**PART 3: TRAINER’S GUIDE**

The *Trainer’s Guide* is the third of four parts contained in this module. It is **not** a training course; rather, it provides guidance on how to design a training course by giving tips and examples of tools that the trainer can use and adapt to meet training needs. The Trainer’s Guide should only be used by experienced trainers to help develop a training course that meets the needs of a specific audience. It is linked to the technical information found in Part 2 of this module.

Module 22 focuses on gender-responsive nutrition in emergencies. The technical notes explain gender equality in the context of food security and nutrition in emergencies. They present the normative context and relevant commitments that contribute to equality and accountability of humanitarian nutrition interventions. The module explains why and how gender-responsive programming and gender-responsive programming improve the effectiveness of the work of the Nutrition Clusters including the Global Nutrition Cluster (GNC) and cluster partners.

**Navigating your way around the *Guide***

The *Trainer’s Guide* is divided into six sections:

1. **Tips for trainers –** provides pointers on how to prepare for and organize a training course.
2. **Learning objectives** – sets out examples of learning objectives for this module that can be adapted for a particular participant group.
3. **Testing knowledge** – contains an example of a questionnaire that can be used to test participants’ knowledge of gender-responsive programming in nutrition emergencies, either at the start or at the end of a training course.
4. **Classroom exercises** – provides examples of practical exercises that can be carried out in a classroom context by participants individually or in groups.
5. **Case studies** – contains examples of case studies from different parts of the world that can be used to get participants to think by using real-life scenarios.
6. **Field-based exercises** – outlines ideas for field visits that may be conducted during a longer training course.

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### 1. Tips for trainers

**Step 1: Do the reading!**

* Read Parts 1 and 2 of this module.
* Instructors should take into consideration the gender and cultural issues with respect to the participants.
* Familiarize yourself with the technical terms from the glossary.
* Read through the following key documents (see references in Part 4 of this module):
* The Sphere Project. (2011). *Sphere Handbook*, Minimum Standards in Food Security and Nutrition. Geneva.
* International Committee of the Red Cross (2008), *Nutrition Manual for Humanitarian Action*. Geneva.
* World Food Programme. (2005). *Food and Nutrition Handbook.* Rome.

**Step 2: Know your audience!**

* Find out about your participants in advance of the training:
* How many participants will there be?
* Do any of the participants already have gender experience in nutrition emergencies?
* Could you involve them in the sessions by having them prepare a case study or describe their practical experiences?

**Step 3: Design the training!**

* Decide on the duration of the training and what activities can be covered within the available time. In general, the following guide can be used:
* A **90-minute** classroom-based training can provide a basic overview of gender-responsive programming in humanitarian nutrition interventions.
* A **half-day** classroom-based training can provide the basic overview and include some practical exercises.
* A **one-day** classroom-based training can provide a more in-depth understanding of gender-responsive programming in humanitarian nutrition interventions and include a number of case studies.
* A **one-day** classroom plus field-based training can provide theoretical and practical experience.
* Identify appropriate learning objectives. This will depend on your participants, their level of understanding and experience, how they wish to use the training in their future work, and the aim and length of the training.
* Decide exactly which points to cover based on the learning objectives that you have identified.
* Divide the training into manageable sections. One session should generally not last longer than an hour.
* Ensure that the training provides a good combination of activities, e.g. combine PowerPoint presentations in plenary with more active participation through classroom-based exercises and mix individual work with group work. Also, do not underestimate the usefulness the ‘old’ method of flip charts, especially when they are colourful and well-framed.

**Step 4: Get prepared!**

* Prepare PowerPoint presentations with notes in advance and do a trial run. Time yourself!
* Prepare exercises and case studies. These can be based on the examples given in this Trainer’s Guide but should be adapted to the particular training context. You may choose to audio-record case studies instead of writing them out. Sphere and IRIN may also have video clips that could be useful.
* Prepare a kit of materials for each participant to be given out at the start of the training, which should include:
* a timetable showing the break times (coffee and lunch) and individual sessions;
* Parts 1 and 2 of this module;
* Pens and paper.

**2. Learning objectives**

Below are examples of learning objectives for a session on gender-responsive programming in humanitarian nutrition interventions. Trainers may wish to develop alternative learning objectives that are appropriate to their particular participant group. The number of learning objectives should be limited; up to five per day of training is appropriate. Each exercise should be related to at least one of the learning objectives.

**Examples of learning objectives**

At the end of the training, participants will:

* be aware of the gender dimensions of malnutrition and the different needs of women, girls, boys and men;
* understand the importance of including a gender analysis in emergency nutrition response;
* be aware of the importance of the participation of women, girls, boys and men – from the needs assessment to monitoring and evaluation;
* know the different measures that contribute to the prevention of – and protection from – GBV in the context of nutrition in emergency response;
* know how to use some effective participatory tools to assess gender inequality in emergency nutrition;
* be aware of how gender-responsive programming makes humanitarian nutrition interventions more effective.

**3. Testing knowledge**

This section contains one exercise, i.e. an example of a questionnaire that can be used to test participants’ knowledge about why gender-responsive programming is essential in emergency response, either at the start or at the end of a training session. The questionnaire can be adapted by the trainer to include questions relevant to the specific participant group and training session. It may also be helpful to consider using the questionnaire prior to the training in order to gather insight into the trainee group (see Step 2 above) and to give you time to fine-tune the training to their particular needs.

**Exercise 1: What do you know about gender-responsive programming in humanitarian nutrition interventions?**

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| **What is the learning objective?*** To test participants’ knowledge about gender.
* To test participants knowledge about gender-responsive programming in humanitarian nutrition interventions.

