have ever heard the term “gender equity.” Ask them what they think it means and how it is different from “gender equality.” Allow plenty of time for discussion. After getting their feedback provide the following definition:
9. Gender Equity is the act of being fair to men and women. Gender equity leads to gender equality. For example, an affirmative action policy that supports female-owned businesses may be gender equitable because it leads to equal rights between men and women. After defining “gender equality” and “gender equity,” ask the group the following questions:
 - a. Why should men work towards achieving gender equality?
 - b. What benefits does gender equality bring to men’s lives?
10. Ask the group to identify gender-equitable actions that men can take to help create gender equality.

Activity 2.3: Gender roles: what it means to be a man

Objective: To understand gender roles

Time: 20 minutes

Materials: Flip charts, marker pens

Methodology: Interactive discussion

Steps:

1. Ask the male participants if they have ever been told to “Act Like a Man.” Ask them to share their experiences of having someone say this, or something similar, to them. Ask: Why do you think they said this? How did it make you feel?
2. Next, ask the female participants if they have ever been told to “Act like a Woman.” Ask them to share their experiences of having someone say this, or something similar, to them. Ask: Why do you think they said this? How did it make you feel?
3. Tell the participants that you want to look more closely at these two phrases, and that by doing so, you can begin to see how society creates very different rules for how men and how women are supposed to behave.
 - a. Explain that these rules are sometimes called “gender norms.”
 - b. This is because they dictate what is “normal” for men to think, feel, and act and what is “normal” for women to think, feel, and act.
 - c. Explain that these rules restrict the lives of both women and men by keeping men in their “Act like a Man” box and women in their “Act like a Woman” box.
4. In large letters, print the phrase, “Act like a Man” on a flipchart.
 - a. Ask participants what men are told in their community about how they should behave.
 - b. Write their responses on the sheet.
 - c. Check the examples to see how they match with the sample answers in Resource Sheet 2 and include some examples from the Resource Sheet if needed.
5. When the group has no more to add to the list, ask the following questions:
 - a. Which of these messages are potentially harmful? Why? (Place a star next to each potentially harmful message and discuss, one by one.)
 - b. How does living in the box impact a man’s health and the health of others, especially in terms of HIV?
 - c. How does living in the box limit men’s lives and the lives of those around them?
 - d. What happens to men who try not to follow the gender rules (those who “live outside the box”)? What do people say about them? How are they treated?

6. On another sheet of flipchart, print the phrase, “Act Like a Woman.” Ask participants what women are told in their community about how they should behave. Write their responses on the sheet.

Check the examples in Resource Sheet 2 to see the kinds of messages that are often listed. Feed these in to the discussion if they have not been mentioned.

7. When the group has no more to add to the list, ask the following questions:
 - a. Which of these messages are potentially harmful? Why? (Place a star next to each potentially harmful message and discuss, one by one.)
 - b. How does living in the box impact a woman’s health and the health of others?
 - c. How does living in the box limit women’s lives and the lives of those around them?
 - d. What happens to women who try to live outside the box? What do people say about them? How are they treated?
8. Draw another table, with one column for transformed men and another for transformed women. Ask the participants to list characteristics of men who are “living outside the box.” Record their answers. When you get between seven and nine responses, ask the same about women who are “living outside the box.” Point out that, in the end, characteristics of gender-equitable men and women are actually similar. Even though there is a list for transformed men/women, it should not be presented as another box but just a list of some common characteristics of men and women who are “outside the box.”
9. Ask participants the following questions:
 - a. Are our perceptions of the roles of men and women affected by what your family and friends think? How?
 - b. Does the media have an effect on gender norms? If so, in what way(s)? How does the media portray women? How does the media portray men?
10. How can you, in your own lives, challenge some of the non-equitable ways men are expected to act? How can you challenge some of the non-equitable ways that women are expected to act?

Activity 2.4: Gender roles: division of labor and childcare in the home

Objective: to learn about roles of gender in terms of sharing family chores

Time: 45 minutes

Materials: Flip charts, felt pens, masking tapes

Advance Preparation

Steps

- a) Welcome the group to the workshop
- b) Introduce yourself and explain your role in the workshop
- c) Divide the group into pairs
- d) Ask the pair to identify if the activities listed are usually done in your own household by a woman, man, or equally by both.

	Household Duties	Woman	Man	Both
1	Cooking			
2	Upkeep and maintenance, including repairing household items			
3	Shopping for food, clothes and household items			
4	Cleaning the house			
5	Farming			
6	Trading			
7	Collecting water			
8	Collecting fuel			
9	Looking after animals			
10	Washing clothes			
11	Child care			
12	Elder care			
13	Safety			
14	School -related activities (transportation, homework, meeting at school etc.)			
15	Paying the bills			

Tally the number of activities that women, men, and both sexes normally do. Think about the following questions:

- a. Did the tally of activities done by women and men in the household surprise you? Why or why not?
- b. Was there a lot of variation among the tallies of different participants? If so, why do you think that is?
- c. Do you think the division of labor between

- d. men and women in the home is changing or continuing to remain the same? If yes, why?
- d. Do men help take care of young children when the mother is around, or only when she is away?
- e. Do men feed children less than 2 years of age (babies and/or young children)?
- f. Do men help decide what young children are going to eat?
- g. If men do not participate in child care and/or feeding, what factors contribute to men not participating?
- h. How has the need to provide additional home-based care to family members living with HIV affected the division of household labor between men and women?
- i. What are some of the benefits that come from men playing an active role in household duties?
- j. What can be done to promote more equitable distribution of labor in households?
- k. What have you learned from this activity?
- l. Have you learned anything that could be applied in your own life and relationships?

Activity 2.5: Effective communication

Objective: participants to learn about effective communication

Time: 30minutes

Materials: Flip charts, felt pens, masking tapes

Steps:

- a) Welcome the group to the workshop
- b) Introduce yourself and explain your role in the workshop
- c) Divide the group into pairs
- d) Good communication is a quality of strong families and it can help families make it through difficult times.
- e) Below is a list of some of the qualities of a healthy relationship:
 - Trust
 - Transparency
 - Patience
 - Honesty
 - Caring
 - Protection/safety
 - Love
 - Tolerance

- Respect
- Mutual respect
- Appreciation
- Endurance
- Listening: When you listen carefully to family members, you encourage them to talk about what is most important to them.
- It is normal for family members to not listen carefully to each other.
- We might think that since we know the person well, we do not have to listen as closely, or we may pretend to listen while we do something else.
- To listen well, we can:
 - Pay attention
 - Be open and show respect
 - Hear words and sense feelings.
 - Give responses, but not always answers
 - Listening is not always easy.
 - Listen patiently. Do not interrupt the speaker.
 - Respond positively.

Activity 2.6: Healthy relationships

Session Objectives: To discuss healthy relationships and its impact on MIYCN

Time: 30 Minutes

- Materials: Flip chart, marker pens, sticky notes, masking tapes

Steps

- a) Welcome the group to the workshop
- b) Introduce yourself and explain your role in the workshop
- c) Divide the group into pairs for discussions

Questions to guide the discussions:

- o Why do you think some people stay in unhealthy relationships?
- o How can friends and family help people in unhealthy relationships?
- o Can relationships get better? Can they change from unhealthy to healthy over time?
- o Can relationships get worse? Can they change from healthy to unhealthy over time?

Notes for the facilitator

Romantic relationships can be healthy or unhealthy. In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy with the relationship because of one or more problems. Qualities of a healthy relationship include:

- Respect,
- Equality,

- Responsibility, and
- Honesty, among others

Activity 2.7: Thinking about fatherhood

This activity has 4 sessions:

1. Influences on fatherhood;
2. Know the impact fathers have;
3. Understanding the diversity of fathers and how they relate with their children; and
4. Assess your father friendliness.

Advance preparation:

- a. Refer to Facilitator Note 1) Write down the 6 descriptions of fathers in large print on two or three sheets of newsprint
- b. Refer to Facilitator Note 2) On newsprint, write down the benefits to the child of involvement of their father. Use large print on one or two sheets of newsprint

Activity 2.7 a): Influences on fatherhood

Session Objectives: By the end of this session, the participants should be able to explain the factors that influence fatherhood

Time: 40 minutes

Materials: newsprint, marker pens

Methodology:

1. Introduce yourself and the objectives of the session.
2. Guide a plenary discussion on factors that influence fatherhood. Probe for personal experiences, if any. Refer to Facilitator Note 1. Lead a reflection session by posing the following questions for your conclusion:
 - Which of the influences on fathers can you directly address?
 - How can you address these influences?

