Save the Children

Foreign Affairs, Trade and Development Canada

Affaires étrangères, Commerce et Développement Canada

IMPROVING NUTRITION FOR MOTHERS, NEWBORNS AND CHILDREN IN AFGHANISTAN

FACILITATOR'S GUIDE:

Gender Training for Community Health Workers in Afghanistan

Acknowledgments

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We thank you in advance for your interest in this topic and greatly welcome and value continued feedback on this guide. To share your reflections and recommendations please email Deanna Duplessis, Gender Advisor, dduplessis@savethechildren.ca.

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Photo: Hedinn Halldorsson / Save the Children

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ACRONYMS

BCC .....Behaviour Change Communication
CHW .....Community Health Worker
CHS.....Community Health Supervisor
CHM .....Community Health Mobilizer
DFATD .....Canadian Department of Foreign Affairs, Trade and Development
ICH.....Improving Community Health
ICN.....Improving Community Nutrition
IYCF .....Infant and Young Child Feeding
MAM .....Moderate Acute Malnutrition
MoPH.....Ministry of Public Health
NERS.....Nutrition Education and Rehabilitation Session
OTP.....Out patient Therapeutic Program

LIST OF TERMS

Behaviour Change Communication	Behaviour change communication is when we use forms of communication to promote healthy behaviours and practices to improve health outcomes.
Community Health Workers	Community Health Workers are the frontline health service providers who are the closest to the community. Their role is to sensitize communities on healthy behaviours as well as deliver the curative interventions to sick children in their communities.
Gender	Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women, girls and boys.
Gender Blind	Gender blind refers to interventions that are designed without any consideration of gender at all – they may inadvertently reinforce gender inequalities and miss opportunities in program design, implementation, and evaluation to enhance gender equality and achieve more sustainable project outcomes.
Gender Equality	Gender equality refers to when one sex is not routinely privileged or prioritized over the other; that is when women and men, girls and boys have equal rights, obligations and opportunities.
Gender Equity	Gender equity means being just towards men and women, girls and boys. It highlights the idea that girls and boys, women and men have unique needs, experiences and opportunities and therefore may often need different opportunities and resources to enable gender equality.
Gender Exploitation	Gender exploitative approaches take advantage of rigid gender norms and existing imbalances in power to achieve the program objectives, but with negative effects on gender equality goals.
Gender Role	Gender roles are behaviours, attitudes and actions society feels are appropriate or inappropriate for a man or woman, boy or girl, according to cultural norms and traditions.

Gender Sensitive	Gender sensitive refers to when the different needs, abilities and opportunities of boys and girls and men and women are identified, considered and accounted for.
Gender Transformative	Gender transformative refers to when we utilize a gender sensitive approach and promote gender equality, while working with key stakeholders to identify, address and transform the root causes of gender inequality for women and men, girls and boys.
Health Services	Health services are any service that seeks to contribute to improving health, including the provision of health information, goods and care.
Social Determinant of Health	Social determinants of health are the conditions in which people are born, grow, live, work, and age, as well as the health systems in place.

Photo: Save the Children

INTRODUCTION

1. INTRODUCTION

1.1. Improving Nutrition for Mothers, Newborns and Children

'Improving Nutrition for Mothers, Newborns and Children' is a three year program to improve the nutritional status of newborns, children under five and women of reproductive age in selected provinces in Afghanistan. For this project, Save the Children (SC) works in collaboration with the Ministry of Public Health (MoPH) and locally selected Non-Governmental Organizations (NGOs) implementing a Basic Package of Health Services (BPHS), generally referred to as BPHS NGOs. Together, they work to address the dismal maternal, newborn and child nutrition (MNCN) situation in Bamiyan, Daikundi, Kandahar, Jawzjan, Faryab and Sari Pul provinces in Afghanistan, where nutritional health, particularly of women and children, is very poor. Building community awareness, especially of primary caregivers, on healthy infant and young child feeding (IYCF) practices is one of the core objectives of this project.

Widespread gender inequalities have a critical impact for health and nutrition in Afghanistan, as demonstrated by unacceptably high rates of both maternal mortality and malnourishment amongst women and girls. Through integrating a strong focus on gender equality within this project, SC strives to support the Afghanistan MOPH's 2012-2016 Strategy, which aims to decrease inequalities in health and promote "gender equality as the basis for […] programmes, especially maternal and newborn health programmes, by addressing the lower status of women and discrimination against women".

Guided by Save the Children's (SC) Principles for Gender Equality this program aims to support girls and boys, women and men, in fulfilling their equal rights to health and nutrition. SC recognizes that a focus on gender is essential as we work to achieve the programme's ultimate goal of meeting basic health and nutrition needs, and decreasing vulnerability, for people in Afghanistan, with a focus on women and girls.