**When should this exercise be done?*** Before or at the start of a training session to establish the level of knowledge and/or at the end to assess what participants have learned and the impact of the training on their knowledge on gender.

**How long should the exercise take?*** 20 minutes

**What materials are needed?*** **Handout 1a**: What do you know about gender-responsive programming in humanitarian nutrition intervention? Questionnaire
* **Handout 1b**: What do you know about gender-responsive programming in humanitarian nutrition interventions? Questionnaire answers

**What does the trainer need to prepare?** * Familiarize yourself with the questionnaire questions and answers.
* Add your own questions and answers based on your knowledge of the participants and their knowledge base.

**Instructions****Step 1**:  Start the session by asking the participants individually why gender is important in emergencies and why gender-responsive programming is important in nutrition emergencies.**Step 2**:  Note their responses on a blackboard or flip chart, return to them at the end of the training session, and add to the points they have raised.**Step 3**:  Give each participant a copy of Handout 1a. **Step 4**:  Give participants 10 minutes to complete the questionnaire working alone.**Step 5**: Give the correct answers as shown in Handout 1b and allow 5 minutes for discussion. |

**Handout 1a**: What do you know about gender-responsive programming in humanitarian nutrition interventions? Questionnaire

**Time for completion: 10 minutes**

**Circle the correct answers. There may be more than one correct answer to a question.**

1. Which of the answers below describes the meaning of gender?
	1. Gender is about women.
	2. Gender is a strategy to empower women.
	3. Gender refers to the social differences between females and males.
2. Why is gender important during emergencies?
	1. Because women are more vulnerable to malnutrition.
	2. Because women and men face different risks.
	3. Because women and men have different opportunities.
	4. Because men are often the decision makers in the household.
3. Why are women and girls more exposed to gender-based violence (GBV) during emergencies than in normal circumstances?
	1. Because normal social structures are disrupted.
	2. Because of increased frustration and anger in the population.
	3. Because they need to go outside the community boundaries in search of fuel, water and food.
	4. Because of the lack of security measures.
4. What can be done to prevent this exposure to GBV?
	1. Design interventions with participation of women.
	2. Increase the presence of security and project staff.
	3. Plan activities away from the community or camp.
	4. Select a good time for services, e.g. general food distribution (GFD) in the morning.
5. What does SADD stand for?
6. Do the Sphere standards address gender?
7. Is there a Sphere core standard on gender?

**Are the following statements true or false?**

1. The gender marker is a participatory tool used in gender analysis. True False
2. Targeted action in gender programming only targets women. True False
3. Cultural factors can influence breastfeeding patterns. True False
4. To assess gender inequality, mixed focus groups with

 an equal number of men and women are recommended. True False

1. Name three reasons for which a gender-responsive approach increases the effectiveness of nutrition interventions.

**Handout 1b**: What do you know about gender-responsive programming in humanitarian nutrition interventions? Answers

1. c

2. all

3. all

4. a, b, d

5. Sex- and age-disaggregated data

6. Yes (in the *Guidance Notes* and in the Humanitarian Charter)

7. No

8. False

9. False

10. True

11. False

12. Any of the following:

* + Better targeting
	+ Identification of different needs of women, girls, boys and men
	+ Identification of vulnerable groups (socio-economic/cultural/age groups and ill/disabled individuals)
	+ Better understanding of issues leading to a better response
	+ Gender-balanced or gender-sensitive selection of staff/volunteers
	+ Gender-sensitive social and behaviour change communication (SBCC)
	+ Improved monitoring.

**4. Classroom exercises**

This section provides examples of practical exercises that can be carried out in a classroom context by participants individually or in groups. They are useful between plenary sessions where the trainer mostly lectures, since they provide an opportunity for participants to engage actively in the session. The choice of exercises will depend on the learning objectives and the time available. Trainers should adapt the exercises presented in this section to make them appropriate to the particular participant group. Ideally, trainers should use cases with which they are familiar.

***Exercise 2****: Gender dimensions of malnutrition, including culture*

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| **What is the learning objective?*** To understand how gender plays a role in each of the underlying causes of malnutrition and how culture affects gender aspects.

**When should this exercise be done?*** Early on in the training session.

**How long should the exercise take?**50 to 55 minutes.Materials:Handout 2a: What are the gender aspects related to each of the underlying causes of malnutrition: inadequate household food security, inadequate care and inadequate services and unhealthy environment in your working area?Pen and paper, flipchart and markers**Instructions****Step 1**: Give the participants 5 minutes to reflect on and list the gender-related factors for each underlying cause in their work area.**Step 2**: Divide the participants in groups of mixed different geographical areas, provide 10 minutes to brainstorm, and identify the main gender aspects for each underlying cause. **Step 3**: Ask one member of each working group to provide feedback to the whole group on the most important and most interesting aspects, and to write these up as headings on a flipchart or blackboard. Allow 10 minutes for feedback for each group.**Step 4**:Spend 10 minutes reviewing the gender dimensions of malnutrition section in Module 22 Chapter 2, while relating it to the results.If time allows:**Step 5**: Open a 10-minute discussion on how these gender aspects vary for the different regions and cultures represented in the group work.**Step 6**: Open a 5- to 10-minute discussion on how culture affects the identified key points per underlying cause. |

**Handout 2a: What are the gender aspects related to each of the underlying causes of malnutrition: inadequate household food security, inadequate care and inadequate services and an unhealthy environment in your working area?**

**The UNICEF Conceptual Framework**



Classroom exercise question: describe the gender-related factors for each underlying cause in your work area.