Activity 2.7 b): Impact fathers have

Session Objectives: By the end of this session, the participants should be able to identify the impact of father involvement on the wellbeing of the child

Time: 40 minutes

Materials: newsprint, marker pens

Methodology:

1. Explain the objective of the session.

2. Motivate the participants by telling them about research that shows their positive involvement can have a unmistakable impact on various aspects of child development:
3. Lead a reflection question by posing the following questions:

Cognitive: Children with involved fathers are more likely to:

- Be more cognitively competent as babies and toddlers
- Live in cognitively stimulating homes, enjoy school and be better academic achievers

Emotional: Children with involved fathers are more likely to:

- Be securely attached to their fathers
- Be more resilient and handle stress better
- Experience less psychological distress (fear, guilt, depression, etc.)
- Have a higher sense of personal control and self-esteem

Social: Children with involved fathers are more likely to:

- Show higher social competence, social initiative, and social maturity
- Get along with their siblings and peers better
- Have a greater respect for authority
- Have a greater sense of empathy, tolerance, and understanding

Physical Health: Children living with both biological parents are more likely to:

- Not suffer a burn, have a bad fall, or be scarred by an accident
- Not die in infancy
- Be breastfed longer
- Maintain a healthy weight

(Allen and Daly, 2007)

- a. *Do any of the impacts fathers have on their children surprise you?*
 - b. *Which evidence would resonate best with the families and fathers you work with?*
4. Summarize by stating that the fathers should note down the impacts that do not resonate with them as possible action points going forward.

Activity 2.7 c): Diversity of fathers and relations with their children

Session Objectives: By the end of this session, the participants should be able to:

1. Describe the diversity of fathers; and
2. Acknowledge how they relate with their children.

Time: 1½ hours

Materials: newsprint, marker pens

Methodology

1. Explain that men raising children can be grandfathers, uncles, step-dads, adoptive dads or big brothers. Fathers come from a diversity of situations that do not reflect the traditional family structure, including single fathers, stepfathers, newcomer fathers, young fathers etc. All types of fathers need to feel welcome, to be able to connect with other fathers, and to have facilitators who they can identify with.
2. Point out that play provides the context for father-child attachment. Participants should know that attachment can begin even before birth as the baby gets to know their voice and fathers begin to feel a sense of connection when they touch their partner's belly. It then continues as dads encourage exploration, risk-taking, persistence, and independence. It is not enough to play with and excite a child. Explain that responding to children when they are in distress is key attachment behaviour. Fathers' play sensitivity has been linked to their involvement in caregiving.^{9,10}
3. Divide the participants into 2 groups ask each group to pick out a leader and a note taker. Instruct the leader to ensure that the discussions are as participatory as possible. Explain that each group will get 7 minutes to make their presentation. Give each a team an assignment as follows:
 - a. Team X- Identify 4 to 5 different types of fathers that they may know of and explain the differences among them

⁹ Hoffman, J. (2011). *Father Factors: What social science research tells us about fathers and how to work with them*. Father Involvement Research Alliance.

¹⁰ Grossman, K., et al. (2002). The uniqueness of the child-father attachment relationship: Fathers' sensitive and challenging play as a pivotal variable in a 16-year longitudinal study. *Social Development*, 11, 310-337.

- b. Team Y- Describe some practical ways in which we can motivate fathers to play with their children. What kind of play could we encourage parents to engage in?
4. Following the presentation by Team X, summarize the session or using the flip charts derived from Facilitator Note 2.
5. After Team Y makes its presentation, as a conclusion, facilitate a plenary discussion guided by the questions:
 - a. *How comfortable are you with the ways fathers play with children?*
 - b. *Considering your context, how can you encourage fathers to play with their infants and children?*

Facilitator Note 1¹¹. Influences on Fatherhood

His Father

All men have a father to follow – some involved, some distant, and some somewhere in between.

Regardless of the situation men have grown up in, they are impacted by the presence, absence, action, words, and/or silence of their father.

Life Transitions

Many men will say that the most significant life transition they go through is the birth of their first child. Men who adapt well emotionally, psychologically, and relationally are more likely to be involved throughout their child's life.

Choice

The majority of men have high motivation to be involved fathers who are there for their children. But it is still a choice to change pampers/napkins, give baths and play with the kids, or to come home a few minutes earlier than usual from work.

Confidence

Confidence comes from experience and knowledge about child development. It takes fathers time to develop this confidence because they tend to get less hands-on experience early in their parenting journey.

Fathers are more likely to develop confidence when they are engaged from conception and are able to spend time with and care for their babies. The nine months of pregnancy bring a lot of changes and

it is good for men to gain knowledge of what is happening early on. This sets them up to be more confident in their skills when their baby arrives.

Support

When fathers have strong, reliable social supports around them, they are more likely to be involved with their families. This support includes their parents, their partner's parents, peers, and social services they can access.

Work

Work is still a significant part of a man's definition of himself. Fathers are doing more nurturing than in previous generations, but the majority still see *provision* as a key role. Fathers' involvement can be diminished by long work hours. Some research shows that lack of labour market success can have a negative impact on the fatherhood role (Fox, 2009).

Facilitator Note 2. Diversity of fathers

Diversity of fathers

The following are important roles that all fathers take at all stages of a child's life, from preconception to adulthood. It is likely that every Father will have strengths in a few of these areas and will need to pay closer attention to development in other areas.

Consider the diversity of strengths and needs of fathers in your programming, as well as the diversity of backgrounds and family situations.

1. **The Provider Father** (for the necessities of life) Fathers need to look after the basics – food, clothing and shelter. Providing these things by contributing to the family's economic well-being is an important part of fatherhood.
2. **The Interactive Father** (for human interaction) Spending time with their Father gives them a chance to learn communication skills, social rules, and the values that are important to their family.
3. **The Nurturing Father** (for care and comfort) Nurturing means helping someone or something grow. Fathers provide an environment where children feel important and cared for.

¹¹ Adapted from Best Start Resource Centre. (2012). *Step By Step: Engaging Fathers in Programs for Families*. Toronto, Ontario, Canada: author.

4. **The Affectionate Father** (for warmth and love)
A child's first relationships need to be filled with love and warmth. Right from birth Fathers need to give kisses, smiles, hugs and affirming words to their children.
5. **The Responsible Father** (for guidance and protection) Fathers show they are responsible by giving their children guidance, keeping them safe and secure, and teaching them about the world.
6. **The Committed Father** (for being important to someone) Commitment shows children that they belong somewhere and are important to someone. They learn that their Father will have their best interest in mind, no matter what happens.

Activity 2.8: Family and community care

Objective: To explore the importance of family and community care in nutrition

Time: 45

Materials: Flip charts, felt pens, masking tapes

Advance Preparation

- *Prepare the venue for the meeting*

Steps

1. Welcome the group to the workshop
2. Introduce yourself and explain your role in the workshop
3. Divide participants into groups of three. Two men will be the walls of a house, one facing the other, both with their hands raised. By putting the palms of their hands together, they will form the roof of the house. The third will be the occupant (who will remain standing between the walls).
4. Ask one participant to remain outside and not join a group of three. This participant will be neither a wall nor an occupant. Instruct this participant to shout out "house," "occupant," or "house and occupant."
5. At the end of the exercise, explore the following questions with the group, asking them to reflect on the exercise:
6. Describe ways in which occupants or families sometimes change within or leave households:
7. Describe ways in which houses change based on families' needs or circumstances:

Part 3: Men's role in maternal and infant health promotion

Activity 3.1: Problem tree

Objective: To understand the root cause of child morbidity and mortality

Time: 45 minutes

Materials: Flip charts, Marker pens. Masking tapes,

Advance preparation

1. Prepare where the groups are going to sit
2. Ensure all training materials are available

Steps

1. Divide the participants into small groups.
2. Give each group a flip chart
3. Give these instructions for the groups to draw a problem tree:
 - a. Draw a tree trunk in the middle of a flip chart.
 - b. Ask the group to brainstorm some of the causes of child morbidity and mortality.
 - c. On the problem tree, each of the causes should be depicted as one of the roots of the tree.
 - d. After mentioning each cause, the group should think about what else can contribute to that initial cause. This would then be depicted as a sub-root of the original cause.
4. The problem tree will also look at the effects of child illness and what responses/actions are taken to respond to a sick child: who cares for the child, where is the child taken, what decisions need to be made regarding treatment, and who makes these decisions. In their picture of a problem tree, the response/actions will be depicted as the branches of the tree. As they did with the causes, the groups should brainstorm and identify the primary and secondary actions, the decisions that are made, and the people who make them. What are the outcomes of these decisions? What leads to timely caring and treatment of the child?
5. After all groups are finished, ask them to post the flip charts on the wall. Allow all of the participants to walk up to the wall and observe the trees.