1.2. Purpose of the Guide

The purpose of this facilitation guide is to support child rights-based organizations in their work carrying out gender sensitive health and nutrition programming. The training sessions are designed to facilitate the participation of front-line health workers in this discussion - the authors of this guide recognize that CHWs have an already heavy and intensive workload and thus suggest concrete ways in which CHWs can integrate a gender approach in their existing activities, instead of adding additional activities to their workload.

The content of this guide is adapted from that developed through Save the Children's Improving Community Health project in Mali. This guide supports the 'Improving Nutrition for Mothers, Newborns and Children' project's Gender Strategy.

Photo: Save the Children

2. OVERVIEW OF THE TRAINING

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2.1. Training Objectives

This training is meant for CHWs working to improve health and nutrition amongst women, newborns and children in Afghanistan. The primary objectives of the training include:

- To increase awareness and **knowledge of gender** and its influence on the health and nutrition of women and children;
- To introduce the practice of **applying a gender lens** to identify gender roles in the beneficiary communities, as well as how these gender roles may influence the health and nutrition of women and children;
- To introduce the **practice of integrating gender approaches** throughout consultations with caregivers and children; and
- To introduce the **practice of integrating gender approaches** while facilitating behaviour change communication (BCC).

To achieve these objectives, the curriculum is divided into four (4) sessions, where each session focuses on one of the objectives.

Each session will be carried out in five hours, and the complete training package will be facilitated over four months (with 1 session each month). A follow up visit with CHWs will be scheduled after the completion of the training, guided by Community Health Supervisors (CHS) and Community Mobilizers, to track the performance of each CHW, respond to questions that have arisen, and support continued reflection and discussion. A monthly reporting mechanism will be established to report on experiences applying the learnings from the Guide in day-to-day practice. In addition to supervision, CHSs and Community Mobilizers will provide continued on-the-job training to CHWs.

Tableau 1: The recommended schedule for delivering the curriculum

MONTH 1	MONTH 2
Session 1: An Introduction to Gender	Session 2: The Application of a Gender Lens
MONTH 3	**MONTH 4**
Session 3: Integration of Gender in Consultations	Session 4: Integration of Gender in BCC

Upon completion of the four training sessions, continuous learning will be facilitated with the CHWs at monthly meetings by CHSs and Community Mobilizers. This continuous learning will be facilitated through structured discussions regarding the application of knowledge learned by the CHWs in their gender training.

2.2. Training Structure

The CHW Gender Training Package consists of two main documents:

- **The Facilitator's Guide:** A guide to be used by facilitators to deliver this training to CHWs.

- The CHW's Training Workbook:
  A workbook of reference information and tools for the CHWs to follow during the training and refer to while working in the field.

This document is the **Facilitator's Guide** which the facilitator will use to deliver the training to the CHWs. This Guide is organized according to our four (4) sessions (as outlined previously) and each session will include three (3) main sections:

- Overview: The Overview section provides the facilitator with the primary objective of the session, as well as the time needed to deliver the session.

- Preparation: The Preparation section provides the facilitator with a list of materials to prepare in advance of the session.

- Implementation: The Implementation section provides the facilitator with step-by-step instructions on how to deliver the session to participants. Within the Implementation section, there are three types of texts::

  - Information to share directly with the participants. It is written in **bold**.

  - Instructions solely for you, as the facilitator, to use in delivering the session. They are written in *italics*.

  - Information or instructions which are particularly important for you to pay attention to or emphasize to participants. They are <u>underlined</u>.

Throughout the four (4) sessions there are three (3) types of boxes to support you, as the facilitator, in the delivering the training:

- One type of box provides possible answers to the questions you ask the participants. You may decide to share the answers in the box with the participants if they are having difficulty responding or if the participants have not raised all aspects of the possible answers listed in the box.

- Another type of box provides definitions of key words that are used in the text of the guide. You may use them as a reference for yourself and/or you may share them with the participants to remind them of a certain definition.

- The third type of box provides examples of how to create the Reference Notes that you need to prepare on flip-chart paper in advance of the sessions.

In addition, there are two graphics included in the guide to remind you, as the facilitator, when to communicate certain items to the participants. The graphics include the following:

Where there is a graphic of a question mark, ask the participants if they have any questions about the content shared thus far

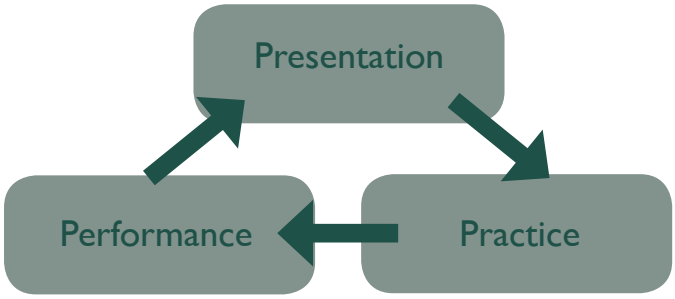
Where there is a graphic of a book, refer the participants to the indicated page in their Workbook.