**Exercise 3**: Practising key informant interviews while analysing the gender dimensions of malnutrition in your place of work (in pairs)

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| **What is the learning objective?*** To understand how gender affects malnutrition in your area (consider the underlying causes discussed in Exercise 2 and obtain hands-on experience practising key informant interviews.

**When should this exercise be done?**Early on in the training session, after exercise 2.**How long should the exercise take?**60-65 minutes**Materials:**Handout 3a: Facilitator’s notes on key informant interviewsPen and paper**Instructions****If exercise 2 has not been completed, the trainer can introduce the gender dimensions of malnutrition in approximately 10 minutes, before starting the exercise (Module 22).****Step 1**: Give the participants 10 minutes to read the hand-out and list the questions for the interview.**Step 2**: Divide the participants in pairs.**Step 3**: Ask one participant from each pair to play the role of interviewer, while the other, in the role of respondent, provides answers based on his or her knowledge of the situation in the working area (or their own country) (15 minutes). **Step 4**: Allow the pairs to reflect for a few minutes on the performance of the interviewer and switch roles (20 minutes). Step 5: Ask one interviewer of each pair to present his/her findings (10 minutes).Step 6: Allow 5–10 minutes for feedback from all groups. |

Handout 3a: Facilitator’s notes on key informant interviews

How to conduct a key informant interview[[1]](#footnote-1)

**Step 1: Choose the interviewer.**

The interviewer must remain neutral and refrain from asking biased or leading questions during the interview. An effective interviewer understands the topic and does not impose judgments.

Ideally, the interviewer should:

* Listen carefully.
* Be friendly and comfortably establish a rapport with the informant(s).
* Know and understand the local customs, behaviour and beliefs.

**Step 2: Identify suitable key informants.**

Choose suitable key informants according to the purpose of the interview. A key informant can be any person who has a good understanding of the issue that you wish to explore. The informant can be a community member, teacher, religious or secular leader, indigenous healer, traditional birth attendant, local service provider, a child, a youth, or any other member of the affected community. Interviews can take place formally or informally, and preferably in a setting familiar to the informant.

**Step 3: Conduct the interview.**

The aim of the key informant interview is to find out from local influential leaders about the gender-related causes of malnutrition in the area. Examples of questions are:

* What are the leader’s beliefs and knowledge about malnutrition?
* Does the leader know why nutrition is important in child and maternal health?
* From whom did the leader hear the information and was it well explained?
* How does the leader judge his or her community’s understanding of malnutrition?
* Do both men and women have the same understanding of the nutrition and care needs of infants and young children?
* What does the leader think is the main reason for malnutrition?
* Does the leader think that child care, child health and family food are the responsibility of the family or only of mothers?
* Has the leader observed sufficient support from fathers for breastfeeding of and caring for infants and young children?
* Who makes the decisions on breastfeeding and child nutrition?
* What problems do fathers, mothers and other caregivers face when trying to provide adequate child care, infant feeding and family meals?
* What problems do women, girls, boys and men face when seeking health care?

**Try to obtain the relevant gender aspects while further probing each of the questions! Try to find out if there are any gender-related barriers to nutrition by using the above questions as a starting point for an in-depth interview.**

* Conduct the interview in a place where respondents are at ease.
* Interview one informant at a time.
* Take into account culture-specific gender sensitivities; for example, women cannot be interviewed by men in some cultures; in other cultures, women may be more open towards female interviewers. The same gender sensitivities may apply for interpreters.
* Establish contact first by introducing yourself.
* Thank the participant for making his or her time available.
* Describe the objectives of the interview.
* Review the interview guide questions together with your notes.
* If time allows for the use of a tape recorder, ask permission to tape the interview.
* After each interview, transcribe the results of your discussion, using the guide questions in recording the responses.

Do not forget to:

* inform the respondent that his or her confidentiality will be protected;
* avoid judgmental tones so as not to influence responses;
* show empathy with the respondent and interest in understanding his or her views;
* let the respondent do most of the talking;
* be an active, attentive listener;
* pace yourself according to the time you have allotted for the interview.

**Step 4: Present findings and key issues.**

* Present your observations of the process in plenary.
* Present key issues that have emerged that should be addressed in nutrition or gender interventions.

**Exercise 4**: Understanding different aspects of gender-responsive programming (Part 1)

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| **What is the learning objective?**To become familiar with different gender-responsive interventions that can be used in different situations.**When should this exercise be done?**After Exercise 3 and as part of a one- or two-day training course.**How long should this exercise take?**1 hour.**What materials are needed?**Pen and paperModule 22, Part 2 **Handout 4a:** Women’s Contributions to Reducing Micronutrient Deficiencies**Instructions** Step 1: Prepare and give a 10-minute presentation using Module 22, chapter 4.Step 2: Divide the participants into groups of a maximum of five people. Step 3: Give handouts to each group covering the main areas.Step 4: Give the groups 30 minutes to read the case study, answer the questions and prepare a presentation of their answers.Step 5: Give each group 5 minutes for feedback in plenary. Step 6: Close the session by trying to reach a consensus on gender inventions to be used in these case studies. |

**Handout 4a**:Women’s Contributions to Reducing Micronutrient Deficiencies

***Time for completion: 60 minutes***

***Participants are organized into groups of five. They should be given 10 minutes to read the case study below***[[2]](#footnote-2) ***and a further 15 minutes to prepare answers individually followed by 20 minutes for a group discussion in order to agree on the answers. Groups should then use the remaining time to write down the answers to the questions below and present back to the plenary session.***

**Case study**

A number of agencies have adopted gender-sensitive policies that aim to strengthen the role of women in controlling intervention resources in emergencies. The rationale for such policies is that the empowerment of women will contribute towards improving the impact of interventions. The findings of a recent study in non-emergency situations lend some support to this approach.