6. Bring the group back in a circle. Ask the participants the following discussion questions:
 - i. Did the groups identify the same causes and effects? Which of these causes do you think are the most important to address in order to reduce childhood illness?
 - ii. What have you learned from this exercise? How can you apply this in your own lives and families?
7. Summarize the session by presenting the following information:

Childhood illness can be caused by a lot of different factors, some of which are related to cultural and gender norms. When a child is sick, a woman may wait until the father is home to get money for transport to take the child to the doctor. Because women do not have the power to make decisions and men are not involved in their children's health, this may lead to a child not getting the care needed in a timely manner, and possibly experiencing more serious health consequences than if care had been sought earlier.

Activity 3.2: What your family eats

Objective: To understand the importance of meal-planning and the dynamics around family nutrition.

Materials and preparation:

- Flip-chart paper
- Masking Tape
- Marker pens

Time: 60 minutes

Advance Preparation

- i. Prepare where the groups are going to sit
- ii. Ensure all training materials are available

Steps:

1. [*Instruction: facilitate a discussion with all the participants, as described below:*]

- i. Explain to participants that eating is not just a simple act of putting food in the mouth and digesting it. Eating is a cultural, social, and heavily value-laden activity. We need food to be healthy and strong, but what and how we eat is almost as important as the nutrition we derive from the food. Food means different things to different people. What is food?

- a) *Let the group state a few foods and write them on the flip-chart paper.*

b) *What do you think about snails, snakes, cockroaches? Are these foods?*

- ii. When you think about [insert name of popular local dish here]? When you think about [insert name of another popular local dish here], what else do you think about? What are special holiday foods? Feel the emotions that these foods evoke.

2. Divide the participants into groups.

a) Groups One:

- i. Ask the participants to describe what is a "man-meal" or "man-food." What are the special foods that men like to eat? How do they get these foods? Are they different from what women eat and what children eat?
- ii. Pick a piece of flip-chart paper and divide into three columns and list:
 - Man foods
 - Woman foods
 - Child foods
- iii. Discuss how these differ and why.
- iv. Discuss where these foods are eaten.

a) Groups Two:

- i. Describe a typical meal in your family
- ii. Encourage them to talk and write about not only the foods that make up the meal but also:
 - Who prepares the meal?
 - When do people generally eat that meal?
 - How many times a day does a family come together to eat meals?
 - Does everyone eat together?
 - Who eats first and what do they eat? Who eats next and what do they eat?
- iii. Discuss the variety of meals (not just breakfast, lunch and dinner) that families eat and how different people within the family eat differently or at different times.

b) Groups Three:

- i. On a flip chart draw a line down the middle. On the left-hand side list what activities/actions are necessary to contribute toward the family meal?
- ii. Have the group go through every aspect that is required to make a meal. If processed food is eaten talk about purchasing that food, etc.

- iii. On the right-hand side of the flip chart, for each item/activity listed, list who is responsible for that action (there can be more than one person and not just fathers and mothers—grandfathers, grandmothers, children, and many other people may be involved).
3. Groups report back what they discussed briefly. What did the group learn about food, meals, and family eating?

Activity 3.3: Understanding nutrition

Objective: To understand the importance of how children are fed.

Materials: Flip-chart paper, Masking Tape and Marker pens, MUAC tapes

Advance preparation: Information on nutritional status of relevant county/sub county/wards/community unit

Time: 45 minutes

Steps:

1. Explain that we talked about the causes and effects of poor child health, malnutrition contributes to about one-third of all childhood deaths.
2. Ask in plenary:
 - a) What does nutrition/malnutrition mean?
 - b) What are some of the causes of malnutrition?
 - c) How can malnutrition be prevented?
3. Divide the group in pairs and encourage participants to discuss. Ask: Other than children, are there any other groups who are especially at risk of malnutrition? [E.g. Pregnant women, lactating mothers, elderly, adolescents, people living with HIV/AIDS.]
4. Present the following information:

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, and not being cared for well, and poor hygiene and sanitation can lead to young children being malnourished.

[Note to facilitator: At this point, present some statistics and facts relevant to the nutritional status of your county/sub county/ward/community unit.

Refer to appendix 2: Facts on nutrition]

5. Ask: In our community, what food is given to babies when they are first born? Allow participants to discuss. Then ask: What is the best food for babies when they are first born? If there are differences between what participants list for what is given to children and what is best for children, mention them to the group and ask them to talk about why they are not the same.
6. Share the following information with participants and answer any questions:

International health experts recommend giving babies only breast milk (and nothing else) from the time they are born until they are 6 months old. This is called exclusive breastfeeding.

7. Ask: Why do you think exclusive breastfeeding is recommended? Encourage participants to discuss. Ask: Do you know of any advantages of exclusive breastfeeding?
8. Present the following information:
 - Breast milk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first six months.
 - Babies who take only breast milk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
 - For the first six months babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breast milk has enough water so even babies in hot climates do not need water.
 - Giving other foods and liquids (including animal milk and water) to babies during the first six months is very dangerous for their health and can make them sick.
 - Human breast milk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow' milk because animal milks are different for the needs of each animal.
 - For most HIV-positive women in our communities, exclusive breastfeeding is the safest way to feed their baby for the first six months. Giving other foods and liquids in addition to breast milk during this time increases the risk of HIV transmission, illness, and death.
9. Ask: Is exclusive breastfeeding practiced in our community? Encourage participants to discuss.
 - Explain that even though breastfeeding is common in countries such as Kenya,

almost all babies take other foods and liquids in addition to breast milk before 6 months of age.

- This means that every day, most babies in Kenya face a risk of illness, malnutrition, and death. Almost every mother can exclusively breastfeed successfully.
 - Those who might lack the confidence to breastfeed need the encouragement and practical support of the baby's father and their family, relatives, neighbors, and the wider community.
 - Everyone should have access to information about the benefits of exclusive breastfeeding. Answer any questions participants have about exclusive breastfeeding.
10. Explain that mothers should begin breastfeeding their babies within the first 30 minutes of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods.
11. To recap:
- Breast milk is the best first food for babies.
 - The first milk protects babies from illness and is like a baby's first immunization.
 - Starting breastfeeding immediately after birth reduces the chance of the baby dying.
 - The mother's body helps keep the baby warm.
 - Starting breastfeeding helps create good breastfeeding practices and makes it more likely that babies will be exclusively breastfed for six months.
 - Breastfeeding immediately also helps mothers by stopping bleeding.

Activity 3.4: Supporting exclusive breastfeeding and early initiation of breastfeeding

Objective: Identify ways men can support good infant feeding practices.

Materials and preparation

One A4 sheet with "BREASTFEEDING WITHIN 30 MINUTES" written on it and another with "EXCLUSIVE BREASTFEEDING" written on it. Blank A4 paper, markers, tape.

Time: 60 minutes

Steps:

1. Ask: What are the reasons why mothers in our communities give their babies food and liquids other than breast milk before they are six months old? Ask participants who give a reason to write it on a piece of A4 paper and post it on the wall under the heading EXCLUSIVE BREASTFEEDING. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, not knowing about the benefits of exclusive breastfeeding, women having to work/be away from the baby, lack of partner/community/ family support, etc.]
2. Ask: What are the reasons why mothers in our communities do not start breastfeeding immediately after giving birth? Ask participants who give a reason to write it on a piece of A4 paper and post it on the wall under the heading BREASTFEEDING WITHIN 30 MINUTES. [Participants may mention cultural practices/beliefs, advice from health workers, pressure from family members, not knowing about the benefits of exclusive breastfeeding, women having to work/be away from the baby, lack of partner/community/family support, etc.]
3. Ask participants to look at all of the reasons posted on the wall. Which of these reasons are they able to help address in their families? Take down any reasons that they do not think that they can help address.
4. Explain that as fathers they can help support women to exclusively breastfeed their babies for the first six months. It is important to talk about the beliefs and attitudes people have about infant feeding and to be sure that everyone in our community has correct information about how to properly feed their child. There are many myths about how to feed our children that can contribute to poor infant feeding practices, which make our children fall sick, do poorly in school, and die. Correcting these myths and providing support are important first steps toward improving our children's health. It is important for you to support good infant feeding practices in your family and community.
5. Ask what are some benefits of exclusive breastfeeding for our communities? [Participants might mention more children survive, fewer children need health care, children do better in school, there are more resources for other things, etc.]
6. Facilitate a discussion with the following questions:

The clinic teaches that babies should receive only breast milk in the first six months of life. Is it possible for mothers to exclusively breastfeed their babies for six months? Why or why not?