2.3. Facilitation Guidelines

Recognizing that gender is a complex concept to learn and apply, the training is organized according to the 3P approach to learning – Presentation, Practice and Performance (see Figure 1).

- **Presentation:** Des concepts sont partagés avec les participants par le biais d'activités interactives.
- **Practice:** Participants actively engage with the concepts they are learning through individual or group activities.
- **Performance:** Participants reflect on the new concepts and take action to apply them in their day-to-day work, with continuous supervision.

Figure 1: 3P Approach



For example, image teaching a group of students a dance. In the presentation stage, you may write each step of the dance on the blackboard, and then show the students each step by doing the steps yourself in front of the group. As for the practice stage, you may ask the students to imitate each step you show them and then ask them to practice each step of the dance in pairs and provide one another feedback. At the same time, while they are dancing in pairs, you may too observe and provide feedback. During the presentation stage, the students may do the dance you taught them at a celebration, and as their teacher you may attend to supervise their dance and provide additional feedback so that they continue to receive your guidance and thus improve.

The training is organized such that the 3P cycle is present across the sessions to support participants in learning new concepts and establishing new practices. The first two sessions focus primarily on presentation and the third and fourth sessions enter more into practice and performance.

In addition to following the curriculum structure, there are five principles to guide your delivery of the training, in efforts to create an environment that is optimal for learning (see Figure 2).

Figure 2: The five principles to create an environment that is optimal for learning

- **Openness:** An open space is provided where all participants have the opportunity to share their thoughts and experiences without fear of judgement. To create this space, as facilitators we must be respectful of and appreciative for all ideas that are shared, even when they are different from our own.

- **Participation:** Opportunities for active participation are provided for all participants so that they have opportunities to engage with the concepts and build an understanding of how to translate what they are learning into action.

- **Reflection:** Time and space for reflection is provided for all participants to process the information being shared and determine what it means to them and their work. The curriculum is structured to also support this form of learning, however, for the reflection to be effective the facilitator must also provide sufficient space and time, as well as encouragement, for continuous reflection.

- **Empowerment:** Throughout the training and during the continuous learning sessions, all participants are empowered to put into action what they have learned and to share their experiences with others. This active participation and reflection will provide participants with new knowledge and skills, however, for participants to apply what they have learned, they must feel confident. Therefore, it is crucial that participants receive continuous support and encouragement within their roles. As facilitators, we can support participants in building their confidence by using positive language, celebrating their learning, encouraging their creativity, recognizing their challenges and supporting them in finding solutions.

- **Confidentiality**: To encourage participants to share their thoughts, feelings and experiences, it is important to create a space where all participants agree to keep what is shared within the space confidential. Thus, whatever is shared during the training sessions cannot be attributed back to one of the participants outside of the training.

2.4. Link between Gender and Health

Gender and health and nutrition are inextricably linked, whereby gender acts as a cross-cutting social determinant of health and nutrition by influencing a person's access to and control over opportunities and resources, as well as their opportunity to influence decision making (see Figure 3).

Definition: Gender

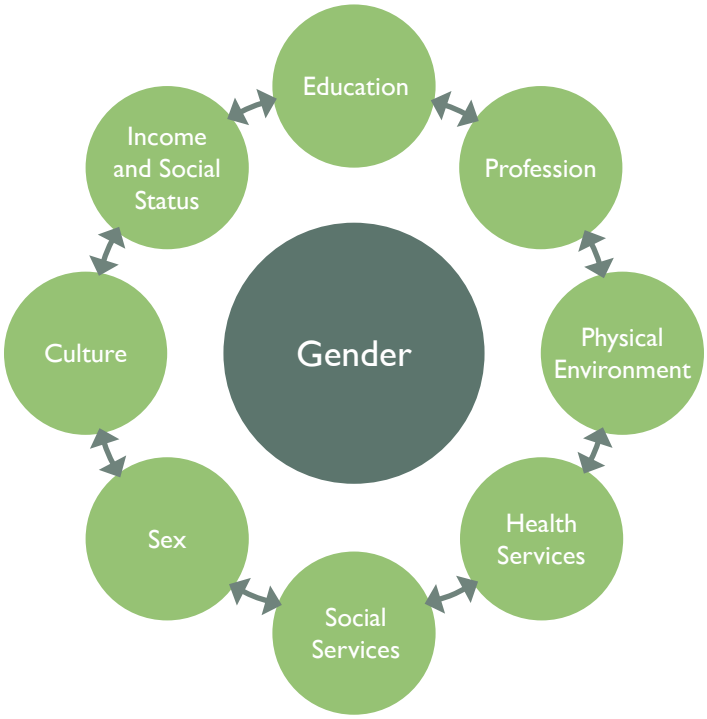
Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women, girls and boys.