The International Centre for Research on Women (ICRW), with partners in Ethiopia, Kenya, United Republic of Tanzania, Peru and Thailand, implemented an intervention research programme to find ways to strengthen women's contributions to reducing micronutrient deficiencies. The pilot interventions focused on:

* enhancing women's skills in and knowledge on food production, processing and preparation methods and feeding practices in order to improve vitamin A intake in Ethiopia;
* promoting the adoption of new varieties of beta-carotene-rich sweet potatoes by women farmers in Kenya and encouraging their consumption to improve vitamin A intake;
* increasing women's access to and use of a modified solar-drying technology to increase year-round availability of vitamin A-rich foods in the United Republic of Tanzania;
* strengthening women's skills in decision making, problem solving and management in order to improve the quality of services in Peruvian community kitchens and improve the iron intake of members and other consumers;
* strengthening women's problem-solving and leadership skills to organize community-based interventions and thus reduce vitamin A, iron and iodine deficiencies in rural Thailand.

All five country interventions achieved significant nutrition outcomes and succeeded in reaching their nutrition objectives in less than 18 months, particularly in two specific ways: in terms of entry point and in terms of decision-makers. The interventions from Ethiopia, Kenya and the United Republic of Tanzania began by addressing women's practical resource needs as they related to food production, care and feeding practices. The intervention research programmes in Thailand and Peru began by building women's capabilities as problem solvers, decision makers and community leaders, followed by developing nutrition-specific interventions that addressed women's practical resource needs.

The Thailand and Peru studies took a total of 9 and 16 months respectively, while the other studies took between 9 and 18 months. Even more remarkable was the time needed for the nutrition-specific intervention in Peru, taking a mere four months to implement and demonstrate equivalently significant results. The authors suggest that the relative efficiency and effectiveness of the Peru and Thailand studies probably reflects who made the decisions. In the Peru and Thailand cases, women applied their enhanced skills to make decisions about which problems they needed to address and how to solve them, including the types of resources they needed and means to access them. The development professionals served as facilitators and technical resources, not as the primary decision-makers. In contrast, the decision-makers in the other studies were the research team. While community members, including women, provided information to the technical specialists and participated in the intervention trials, their decisions were limited to the choice of whether or not to adopt a technology or modify a practice.

Investing in women's decision-making power and expanding their freedom of choice was an efficient and effective way to achieve results.

***Group Questions***

*1. In which countries were strategic gender needs addressed through the described interventions? Which needs?*

*2. In which countries were targeted gender interventions implemented?*

*3. In which countries was there a high level of participation?*

*4. Was gender mainstreaming used in any of the countries?*

*5. Does the programme in which you work(ed) include targeted interventions? Do they contribute to strategic or practical gender needs?*

*6. Which approach can be used or adapted for improving nutrition during a humanitarian crisis?*

**5. Case studies**

Case studies presented in this section offer different real-life situations that differ in character. They allow participants to think through real-life scenarios, and provide an opportunity for them to work in a group and develop their analytical and decision-making skills.

**Exercise 5**: Understanding different aspects of gender-responsive programming (Part 2)

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| **What is the learning objective?**To practise conducting a gender analysis. **When should this exercise be done?**After Exercise 4 and as part of a one- or two-day training course.**How long should the exercise take?**1 hour and 15 minutes.**What materials are needed?*** **Pen and paper**
* **Module 22,** Chapter 5 (gender analysis)
* **Handout 5a:** Case study 1:A gender analysis of issues relating to community outreach work in North Darfur

**Instructions** **Step 1**:Prepare and give a 10-minute presentation using Module 22, Chapter 5 (gender analysis).**Step 2**: Divide the participants into groups of a maximum of five people. **Step 3**: Give handouts to each group.**Step 4**: Allow the groups 15 minutes to read the case study and 30 minutes to discuss the answers to the questions, and prepare a presentation of their answers.**Step 5**: Allow each group 15 minutes for feedback in plenary.  |

**Handout 5a**:A gender analysis of issues related to community outreach work in North Darfur

***Time for completion: 60 minutes***

***Participants should be organized into groups of five and given 15 minutes to read the case study and a further 45 minutes to discuss and prepare answers. Groups should then answer the questions below and present back to plenary.***

**Background**

A review of the community outreach work associated with community-based management of acute malnutrition (CMAM) programmes was conducted in North Darfur in August 2009.[[3]](#footnote-3) Three sites were included─ Abushok Internally Displaced Persons (IDP) camp, Zam Zam IDP camp and the Shahid Health Centre, each in a different context. Abushok IDP camp was initially set up by an international NGO, but handed over to the Government and is currently managed by State Ministry of Health and the host population; Zam Zam IDP camp was run by an international NGO; and Shahid Health Centre was managed by the Sudanese Ministry of Health (SMOH).

It is common in the area for traditional healers to ‘treat’ undernutrition. In some areas, it is believed that oedema is air under the skin and the swelling is burned to release the air. Other practices include applying herbs and the use of Quranic verses. The use of traditional practices delays referral to the health facilities and often only after complications occur, which require admission to a stabilization centre.

**Findings**

CMAM outreach services at the three sites were reviewed using qualitative methods such as discussions and interviews with a range of key personnel and beneficiaries. This was supported by direct observation of the sites.

**Abushok IDP camp**: The CMAM services were set up some years ago by Action Contre la Faim (ACF), but are now run by the SMOH. The community outreach worker (CW) and the CW supervisor are employed on a full-time basis and are highly educated and well trained. Staff have become demotivated and unhappy with changes in their employment conditions since the takeover by the SMOH.