- a. What would make it easier for mothers to do it?
- b. What gets in the way of mothers giving their babies only breast milk for six months? Does the father not think that the mother has enough breast milk? Does the father not think the quality of the mother's breast milk is adequate? Does the father not think the mother has enough time?
- c. How some mothers are able to do it and others are not?

Since women have to go back to their regular activities, they are advised by the clinic to express the milk and leave it for the baby.

- a. What do you think about this advice?
 - b. Do you know whether women in your community express their breast milk?
 - c. Why or why not?
 - d. What do women do to make sure their babies are fed when they have to leave them?
7. Divide participants into groups of three for a role play. Explain that one person should be a husband, the other should be the wife, and the other should be the husband's mother. The husband and wife have a two-month-old baby boy. The wife has been practicing exclusive breastfeeding and plans to continue. The husband's mother thinks that the baby needs to start taking some watery porridge. She thinks the baby cries too much and it is because he is hungry. She believes boys need to eat more than girls and breast milk alone is not enough. Ask participants to role-play this scenario.
 8. After five to ten minutes, ask participants to return to the larger group and discuss their role plays using the following questions:
 - What happened in your role play?
 - Did the "father" become involved in the discussion?
 - What was decided? Was the "father" comfortable talking to his mother about feeding his child?
 - Do you think this is something that could happen in your family? In your community?

Activity 3.5: Complementary feeding

Objective: To understand the importance of feeding children the right kinds of food starting at six months of age.

Materials and preparation:

1. Notecards with foods from earlier session (ensure that any duplicates have been removed).
2. Add other notecards with water, formula, cow's milk, breast milk.
3. A4 sheets with 0 to 6 months, 6 to 12 months, 12 to 24 months, never.
4. Prepared flip chart with food groups.

Time: 60 minutes

Steps:

1. Share the following information:
 - At 6 months of age, children start to need a variety of other foods in addition to breast milk. As children grow more and more, foods can be added to their diet.
 - Before 6 months, breast milk provides everything a baby needs, but at 6 months and as babies continue to grow they need other foods.
 - Breast milk continues to be an important source of nutrients to help children grow well and protect them from illnesses until 2 years of age and beyond.
 - The foods that are given to children beginning at 6 months are called complementary foods, because they complement breast milk—they do not replace breast milk.
 - Giving a variety of different foods in addition to breast milk helps children 6 to 24 months of age to grow well. When children are short for their age (which shows that children are malnourished), it can be permanent and can affect intelligence. Rates of malnutrition usually peak during this 6- to 24-month period, with lifelong consequences.
 - Good complementary feeding involves continued breastfeeding and giving the right amounts of good-quality foods.
 - Babies 6 to 12 months old are especially at risk, because they are just learning to eat.
 - Babies 6 to 12 months must be fed soft foods frequently and patiently. These foods should complement, not replace, breast milk.
 - How many times a day do you eat (including tea, snacks, and meals)?
 - Babies and young children have small stomachs and need to eat much more

often than an adult to keep it filled up. How many times a day do you think a young child needs to eat solid foods:

- Between 6 and 9 months of age?
 - Between 9 and 24 months of age?
 - Over 2 years of age?
 - When children do not eat properly, it affects their health, intelligence, and productivity, and ultimately, it affects a country's potential to develop.
 - Weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
 - After 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.
 - When a mother is HIV positive, it is important for her to consult a health care provider for counseling on infant feeding options when her baby reaches 6 months old, such as safer breastfeeding or the use of other suitable milks.
2. Answer any questions participants have.
 3. Pass out the notecards to participants. Explain that participants should tape their notecards under the age that food should be given to babies and young children. Make sure participants post all of the notecards.
 4. Ask participants to walk around the room with you and look at the groupings. Ask if there is anything that people think should be moved/removed. Correct any information that is not correct. It is important to emphasize that there are many cultural beliefs about what foods can and cannot be given to babies – correct any myths. Also, emphasize that the kinds of foods given to babies are similar for children 6 to 12 months and 12 to 24 months; they are often just prepared in a different way and older children eat more food, more often. Discuss any foods that are listed under never.
 5. Remind participants of how they grouped foods together earlier. Review the prepared flip chart with information on food groups:
 - Body building: Make children strong e.g. Beans, lentils, meat, chicken, fish, and egg yolks
 - Energy giving: Give children energy e.g. Rice, potatoes, maize, millet, and plantains
 - Protecting foods: Prevent and fight illness

e.g. Fruits and vegetables like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws

6. Explain that children should be fed foods from at least two different food groups at each meal.

Ask: Do you think this is how most children in our community are fed? What can we do to help ensure that children are given a variety of foods?

7. Explain that as children grow, they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, but it is also important that children are given more food, more often, and that the foods given have a lot of energy, even in small amounts (like fats and oils). Review the following amounts that children should receive.

Age	Amount of food
0 to 6 months	Exclusive breastfeeding
Beginning at 6 months	<ul style="list-style-type: none"> • 2 to 3 tablespoons at each meal • 2 meals each day
7 to 9 months	<ul style="list-style-type: none"> • ½ cup at each meal • 3 meals each day
9 to 12 months	<ul style="list-style-type: none"> • ¾ cup at each meal • 3 meals each day • 1 snack
12 to 24 months	<ul style="list-style-type: none"> • 1 cup at each meal • 3 meals each day • 2 snacks

8. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6 to 24-month-old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] Note participants' responses on a flip chart. For each response noted on the flip chart, ask: How can we work together with our partners to overcome these challenges? Encourage participants to share experiences.
9. Ask: How do you know if a child is growing well? Where can you take your child to be weighed and measured? How often should you take your child to be weighed and measured?

Do most mothers in our communities take children to be weighed and measured as often as they should?

10. Facilitate a discussion around the following questions:

- Do young children under two years eat the same foods as the rest of the family?
 - If not, what do they eat differently?
 - How often do they eat?
 - What are the best foods for babies and children of the following ages?
- a. Newborns and babies up to two months.
 - b. Babies two to six months.
 - c. Infants 6 to 12 months.
 - d. Young children one to two years.

- When should babies start to drink other liquids? And eat solids?

[Note to facilitator: Get fathers to talk about the process as they know it. Do not just ask them to answer each question.]

- a. At what age should mothers start to give water to babies? Why?

Activity 3.6: What to do when your child falls ill

Objective: To maintain proper child nutrition during illness

Time: 45 minutes

Materials: Flip charts, felt pens, masking tapes

Advance Preparation

- Prepare the venue for the meeting

Steps

- Welcome the group to the workshop
- Introduce yourself and explain your role in the workshop
- Divide the group into pairs
- When children are ill, it is important for them to eat properly.
- Reasons a child may eat less during an illness:
 - a) The child is weak
 - b) Vomiting.
 - c) Respiratory infection
 - d) Throat infection
 - e) Caregivers withhold food, thinking that this is best during illness.
 - f) Unsuitable foods available

g) Impatient caregiver

- In order to ensure children eat enough while they are sick:
- Make sure that children eat enough when they are recovering from an illness

Activity 3.7: HIV and infant feeding

Time: 60 minutes

Materials:

Flip charts

Marker pens

Objectives: To increase their sensitivity to the nutrition concerns of women and children

Steps:

Ask the same 20 participants to stay in the front of the room. Present the following:

- Now imagine that each person standing up is a baby who was born to an HIV-infected mother, but this time, the mother and baby take antiretroviral and practice exclusive breastfeeding.
- How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? Encourage several participants to discuss.
- After participants discuss, ask two people to raise their hands.
- About two out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women use PMTCT services.
- How many of these 20 babies do you think will become infected with HIV through breastfeeding? Encourage several participants to discuss.
- After participants discuss, ask one other person to raise his/her hand.
- About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for six months.
- In summary, out of 20 babies born to HIV-positive mothers, around three would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.

Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce

the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

Part 4: Men’s role in health promotion

Activity 4.1: Problem tree

Objective: To identify key roles that men can play in promoting health.

Time: 30mins

Materials: flip charts, marker pens, sticky notes, cards, masking tape.

Methodology: group work, brain storming,

Steps:

1. Divide the participants into groups. Each group will be given an assignment to draw a problem tree.
2. Provide the following instructions for the groups.
 Draw a tree trunk in the middle of a flip chart.
 Ask the group to brainstorm some of the roles of men in MIYCN. On the problem tree, each of the roles should be depicted as one of the roots of the tree. After mentioning each role, the group should think about what else can contribute to that initial role. For example, if one of the causes is “support the mother” then the group should think about how the man can support the mother. One of the roles could be “provide enough food” – this would then be depicted as sub-root of the original role.
3. After all groups are finished, ask them to post the flip charts on the wall. Allow all of the participants to walk up to the wall and observe the trees.
4. Summarize the session.

Roles of men in MIYCN	
Direct roles	Indirect roles

Objective: To identify key roles that men can play in promoting health.

Materials and Preparation:

- Flipcharts
- Marker pens.
- Prepared flipcharts with the following six roles that men play in social and economic life as follows:
 - a) Partner, husband or boyfriend.
 - b) Brother or cousin.
 - c) Father or uncle.
 - d) Friend or colleague.
 - e) Manager or supervision.
 - f) Community.

Time: 60mins

Steps:

1. Explain that this activity looks at what men can do in each of these roles to promote health and how they can help ensure that children are being fed properly and growing well.
2. Begin the session by drawing a problem tree. Explain that you would like to look at causes and consequences of men not being involved in Infant and young child feeding.
3. Divide into 6 groups. Give each group one of the following roles.
 - a) Partner, husband or boy.
 - b) Brother or cousin.
 - c) Father or uncle.
 - d) Friend or colleague.
 - e) Manager or supervisor.
 - f) Community leader.
4. Ask each group to discuss what men in their specific role could do to improve Infant and young child feeding in 15 minutes. Ask the groups to write out the list of men’s possible actions on a sheet of flipchart.
5. Bring everyone back together. Ask each small group to report back on their discussion.
6. Discuss the actions recommended by the small groups.
7. Make a note of the groups suggestions for action on men’s roles.
8. Explain that many pregnant and breastfeeding

women do not get the rest they need because of all their household responsibilities.

9. Ask. Are women able to follow the recommendations that we just discussed? Why not?
10. Ask. What are the consequences of women not eating properly? What about during pregnancy and lactation.
11. Ask. How can men support women who are pregnant and breastfeeding? Encourage participants to discuss and note their comments on a flip chart.

Activity 4.2: What your family eats

Objective: To understand the importance of meal-planning and the dynamics around family nutrition.

Materials and preparation:

- Flip-chart paper
- Masking Tape
- Marker pens

Time: 60 minutes

Advance Preparation

- iii. Prepare where the groups are going to sit
- iv. Ensure all training materials are available

Steps:

1. *[Instruction: facilitate a discussion with all the participants, as described below:]*

- iii. Explain to participants that eating is not just a simple act of putting food in the mouth and digesting it. Eating is a cultural, social, and heavily value-laden activity. We need food to be healthy and strong, but what and how we eat is almost as important as the nutrition we derive from the food. Food means different things to different people. What is food?
 - a) Let the group state a few foods and write them on the flip-chart paper.
 - b) What do you think about snails, snakes, cockroaches? Are these foods?
- iv. When you think about [insert name of popular national dish here]? When you think about [insert name of other popular national dish here], what else do you think about? What are

special holiday foods? Feel the emotions that these foods evoke.

2. Divide into groups.

- b) Groups One:
 - i. Ask the participants to describe what is a “man-meal” or “man-food.” What are the special foods that men like to eat? How do they get these foods? Are they different from what women eat and what children eat?
 - ii. Pick a piece of flip-chart paper and divide into three columns and list:
 - Man foods
 - Woman foods
 - Child foods
 - iii. Discuss how these differ and why.
 - iv. Discuss where these foods are eaten.
- c) Groups Two:
 - iv. Describe a typical meal in your family
 - v. Encourage them to talk and write about not only the foods that make up the meal but also:
 - Who prepares the meal?
 - When do people generally eat that meal?
 - How many times a day does a family come together to eat meals?
 - Does everyone eat together?
 - Who eats first and what do they eat? Who eats next and what do they eat?
 - vi. Discuss the variety of meals (not just breakfast, lunch and dinner) that families eat and how different people within the family eat differently or at different times.
- d) Groups Three:
 - iv. On a flip chart draw a line down the middle. On the left-hand side list what activities/actions are necessary to contribute toward the family meal?
 - v. Have the group go through every aspect that is required to make a meal. If processed food is eaten talk about purchasing that food, etc.
 - vi. On the right-hand side of the flip chart, for each item/activity listed, list who is responsible for that action (there can be more than one person and not just fathers and mothers—grandfathers, grandmothers, children, and many other people may be involved).

3. Groups report back what they discussed briefly. What did the group learn about food, meals, and family eating?

Activity 4.3: Understanding nutrition and HIV

Objective: To increase level of comfort in discussing HIV related topics

Time: 60minutes

Materials

- Flip charts
- Marker pen

Step

1. Ask participants to stand up in the front of the room. Present the following:
2. Imagine that each person standing up is a baby born to an HIV-infected mother.
3. How many of these babies do you think will become infected with HIV during pregnancy, labor, or birth? Encourage several participants to discuss.
4. After participants discuss, ask five people to raise their hands.
5. About five out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected would be lower for women who use PMTCT services.
6. How many of these 20 babies do you think will become infected with HIV through breastfeeding? Encourage several participants to discuss.
7. After participants discuss, ask three other people to raise their hands.
8. About three out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed and give other foods and liquids before 6 months (which is how most children in our community are fed), it almost doubles the risk of passing HIV to the baby.
9. In summary, out of 20 babies born to HIV-positive mothers, around eight would be infected with HIV, even if the mothers do not use PMTCT services or practice safer infant feeding. So most children will not become infected.

10. Summarize.

Activity 4.4: Mother-to-child transmission of HIV

Objective: To increase level of comfort in discussing HIV related topics

Time 1 hour

Materials

- Flip charts
- Marker pen

Step:

Ask participants to stand up in the front of the room. Present the following:

- Imagine that each person standing up is a baby born to an HIV-infected mother.
- How many of these babies do you think will become infected with HIV during pregnancy, labor, or birth? Encourage several participants to discuss.
- After participants discuss, ask five people to raise their hands.
- About five out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected would be lower for women who use PMTCT services.
- How many of these 20 babies do you think will become infected with HIV through breastfeeding? Encourage several participants to discuss.
- After participants discuss, ask three other people to raise their hands.
- About three out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed and give other foods and liquids before 6 months (which is how most children in our community are fed), it almost doubles the risk of passing HIV to the baby.
- In summary, out of 20 babies born to HIV-positive mothers, around eight would be infected with HIV, even if the mothers do not use PMTCT services or practice safer infant feeding. So most children will not become infected.
- Summarize.

Activity 4.5: HIV and infant feeding

Objectives: To increase their sensitivity to the nutrition concerns of women and children

Time: 1 hour

Materials

- Flip charts
- Marker pens

Steps:

- Ask the same 20 participants to stay in the front of the room. Present the following:
- Now imagine that each person standing up is a baby who was born to an HIV-infected mother, but this time, the mother and baby take antiretrovirals and practice exclusive breastfeeding.
- How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? Encourage several participants to discuss.
- After participants discuss, ask two people to raise their hands.
- About two out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women use PMTCT services.
- How many of these 20 babies do you think will become infected with HIV through breastfeeding? Encourage several participants to discuss.
- After participants discuss, ask one other person to raise his/her hand.
- About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for six months.
- In summary, out of 20 babies born to HIV-positive mothers, around three would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.
- Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

Part 5: Action planning

Objective:

By the end of this session the participants should be able to:

1. Develop action plans to integrate infant feeding content into their current activities with their group and community members

Time: 45 minutes

Materials:

Masking tapes/ marker pens

Flip charts/

Manila paper

Steps

1. Ask participants to pair off with a partner and talk with each other about how they plan to incorporate infant feeding into their current community activities.
2. After ten minutes, explain that creating an activity plan with a goal and objectives can help them achieve these goals and make positive changes in their groups and communities. Present the activity plan template, defining each of the headings and sharing examples, and pass out Handout on Action plan to participants.
3. Ask participants to work in pairs (with their partner from their men's group) for 15 to 20 minutes to create an activity plan for incorporating infant feeding into their group's activities. Ask participants to identify an overall goal (based on the conversations they had earlier), then choose activities that can help them reach their goal. For each activity, ask participants to describe the activity, timeline, and how they will know if they have been successful.