**Zam Zam IDP camp**: This IDP camp has two parts: Old Zam Zam, which has had CMAM services since 2006, and New Zam Zam, in which CMAM was set up in 2009. They provide very good models and are both managed by Relief International. The CW and the CW supervisor are employed on a full-time basis. The community leaders are active and knowledgeable in undernutrition.

**Shahid Health Centre**: This government facility is managed by the SMOH and has offered CMAM services since 2008. It is well staffed, and outreach is conducted once a week by a trained team, but coverage is low. Resources for community outreach are limited with no nutrition or health educational materials, limited stationery and poor record keeping. The Centre reports that 25 per cent of admissions are from outside their catchment area.

**Table 1: Outline of community outreach in the three sites**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Abushok IDP camp** | **Zam Zam IDP camp** | **Shahid Health Centre** |
| No.of commun-ity outreach workers (CWs) and scope of work | 12 CWs and 1 supervisor, full-time (FT)They conduct outreach from six sites across the camp. It takes 45 days to cover their area. The entire population is not covered by the six sites. | 16 CWs and 1 supervisor, FT.CWs work in pairs to visit each house in their area once or twice each month. | 6 CWs – 1 male, part-time (PT)1 nutrition educator, FT3 midwives, FT1 medical assistant, FTTeams work together to cover their operational area every 7 months. They carry out outreach activities one day a week. |
| Services provided | In the past: home visits with health and nutrition education, and follow-up of defaulters and non-responders; assistance was also provided in the clinic.Currently: screening of children attending health clinics using middle upper arm circumference (MUAC) or weight for height. | Home visits: screening and referral for community-based management of acute malnutrition (CMAM), medical care and vaccinations, health and nutrition education, follow-up of defaulters and non-responders; weekly visits for all in CMAM; occasional community talks.  | Home visits: screening and referral for CMAM, medical care and vaccinations, health and nutrition education, follow-up of defaulters and non-responders. |
| Referral process | Printed referral. | Printed referral. | Hand-written referral addressed to the health centre. |
| Data usage | Data available but no analysis. | Data available but no analysis. | Data available but no analysis. |
| Records | Numbers referred each week are recorded, but without any feedback from supervisor. | Numbers referred each week are recorded, with supervisor’s feedback. | No data available. Staff report that 25% of beneficiaries come from outside the catchment area. |
| Commu-nity leader’s role | Active in the early stages in awareness raising and sensitization. No current involvement. | Active in early stages of program for awareness-raising and sensitization on CMAM services generally and facilitation of home visits; ongoing involvement to meet with COWs monthly; community leader name (sheik) added on referral form so the leader can be contacted if problem occurs. | Active in the early stages of awareness-raising and sensitization activities. No current involvement. |

Adapted from FANTA II. *Community outreach for Community-based Management of Acute Malnutrition in Sudan; A Review of Experiences and the Development of a Strategy*, 2010.

***Answer the questions:***

*1. If you would be asked to conduct a gender analysis to further shed light on the issues relating to community outreach in this case study, which methods would you use and how would you prepare the gender analysis?*

*2. Which information gaps in the text provided need to be filled through the gender analysis?*

**Discussion point**

**There is no one single answer. Please refer to the ADAPT and ACT Framework.**

**Exercise 6: Case study 2: How to protect against and prevent gender-based violence**

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| **What is the learning objective?*** To be aware of the main measures to protect against, and prevent gender-based violence (GBV).

**When should this exercise be done?*** Towards the end of the course.

**How long should the exercise take?*** 50 minutes.

**What materials are needed?*** **Handout 6a**: **Case study 2:** Gender-based Violence and the Use of Theatre in Burundi
* **6b Trainer’s notes: Answers**
* Handout 6c: IASC *Guidelines on Gender-based Violence* (*Action Sheet*)

 **Instructions****Step 1:** Divide the participants into groups of five, and ask them to read Handout 6a and reflect on the answers individually (10 minutes).**Step 2**: Ask each group to discuss and formulate their response to the case study questions. There are various possible answers. The purpose of this exercise is to raise awareness among the participants on the different measures that can be used against GBV while learning about innovative means of communication (e.g. theatre) (15 minutes).**Step 3**: Hand out the IASC GBV *Action Sheet* and allow for another 10 minutes for the group to complete their answers.**Step 4**: Ask each group to briefly provide feedback (10 minutes in total).**Step 5**: Present the recommendations made in the real situation and the follow-up (See SEAGA Matrix on Livelihood Analysis Tools). |

**Handout 6a**: **Case study 2: Gender-based Violence and the Use of Theatre in Burundi**

Source: Zicherman. N., *‘It is difficult to escape what is linked to survival’: Sexual exploitation and food distribution in Burundi*, Humanitarian Exchange, No. 35, Nov. 2006.

***Time for completion: 35 minutes plus plenary presentation***

***Participants should be organized into groups of five and given 10 minutes to read and reflect individually on the case study below, and a further 15 minutes to prepare answers in the group. Groups should then receive the Handout 6c, IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings, complete the answers to the questions below (10 minutes) and present the results to plenary.***

**Case study**

CARE International has been a key partner of the World Food Programme (WFP) in Burundi since the outbreak of the civil war in 1993, distributing emergency food aid to refugees, returnees, internally displaced persons (IDPs) and others.[[4]](#footnote-4) As the security situation in the country has improved, the programme has moved from a generalized emergency feeding to semi-regular targeted distributions. Implementing partners and local government officials were responsible for identifying households that met pre-established vulnerability criteria, and thus included in the beneficiary lists.