Goal:			
Activity	Resources	Dates	Measures of success

4. Divide participants into groups so that each facilitator has one group. Ask each participant to present their plan to the people in their group. Encourage members of the small groups to ask each other questions and offer suggestions.

Part 5: Skill building

Objective: to demonstrate workshop & meeting facilitation skills

Time: 1 hour

Methodology:

- Demonstrations
- Group discussions
- Illustrations

Materials:

- Sticky notes/cards
- Flip charts,
- Pens &
- Masking tapes

Steps:

- Let learners introduce themselves
- Divide them into 2 groups

Activity 5.1: Maximizing participation and engagement in groups

Objective: to promote group understanding and participation

Time: 30 minutes

Methodology:

- Demonstrations
- Group discussions
- Illustrations
- Participatory

Materials:

- Flip charts,
- Masking tapes/ marker pens

Steps:

- Facilitator helps participants establish a connection between the lessons and real life
- Maintain a respectful classroom environment
- Set discussion standards to enable full participation, and assign responsibility for increasing participation by all
- Ask participants to form 3 to 4 groups
- Assign topic to be discussed
- Give time for discussion
- Allow for group presentations followed by plenary
- Facilitator summarizes the topic

Activity 5.2: What is facilitation?

Objective: to enable participants draw out opinions and ideas of the group members during sessions.

Time: 10 minutes

Steps:

- Ask participants to briefly explain what they understand by facilitation. Give 5 to 6 chances
- Write any suggestions up on the flip chart. It's usually most effective to "check -in" with the whole group before you write up an idea. Once you have gotten 5 or 6 good rules up, check to see if anyone else has other suggestions.
- Explain the meaning giving reference to participants' explanation.

Activity 5.3: How people learn

"Tell me and I will forget. Show me, and I may remember. Involve me, and I will understand."

Confucius 450BC

Objective: To strengthen the capacity of the male champions to facilitate learning among men.

Steps:

1. Ask the participants to think of something they're good at - something they know they do well. Let them write down a few words explaining how you became good at it. Ask a few participants to share the words they wrote down.
2. Write the following list on a flip chart and lead a discussion on personal experiences on how we learn:
 - *practice*
 - *doing it*
 - *trial and error*
 - *getting it wrong at first and learning from your mistakes*
3. Ask the participants to think of something about themselves that they feel good about - a personal quality or attribute, something that 'gives them a bit of a glow'. Let them write down a few words explaining why they feel good about it. In other words, upon what evidence do they base the positive feeling? Ask the participants to share their lists in plenary. Sum up the discussion- Many people base their positive feelings on:
 - *reactions of other people*
 - *feedback*
 - *compliments*
 - *seeing the results*
4. Ask the participants to think of something that they don't do well - for example, an unsuccessful learning experience. Let them write down a few words describing the causes of this unsuccessful learning experience -

what went wrong? Ask a few participants to share their experiences with the rest. Wrap up this activity by stating that unsuccessful learning often results from:

- *lack of opportunity to practise, or to learn safely from mistakes*
 - *'bad' feedback - critical feedback given in a hostile or negative way*
 - *no motivation*
 - *fear of failure*
 - *couldn't see why it was worth doing*
 - *lack of time to make sense of it*
 - *unable to understand it before moving on*
5. Explain that five factors underpin quality learning
1. *Wanting – motivation/ interest*
 2. *Needing - necessity/ saving face*
 3. *Doing - practice/ trial and error*
 4. *Feedback - other people's reactions/ seeing the results*
 5. *Digesting- making sense of it/gaining ownership*
6. Conclude this session by asking the participants to link the 5 principles with male involvement in promoting maternal and U5 nutrition.

Notes for the facilitator

Application of the 5 principles to Learning and Teaching¹²

1. Learning is promoted when the topics relevant to learner's lives.
2. Learning is promoted when material is tailored to the learners' age, knowledge level, level of sexual experience, and gender.
3. Learning is promoted when new knowledge is demonstrated rather than simply described.
4. Learning is promoted:
 - When complex concepts or skills are broken down into a progression of smaller concepts or skills
 - When the smaller concepts or skills are

¹² Adapted from: Kirby, D. *Reducing Sexual Risk Behavior Among Young People. A Training Tool Kit for Curriculum Developers. Scotts Valley, CA: ETR Associates, 2013.*

taught first

- When there is then a logical progression to more complex skills
5. Learning is promoted when multiple examples and perspectives are provided.
 6. Learning is promoted when existing knowledge is activated as a foundation for new knowledge.
 7. Learning is promoted when learners are actively engaged in solving problems.
 8. Learning is promoted when learners organize their new concepts and skills.
 9. Learning is promoted when new knowledge is applied multiple times to solve problems.
 10. Learning is promoted when learners are given the proper balance of challenge and support.
 11. Learning is promoted when learners are encouraged to apply or integrate their new knowledge or skill into their everyday lives.
 12. Learning is promoted when instruction is individualized.
 13. Learning is promoted when effective teachers use an array of type of teaching activities, because there is no single, universal approach that suits all situations.
 14. Learning is promoted when learners work regularly and productively with other learners.
 15. Learning is promoted when learners invest time and make a committed effort.
 16. Learning is promoted when learners are assessed appropriately and understand the assessment criteria.

Activity 5.4: Preparing for a workshop

Objective: To identify the critical pre-workshop preparations to be done by the facilitators

Time: 45 minutes

Steps:

- i. Decide on date(s) and locations involved in the program. It is often best planned many months in advance so this is not a concern and you know that space you will be using.
- ii. Decide who will teach the group. Things that may be important to consider include: expertise, gender, and relationship with the group.
- iii. Meet with your co-trainer. A few weeks before the workshop
- iv. Find out information about your group. A few weeks before the workshop,
- v. Review your workshop and resources. A few weeks before the workshop,

- vi. Confirm the time, place, and group. One week before your workshop,
- vii. Prepare your materials. 1-2 days before your workshop,
- viii. Set up the room.

Activity 5.5: Workshop facilitation skills

Objective:

Time: 30minutes

Methodology

- Brainstorming

Steps:

1. Let the participants explain according to their view what facilitation is?
2. Let them also distinguish the difference with teaching/lecturing
3. Explain referring to their examples the difference between facilitation and teaching.

Groups that need to make decisions or engage in a planning process often find that using a trained facilitator makes this process more efficient and easier for everyone involved. A good facilitator can keep meetings focused on the subject of discussion or on dealing with the problem at hand; remind participants to consider the broader context of the issues; provide a neutral perspective and manage the process; move meetings along in a timely manner; help the group achieve useful meeting outcomes; and give the group a sense of accomplishment

4. Divide them into groups and let them have role plays on facilitation using below guide

Facilitator Moments:
Put on your facilitator's hat, then try to finish as many of these sentence as you can.
When one group member seems to do most of the talking, I might...
When an individual is silent for a long period of time, I could...
When someone in the team "puts down" another member, I might...
When a group seems to want to reach a decision, but appears unable to, I might...
When someone comes late, I might...
When group members are excessively polite and unwilling to confront each other's ideas, I might...

Activity 5.6: Troubleshooting

Troubleshooting (part 6, activity 6)

Objective: To diagnose and fix the problems that you may encounter in a meeting

Time: 20 minutes

Materials: Flip charts, marker pens, masking tape

Methodology: Lecture, brainstorming, discussions, and role plays

Steps:

1. Let the participants list the problems they expect to encounter during a meeting
2. Divide the participants into groups and for each group give some of the problems they listed above and let them role play them.
3. Lead the discussion on troubleshooting starting with the most general (and often most obvious) possible problems, and then narrow it down to more specific issues.
4. Present this as a flowchart diagram. This means each question is followed by a series of other questions, depending on the answer. Provide solutions for each question as a class.
5. Summarize the discussion.