In light of various irregularities uncovered by field teams, CARE conducted a study between October 2004 and June 2005 to document whether sexual relations were being used as a means to access food aid, and if so, to identify the reasons and mechanisms behind such abuse, as well as to develop strategies to reduce the risk to beneficiaries.

Partnering with a local theatre group called *Tubiyage* (‘Let’s talk about it’), which has extensive experience in facilitating community discussions on ethnic conflict, sexual violence, HIV/AIDS and other sensitive subjects, the research team used interactive theatre techniques to introduce the subject in focus groups and public fora, and to elicit testimonials from community members.

In the focus group discussions and semi-structured interviews, both victims and perpetrators confirmed that sexual harassment and exploitation occurred in the food aid process. Exploitation occurred in secret and was never discussed openly, certainly not during the public validation of beneficiary lists when irregularities were to be identified.

Widows and other single women, either without husbands or without adult sons, were found to be particularly vulnerable, because they had no adult males in the household to protect their reputation, and no money to bribe the village heads to include them on the lists. Fear that they would be excluded from the lists was the main factor that led women to submit to requests for sexual favours. The perpetrators were generally those who established the beneficiary lists.

The participants in the theatre presentations and focus groups also unanimously confirmed the presence of bribes and other forms of corruption. Participants in the study suggested procedures to reduce the incidence of sexual harassment and exploitation of food aid beneficiaries.

***Answer the following questions:***

***1. Was the use of drama an appropriate method for understanding the problems identified?***

***2. What recommendations should have been made by the participants to improve transparency***

 ***of the beneficiary list and avoid corruption and GBV?(Do not use Handout 6c, IASC     Guidelines on Gender-based Violence Interventions in Humanitarian Settings Action     Sheet.)***

***3. This time using Handout 6a as a resource, identify other actions that should be carried out in this case.***

**6b. Trainer’s notes: Answers**

Recommendations:

* Have an employee of WFP or CARE present during the creation of lists to ensure transparency.
* Elect mixed gender committees of beneficiaries to monitor the creation of the list and food aid distribution.
* Ensure objectivity of the local administration in the creation of lists.
* Ensuring that the list is validated publicly in every village with the active participation of women and young people.

The study has proved to be a powerful tool for advocacy with WFP. Since sharing its findings, CARE has been allowed to devote more human resources to monitoring the development and public validation of lists, and has been experimenting with new approaches. These include separate validations with men and women, and involving local partners, such as the Burundian Red Cross and the Catholic Church Diocese Committees, who are helping CARE agents to monitor the targeting and the development of the beneficiary list at the village level.

**Handout 6c: IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Action Sheet**

Source: www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf\_gender-gbv

**Background**

Women and girls often face a different set of risks from men and boys during an emergency; one such risk is food insecurity. Effective food security and nutrition strategies require an understanding of the gender dimensions of crises in order to identify and assess gender-specific relief needs. The participation of women in decisions about how to best implement food security and nutrition programmes is critical to reducing the risks that women and girls face in emergency situations. Preventing gender-based violence requires the application of the following principles in planning and conducting food distributions:

•  The community is entitled to specific food aid benefits.

•  There must be active participation of the community.

•  All actions must be transparent, open and clear to all.

•  All actors must facilitate access to food aid.

•  All actors must ensure safety from violence and abuse.

**Key actions**

The following actions apply to the food security and nutrition sector; i.e. organizations implementing food distribution and nutrition programmes. The food security and nutrition sector identifies a focal point who participates regularly in the GBV working group and reports on the sector’s achievement of the key actions. The focal point(s) of the food security and nutrition sector participates in cross-cutting functions led by the GBV coordinating agencies and working groups, as described in *Action Sheets for Coordination, Assessment and Monitoring, Human Resources, and Information Education Communication.*

1. Collect sex-disaggregated data for planning and

evaluation of food security and nutrition strategies.

2. Incorporate strategies to prevent gender-based violence in food and nutrition programmes at all stages of the project cycle (including design, implementation, monitoring and follow-up), giving special attention to groups in the community which are more vulnerable

to sexual violence.

• Target food aid to women- and child-headed

households. Women and children who are the

sole providers of the household are often at

greater risk of discrimination and violence. In

times of food shortage, women and children

are often at heightened risk of food insecurity

and malnutrition. Registering household ration

cards in the names of women rather than men

can help to ensure that women have greater

control over food and that it is actually consumed.

• Give special attention to pregnant and

lactating women, addressing their increased

nutritional needs.

• For polygamous families, issue separate ration

cards for each wife and her dependents. Often,

the husband will be considered a member of

one of the wives’ households. Traditionally,

many polygamous men and their wives believe

that the husband is entitled to meals from

each/any wife. Carefully consider how to

assign the husband’s food ration and give clear

information to all members of the family (i.e.

all wives).

3. Involve women in the entire process of implementing food security and nutrition strategies. Establish frequent and consistent communication with them in order to understand the issues that need to be addressed and resolved. Women should participate in:

• the assessment and targeting process, especially

in the identification of the most vulnerable;

• discussions on the desirability and appropriateness of potential food baskets;

• decisions on the location and timing of

food distributions, including both general

ration distributions and supplementary feeding;

• the assessment of cooking requirements and

additional tools, their availability within the

community, and the strategies in securing

access to those non-food-items. Special attention

should be given to this point since women

could be exposed to sexual violence in the

process of collection of these items (e.g. the

collection of firewood can put them in a vul- nerable position if they have to travel very far

away or outside the camp).

4. Enhance women’s control of food in food distributions by making them the household food entitlement holder.

• Issue the household ration card in a woman’s

name.

• Encourage women to collect the food at the

distribution point.

• Give women the right to designate someone to

collect the rations on their behalf.

• Encourage women to form collectives to collect

food.

• Conduct distributions at least twice per month

to reduce the amount of food that needs to be

carried from distribution points.

• Introduce funds in project budgets to provide

transport support for community members

unable to carry rations from distribution

points.

5. Include women in the process of selecting the

location of the distribution point. Consideration

should be given to the following aspects:

• The distance from the distribution point to the

households should not be greater than the distance from the nearest water or wood source

to the household.

• The roads to and from the distribution point

should be clearly marked, accessible, and frequently used by other members of the community.

• Locations with the heavy presence of men should be avoided, particularly

those where there is liberal access to alcohol,

or where armed persons are in the vicinity.

6. Establish gender-balanced food distribution committees that allow for the meaningful and equal participation of women. Attention should be given to the following aspects:

• Make sure food is distributed by a gender-balanced team. Provide packaging that facilitates

handling and can be re-used for other domestic activities.

• Select the time of distribution according to

women’s activities and needs in order to permit the organization of groups that can travel together

to and from the distribution point.

• Distribute food during the day. Leave enough

time for women to return to their homes during

daylight.

7. Provide sufficient information on distributions using a variety of methods to ensure communication to everyone, especially women and girls. Inform the community about:

• the size and composition of the household

food rations;

• beneficiary selection criteria;

• distribution place and time;

• the fact that they do not have to provide services or favours in exchange for receiving the

rations;

• the proper channels available to them for

reporting cases of abuse linked to food distribution.

8. Reduce security risks at food distributions. Create “safe spaces” for women at distribution points.

• Appeal to men in the beneficiary community

to protect women and ensure safe passage of

women from distribution sites to their homes.

• Ensure a balance in the sexes of those carrying out the distribution.

• If necessary, segregate men and women receiving rations, either by having distributions for

men and women at different times, or by

establishing a physical barrier between them

during the distribution.

• Assure that food distribution teams and all

staff of implementing agencies have been

informed about appropriate conduct, avoidance

of sexual abuse and exploitation, and

mandatory reporting. (See Action Sheet 4.3,

Implement confidential complaints mechanisms.)

• Create “safe passage” schedules for child household heads.

• Begin and end food distribution during daylight

hours.

• Consider placing two women guardians (with

vests and whistles) to oversee off-loading, registration, distribution, and post-distribution of

food. These women can signal to the security

focal point if there are problems.

9. Monitor security and instances of abuse in the

distribution point as well as on departure roads.

• Ensure that there are women staff from the implementing agency present during food distributions.

• Establish a community-based security plan for

food distribution sites and departure roads in collaboration with the community.

• Establish a security focal point at each of the

distribution sites.

• Monitor security on departure roads and

ensure that women are not at an increased risk

of violence by carrying the food commodity.

**6. Field-based exercises**

This section outlines ideas for exercises that can be carried out as part of a field visit. Field visits require a great deal of preparation. An organization that is actively involved in community development programming must be identified to host the visit – this could be a government agency, an international non-governmental organization (NGO) or a United Nations agency. The agency needs to identify an area that can be easily and safely visited by participants. Permission has to be sought from all the relevant authorities and communities, and care taken not to disrupt or take time away from programming activities. Despite these caveats, field-based learning is probably the best way of providing information and teaching new skills that participants will remember.

**Exercise 7**: Learning about Daily Activity Clocks

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| **What is the learning objective?** To obtain practical experience of how to develop Daily Activity Clocks with separate groups of men and women. **When should this exercise be done?**As part of an in-depth course. **How long should the exercise take?**0.5 day (excluding travel). **What materials are needed?**Pens, paper, clip board or flat sandy area and stonesHandout 7a: Trainer’s notes on how to develop Daily Activity Clocks**What does the trainer need to prepare?**Organize the field work for pairs who will create a Daily Activity Clock. This can be carried out in refugee/IDP camps or in the community.Work with the participants the day before the field work to develop key questions and practise their communication skills.Read Handout 6a and prepare a short presentation. **Instructions****Step 1**: Give each participant a copy of Handout 7a and introduce the tool.**Step 2**: Divide participants into pairs to carry out the field work. Be gender-sensitive. (In traditional cultures, it may be preferred that women work with the women, and men with the men.) **Step 3**: Spend no more than 1-1.5 hours on the exercise.**Step 4**: Allow the participants 1-1.5 hours to analyse their findings. Participants should give each other feedback on their conduct during the group discussion (peer review).**Step 5**: Bring all the participants together for 1- to 2-hour plenary feedback. |

**Handout 7a**: Facilitator’s notes on how to develop Daily Activity Clocks

**Daily Activity Clocks**[[5]](#footnote-5)

**Purpose: Daily Activity Clocks** illustrate all the different kinds of activities carried out in one day. They are particularly useful for looking at relative workloads between different groups of people in the community, e.g. women and men, the rich and poor, the young and old. Comparisons between Daily Activity Clocks show who works the longest hours, who concentrates on a small number of activities, who must divide their time to carry out a variety of activities, and who has the most time for leisure and sleeps. They can also illustrate seasonal variations.

**Process:** Organize separate focus groups of women and men. Ensure that each group includes people from different socio-economic groups. Explain that you would like to learn about what they do in a typical **day**. Ask the groups of women and men to each produce their own clocks. They should first focus on the activities of the previous day. They should draft an outline of all the activities carried out at different times, and their duration. Plot each activity on a circular pie chart to represent a clock. Activities that were carried out simultaneously should be noted, such as child care and gardening.