Activity 5.7: Evaluation

Objective: To determine or support training accountability, effectiveness and efficiency

Time: 20 minutes

Materials: Flip charts, marker pens, masking tape

Methodology: Lecture, brainstorming discussions, and role plays

Steps:

1. Make an evaluation form covering all parts of the training for the participants to fill. It should not be long.
2. Let the participants fill the evaluation forms.'
3. Collect the form and do the evaluation.
4. Present the evaluation.

Activity 5.8: Identify blocks to progress in meetings and workshops

Objective: To identify the blocks to progress in meetings and workshop

Time: 20

Materials: flip charts, marker pens, masking tapes, cards

Methodology: group work, role play

Steps:

1. Divide the participants into groups
2. Let them brainstorm the things that block progress in meetings and workshops
3. Make role plays of the blocks they have identified
4. Summarize the session.

Activity 5.9: Practice how to manage difficult behaviors and situations, problem exploration, problem solving, ideas generation and decision making

Objective: To understand how to manage difficult behaviors and situations, problem exploration, problem solving, ideas generation and decision making.

Time: 30

Materials: cards, sticky notes, pens

Methodology: Role plays, brainstorming

Steps:

1. Divide the groups into 5 groups and give each group a topic to discuss
2. Let them brainstorm on them and make role plays
3. Let them present the role plays
4. Summarize the session

Activity 5.10: Practice facilitating meeting/team and project reviews

Objective: To practice facilitating meeting/team and project reviews

Time: 30

Materials: flip charts, marker pens, masking tapes, cards, sticky notes

Methodology: group work, role play, lectures

Steps:

1. Divide the participants into groups
2. Let them brainstorm the things that are used in the facilitation of meetings and project reviews
3. Make role plays of the issues identified
4. Role play with the audience as a class and a facilitator
5. Summarize the session.

APPENDIX

Appendix 1: Stepping Out handout

As part of this pre-intervention training, not only will you be learning content that is important for you to master in order to facilitate male involvement workshops in the community, but as you learn this content, you will also be learning skills and techniques for delivering such content in the community workshops.

For each activity that you engage in, you will literally “step out” of that activity to analyze the trainer’s process in facilitating that activity so that you can apply what you observe to your own facilitation and teaching in the community. Questions to ask yourself are:

1. Did the trainer note the purpose of the activity? Was the goal clear?
2. What types of activities did the trainer use?
3. What equipment, props or materials were used?
4. How was the room set up?
5. What preparation do you think the trainer did before leading the activity?
6. Why do you think this activity was placed at this point in the agenda?
7. What questions did the trainer ask at the end? What kind of questions were these?
8. Did the trainer offer concluding remarks?
9. If you were to do this activity, would you do anything differently?
10. How would you adapt the activity to your situation/conditions in the classroom?

Appendix 2: Facts about nutrition

When a woman is malnourished prior to and during pregnancy, it will affect the outcome of her pregnancy. She may not bring the pregnancy to full term, or she may give birth to a very small child. This will affect the child’s development throughout life.

During pregnancy, a woman needs to eat more to support her growing baby, and she needs extra iron to support the increased demand for blood in her system. She is given iron tablets during pregnancy that she needs to take for at least 90 days. She needs plenty of rest and should not be engaged in heavy work. She needs the father’s and the

family's support to help with chores to reduce her workload. The mother needs to eat foods high in calcium to keep her bones and teeth strong.

After she gives birth, the mother needs vitamin A, which passes through her breast milk to the baby. Although the baby can store iron, it cannot store vitamin A. The mother is given a large dose of vitamin A within two months of giving birth. After that, the child is given vitamin A every six months, starting at 6 months of age.

If a child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be fully made up when the child is older—it will affect the child for the rest of his or her life. For these reasons, a mother's nutrition and how children are fed during the first two years is especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

These optimal infant feeding practices are necessary to ensure adequate nutrition, growth, and development during infancy and early childhood. In many countries, current poor breastfeeding and complementary feeding practices, coupled with the high rates of childhood diseases, result in high rates of malnutrition during the first two years of life. It is essential to ensure that mothers, caregivers, family members, and communities have accurate information on how to optimally feed infants and young children, and that community leaders help to protect, promote, and support optimal infant feeding practices.

Optimal infant and young child feeding practices include starting to breastfeed within the first 30 minutes of birth, and exclusive breastfeeding for the first six months with continued breastfeeding for at least two years and longer. At 6 months, babies start to need other foods in addition to breast milk; this is called complementary feeding. Complementary feeding practices include the frequency, quantity, quality, variety, and hygienic preparation and storage of food, as well as responsive feeding among others. Feeding the right amount and the right kinds of safely prepared nutritious complementary foods is very important for a young child from 6 to 24 months.

It is important that children eat the best foods they

can get, so that they grow well and do not get sick. Malnutrition affects health and resources. Children who are malnourished are more at risk for illness and becoming less intelligent, so they will not perform as well in school as children who are not malnourished. As adults, the long-term effects of malnutrition can make workers less productive and miss work more often, causing them to earn less money during their lifetime. Malnutrition can also result in problems during pregnancy for a mother's health and the health of her child. Optimal infant and young child feeding practices are important because they have significant health, social, and economic benefits.

Appendix 3: Value clarification

Read the following statements one at a time and decide whether you agree or disagree.

1. The health of a child is a woman's business.
2. Women make better parents than men.
3. Making sure the family eats well is solely a woman's responsibility.
4. Children should sometimes go hungry so that they can learn to do without when they grow older.
5. Because men work hard to provide for the family, they should be given priority at meal times.
6. Women should always consult their husbands before going to a health center.
7. A man should not be seen taking his children to hospital.
8. Infant formula (Nan, etc.) is very good for babies.
9. Breast milk is best for babies when they are first born, but after two to three months, babies start to be hungry and need to eat other foods.
10. Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breast milk.
11. It is more important for women than men to know their HIV status.
12. Men can always know their HIV status following the results of their wives.
13. A couple should go for HIV testing together.
14. If a woman tests positive for HIV, her husband should kick her out of the home.

15. A woman's most important role is to take care of her home and cook for her family.
16. There are times when a woman deserves to be beaten.
17. It is important that a father is present in the lives of his children, even if he is no longer with their mother.

Appendix 4: Understanding gender

- Gender—as opposed to sex—refers to the ways that we are socialized to behave and dress as men and women;
 - It is the way these stereotyped roles are taught, reinforced, and internalized.
- a) We sometimes assume that the way that men and boys behave is “natural,” that “boys will be boys.”
 - b) However, many of men's behaviors—whether it's negotiating with partners about abstinence or condom use, caring for the children they father, or using violence against a partner—are rooted in the way they are raised.
 - c) In many settings, men and boys may learn that being a “real man” means being strong and aggressive and having multiple sexual partners.
 - d) They may also be conditioned not to express their emotions and to use violence to resolve conflicts and maintain their “honor.”
 - e) Changing how we raise and view men and boys is not easy, but it is a necessary part of promoting healthier and more equitable communities.
- Applying a gender perspective to working with boys and men implies two major goals:
 - a) **Gender Equity:** Means fairness and justice in the distribution of benefits and responsibilities between women and men—that is, it is the process of being fair to men and women.
 - b) **Gender Specificity:** Looking at the specific needs that men have in terms of their health and development because of the way they are socialized. This means, for example, engaging men in discussions about substance use or risky behavior and helping them understand why they may feel pressured to behave in those ways.
 - c) They has been assumptions about boys and men when it comes to their health (RH)
 - d) have fewer needs than women and girls
 - e) many women's rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men and boys
 - f) The 1994 ICPD and the 1995 Fourth World

Conference on Women in Beijing provided a foundation for including men and boys in efforts to improve the status of women and girls

- g) addressing the health and development vulnerabilities of men and women requires applying a gender perspective to programming

Appendix 5: Behave like a man

Questions for discussion

Have you ever been told to “behave like a man”?

- a) Share some experiences of someone saying this or something similar to them.
- b) Why do you think you were told this?
- c) How did it make you feel?

Have you ever been told that “you are behaving like a woman”?

- a) Share some experiences of someone saying this or something similar to them.
- b) Why do you think you were told this?
- c) How did it make you feel?

Act Like a Man	Act Like a Woman
• Be tough	• Be passive and quiet
• Do not cry	• Be the caretaker and homemaker
• Be the breadwinner	• Act sexy, but not too sexy
• Stay in control and do not back down	• Be smart, but not too smart
Have sex when you want it	• Follow men's lead
• Have sex with many partners	• Keep your man—provide him with sexual pleasure
Get sexual pleasure from women	• Don't complain
Produce children	• Don't discuss sex
Get married	• Get married
Take risks	• Produce children
• Don't ask for help	• Be pretty
• Use violence to resolve conflicts	• Be seen, not heard
Drink	
Smoke	
Ignore pain	
Don't talk about problems	
Be brave	

Transformed Men	Transformed Women
Be loving	• Be loving
• Be caring	• Be caring
• Communicate assertively	• Communicate assertively
• Express emotions constructively and when appropriate	• Express emotions constructively and when appropriate
• Be faithful to one partner	• Be faithful to one partner
• Get tested for HIV regularly	• Get tested for HIV regularly
• Use condoms regularly	• Use condoms regularly
• Delay sexual activities until both partners are ready	• Delay sexual activities until both partners are ready
• Speak out in favor of gender equality	• Speak out in favor of gender equality
• Challenge others to recognize their harmful gender norms and change themselves	• Challenge others to recognize their harmful gender norms and change themselves
• Challenge others to recognize their harmful gender norms and change themselves	• Challenge others to recognize their harmful gender norms and change themselves

Appendix 6: Healthy relationships

Read the list of opinions below. Determine whether each scenario is “Healthy,” “Unhealthy,” or “Depends” and discuss why.

List of opinions	Health	Unhealthy	Depends
a) The most important thing in the relationship is sex.			
b) Partners should never disagree.			
c) You spend some time by yourself without your partner.			
d) You have fun being with your partner.			
e) Your partner is still close to his or her ex-boyfriend or ex-girlfriend.			
f) A woman continues to spend a lot of time with her mother or sister after marriage.			
g) You spend time with your unmarried friends after marriage.			
h) You feel closer and closer to your partner as time goes on.			
i) How money is spent is the decision of the man alone.			
j) You will do anything for your partner.			
k) Sex is not talked about.			
l) One person makes all of the decisions for the couple.			
m) You stay in the relationship because it is better than being alone.			
n) You are in control and you are able to do what you want to do.			
o) When a man beats his wife, it is a sign of love.			
p) You talk about problems when they arise in the relationship.			
q) You argue and fight often.			

Appendix 7: Introduction game

Introduction game	
1. Not eating enough or not eating the right kinds of foods	1. Can cause people to have a higher risk of illness and death
2. Children are especially affected	2. When they do not eat properly
3. When children are not fed properly, they become malnourished	3. And their bodies are less able to fight off disease and infection
4. Not eating properly, falling ill often, and not being cared for well, and poor hygiene and sanitation	4. Can lead to young children being malnourished
5. When a woman is malnourished prior to and during pregnancy	5. It will affect the outcome of her pregnancy.
6. During pregnancy, a woman needs to eat more	6. To support her growing baby
7. During pregnancy, a woman needs extra iron	7. To support the increased demand for blood in her system
8. A mother needs vitamin A after she gives birth,	8. Which passes through her breast milk to the baby.
9. Although the baby can store iron	9. We need to supplement vitamin A after every 6 months
10. The mother is given a large dose of vitamin A	10. Within 4 -6 weeks of giving birth
11. The child is given vitamin A	11. Every six months, starting at 6 months of age
12. If a child is malnourished during the first two years of life	12. The child's physical and mental growth and development may be slowed
13. A mother's nutrition and how children are fed	13. During the first two years is especially important
14. Children have the right to a caring, protective environment and to healthy food and basic health care	14. To protect them from illness and promote growth and development
15. Infant feeding practices are necessary	15. To ensure adequate nutrition, growth, and development during infancy and early childhood
16. It is essential to ensure that mothers, caregivers, family members, and communities	16. Have accurate information on how to optimally feed infants and young children
17. The community leaders should help	17. To protect, promote, and support optimal infant feeding practices
18. Optimal infant and young child feeding practices include	18. Starting to breastfeed within the first 30 minutes of birth, exclusive breastfeeding for the first six months and continued breastfeeding for at least two years
19. After 6 months, babies start to need other foods in addition to breast milk	19. This is called complementary feeding
20. Feeding the right amount and the right kinds of safely prepared nutritious complementary foods	20. Is very important for a young child from 6 to 24 months
21. It is important that children eat the best foods they can get	21. So that they grow well and do not get sick
22. Children who are malnourished are more at risk,	22. And may not perform as well in school
23. Malnutrition can also result in problems during pregnancy	23. For a mother's health and the health of her child
24. Long-term effects of malnutrition can make workers less productive	24. Causing them to earn less money during their lifetime
25. During the ANC clinics the mother needs to be weighed monthly	25. After delivery the child needs to be put on a growth monitoring program for at least 5 years
26. Men need to participate in supporting women during pregnancy	26. So that the mother delivers a healthy baby

Appendix 8: Work plan Handout

Goal:		
Activity	Dates	Measures of success

Appendix 9: Handout on Developing

Facilitative Leadership

Groups that need to make decisions or engage in a planning process often find that using a trained facilitator makes this process more efficient and easier for everyone involved. A good facilitator can keep meetings focused on the subject of discussion or on dealing with the problem at hand; remind participants to consider the broader context of the issues; provide a neutral perspective and manage the process; move meetings along in a timely manner; help the group achieve useful meeting outcomes; and give the group a sense of accomplishment.

Responsibilities of a Facilitator

Some of the key responsibilities of a facilitator include the following:

- Helping the group clarify its goals or desired outcomes.
- Helping group members use the same tool at the same time on the same problem to accomplish its goals or outcomes. Sometimes this involvement means helping the group change directions and redefine its goals and desired outcomes.

The facilitator:

- Does not evaluate ideas
- Helps the group focus its energies on a task
- Suggests methods and procedures
- Protects all members of the group from attack
- Helps find win/win solutions
- Makes sure that everyone has the opportunity to participate.
- Periodically summarizes the group consensus on issues to validate and clarify the progress of the discussion

How Facilitation Differs from Training and Presenting

Training, public presentations, and facilitating share some common behavior and skills and often complement each other; but these are distinctly different developmental activities. Illustrated below are some characteristics of each. Training	Presenting	Facilitation
Participants are present to learn.	Audience is present to receive prepared remarks.	Participants are members of teams whose mission is to recommend new ideas or improvements.
Objectives are based upon learning.	Objectives are based on what is to be communicated, i.e., sell, inform, motivate, describe.	Objectives are based on process improvements.
Lesson plans are prepared to enhance learning structure.	Presenter's outline structures a logical presentation.	An agenda is used to structure the meeting for effectiveness.
Instructor is a catalyst for learning.	Presenter primarily answers rather than asks questions.	Questions are used to develop individual involvement in the group.
Instructor asks questions to evaluate learning.	Visual aids are use to present data (charts, graphs, tables).	Flip chart is used to record team member's inputs and ideas.
Visual and training aids (tapes, films, cases, role plays) are used to illustrate learning points.	Data, charts, graphs are used to support messages or recommendations.	Facilitator teaches members to use tools for team problem solving.
Involvement (experiential learning) is used to learn from others' experience and retain interest.	Communication is largely one-way from presenter to audience.	Facilitator manages the meeting structure, not content.
Number of participants varies; usually under 50.	Group can be any size.	Team size is typically 5-15 members.

Adapted from Pickett Institute Curriculum, ILJ, 2002

Appendix 10: Handout 1: The Gender Game

The Gender Game:

Identify if the statement refers to gender or sex.

Gender	Sex	Statement
		1. Women give birth to babies; men don't.
		2. Girls should be gentle; boys should be tough.
		3. In more than two-thirds of households worldwide, women or girls are the primary caregivers for those sick with AIDS-related illnesses.
		4. Women can breastfeed babies; men can bottle-feed babies.
		5. Many women do not freely make decisions, especially those regarding sexuality and couple relationships.
		6. Men's voices change with puberty; women's voices do not
		7. Four-fifths of the world's injection drug users are men.
		8. Women get paid less than men for doing the same work.

Appendix 11: Resource Sheet 1: Answers to the Gender Game

1. Sex
2. Gender
3. Gender
4. Sex
5. Gender
6. Sex
7. Gender
8. Gender