When the clocks are completed, ask questions about the activities shown. Ask whether yesterday

was typical for the time of year. Note the present season, e.g. the wet season, and then ask the same participants to produce new clocks to represent a typical day in the other season, e.g. the dry season.

**Compare**: One of the best (and often entertaining) ways to introduce the Daily Activity Clock is to start by showing what your own day looks like. Draw a big circle on paper and indicate what time you wake up, what time you go to work, when you care for your children, and so forth. There is no need to go into great detail, but it is important to illustrate that all kinds of activities are included, such as agriculture work, wage labour, child care, cooking and sleep.

**Exercise 8**: Learning about gender-disaggregated Seasonal Calendars

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| **What is the learning objective?** To obtain practical experience of how to develop gender-disaggregated Seasonal Calendars.**When should this exercise be done?**As part of an in-depth course, after exercise 7. **How long should the exercise take?**0.5 day (excluding travel).**What materials are needed?**Pens, a long roll of paper (e.g. wall paper), a clip board, or a flat sandy area and stones.Handout 8a: Trainer’s notes on how to develop gender-disaggregated Seasonal Calendars**What does the trainer need to prepare?*** Organize the field work for pairs working on one calendar with a group of men or women. This can be carried out in a refugee/IDP camp or in the community.
* Work with the course participants the day before the field work to develop key questions and practise their communication skills.
* Read Handout 8a and prepare a short presentation.

**Instructions****Step 1**: Give each participant a copy of Handout 8a and introduce the tool.**Step 2**: Divide participants into groups of two to carry out the field work. (Be gender- sensitive: in traditional cultures, it may be preferred that women work with the women, and men with the men.) **Step 3**: Dedicate no more than 1.5–2 hours to the exercise.**Step 4**: Allow the participants one hour to analyse their findings. Participants should share feedback on how they conducted the exercise (peer review).**Step 5**: Bring all the participants together for 1- to 2-hour plenary feedback.   |

**Handout 8a**: Trainer’s notes on how to develop gender-disaggregated Seasonal

Calendars

**Gender-disaggregated Seasonal Calendars**

See Annex 6, Participatory tools for gender analysis[[6]](#footnote-6)

**Purpose: Seasonal Calendars** are tools that help to explore changes in livelihood systems taking place over the period of a year. They can be useful in exploring how to strengthen livelihoods following emergencies and avoids time biases because they show what occurs in different seasons; otherwise, there is a tendency to discuss only what has occurred during the rapid assessment.

Seasonal Calendars can be used for many purposes: to learn about people’s workload at different times of the year and how their incomes change in different periods as well as to show the seasonality of other important aspects of livelihoods such as food and water availability.

**Process:** Work with a group of women and a group of men that produced the Daily Activity Clocks. Explain that, this time, you want to learn about what people do in a **year**. Find a large open space for each group. Calendars can be drawn on a large paper or can be traced in the sand or on a dirt floor using stones or leaves for quantification. Draw a line all the way across the top of the cleared space (or paper). Explain that the line represents a year and ask how people divide the year, i.e. months and seasons. The scale to use is the one that makes the most sense to the participants. Ask the participants to mark the seasonal divisions along the top of the line. It is usually easiest to start the calendar by asking about rainfall patterns.

Ask them to put stones under each month (or other division) of the calendar to represent relative amounts of rainfall (more stones equal more rain). Once the rainfall calendar is finished, you can draw another line under it and ask participants to make another calendar, this time showing their labour in agriculture (placing more stones over the periods of high labour intensity). Make sure that the labour calendar and subsequent calendars are perfectly aligned with the rainfall calendar. Different colours or different lines can be used to differentiate the tasks by men and women. This process is repeated, one calendar below another, until all the seasonal issues of interest are covered. Be sure to include calendars for food availability, water availability, income sources and expenditures.

Ask the participants to put a symbol or sign next to each calendar to indicate the topic. As much as possible, ask them also to describe the sources of food and income, and relevant details. Other issues may be added according to the needs and interests of the participants, such as animal diseases, fodder collection, fishing seasons, marketing opportunities and health problems, some of which must be divided by gender.

***Field exercises***

*1. Facilitate the creation of the calendar by the community group, while paying attention to the different gender roles (e.g. tasks carried out by men and women, who controls the resources).*

*2. Analyse the situation based on the calendars:*

* *What are the lean periods?*
* *What are the idle periods?*
* *Which foods are abundant and when?*
* *What are the available opportunities to improve food security of the community concerned looking at food surpluses and other community resources and time availability?*
* *Should men or women be assisted to develop food security activities?*
1. Adapted from Module 19, Part 3, Handout 8a. [↑](#footnote-ref-1)
2. Adapted from *Field Exchange,* Issue 20,Nov. 2003, p. 10; and Johnson-Welch, C. Explaining nutrition outcomes of food-based interventions through an analysis of women's decision-making power. *Ecology of Food and Nutrition*, 41:21-34, 2002. [↑](#footnote-ref-2)
3. FANTA II. *Community Outreach for Community-Based Management of Acute Malnutrition in Sudan: A Review of Experiences and the Development of a Strategy*, 2010 [↑](#footnote-ref-3)
4. Adapted from Module 19, Part 3, Handout 4a. [↑](#footnote-ref-4)
5. FAO/WFP Socio-Economic and Gender Analysis (SEAGA) for Emergency and Rehabilitation Programmes, 2005 [↑](#footnote-ref-5)
6. FAO/WFP Socio-Economic and Gender Analysis (SEAGA) for Emergency and Rehabilitation Programmes, 2005. [↑](#footnote-ref-6)