Definition: Social Determinant of Health

Social determinants of health refer to the conditions in which people are born, grow, live, work and age, as well as the health systems that are put in place.

- **Opportunities:** For example, a person's gender may influence their opportunity to learn how to read as well as understand national languages, and thus influence their access to health and nutrition information.
- **Resources:** For example, a person's gender may influence their access to and control over family resources, and thus influence their access to money for transportation to visit a CHW.
- **Decision-making:** For example, a person's gender may influence their opportunity to participate in decision making within the household, and thus influence their opportunity to decide to seek health care or attend an information session hosted by a CHW on infant and young child feeding.

Figure 3: Social determinants of health



For instance, in Afghanistan we can see that women, who are traditionally the primary caregivers of children, often face barriers to accessing health and nutrition information and this can have negative impacts on the health and nutrition status of themselves and their children. In addition, decision making power and control over resources tends to rest with the male head of household, thus limiting women's abilities to influence health-related decisions at the family and community level. This experience is described in Sharifa's story in Box 1 as she cares for her son Moussa.

Box 1: Sharifa's Story

Sharifa is a twenty-eight year old mother of five children. Her youngest child, Moussa, is a year and half. They live in a village that is a full day's walk to the nearest CHC. During the rainy season it takes even longer because the paths become puddles and streams. Recently, a CHW was placed in a village nearby which meant that if one of Sharifa's children became ill, she could bring them to the CHW first instead of travelling the distance to the CHC.

One day, Sharifa noticed that Moussa was feeling warm to the touch. She remembered seeing the CHW sharing a poster with a child who was warm to the touch, but she couldn't read what was written underneath the picture. She wondered whether she should take him to the CHW, but thought maybe she could wait a day or two and see if the temperature would disappear.

By the third day Moussa's body was really hot, he was sweating a lot and after being fed he was vomiting. After noticing these changes, Sharifa thought that she needed to take Moussa to the CHW. But Sharifa's husband was not at home and she needed to tell him the situation and hear his decision before going to the CHW. By the time Sharifa was able to speak with her husband, it was the night of the third day of Moussa's illness. Her husband decided that Sharifa could take Moussa to the CHW, but because it was night they would have to wait until morning.

On the morning of the fourth day, Sharifa asked her mother in-law if she could watch over her other four children while she took Moussa to the CHW. Her mother-in-law was concerned that Sharifa would spend the whole day away from her house chores, which were her primary responsibility, so she told her to carry out work at home for the morning and then in the afternoon she would take care of her other children while Sharifa took Moussa to the CHW. Sharifa did what she was told but was worried about Moussa all morning.

By the time they arrived at the CHW's, Moussa was very weak and sweaty, and was still vomiting everything he was fed. The CHW assessed Moussa and quickly determined that he needed to be referred to the CHC. Sharifa was able to use the CHW's mobile to call her husband, who decided that Sharifa could take Moussa to the CHC and use some of the family money to take a taxi along the highway, even though spending this money would impact the family's ability to obtain adequate and nutritious food that month. That evening, Sharifa was finally able to get Moussa to the CHC where he was diagnosed with malaria. Moussa received his initial treatment there and Sharifa was given the instructions on how to continue to give the treatment to Moussa at home.

Sharifa's story is quite common. Within the story, many different factors influenced her health seeking behaviour, and many of those factors had to do with gender. Overall, it took four days for Sharifa's son to receive treatment for malaria, which greatly increased his health risks and could even have resulted in death. But it did not have to take this long. A revised version of Sharifa's story is described in Box 2.

Box 2: Sharifa's Story Revised

Sharifa is a twenty-eight year old mother of five children. Her youngest child, Moussa, is a year and half. They live in a village that is a full day's walk to the nearest CHC. During the rainy season it takes even longer because the paths become puddles and streams. Recently, a CHW was placed in a village nearby so that if one of Sharifa's children became ill, she could bring them to the CHW first, instead of travelling the distance to the CHC.

One day, Sharifa noticed that Moussa was feeling warm to the touch. She remembered participating with her mother in-law in a community session led by a CHW where she and other mothers had to create and present a play. The play showed a child who was warm to the touch, and since it was a sign that the child had malaria, the child was taken to the CHW site. After remembering this play, Sharifa thought that she had to take Moussa to the CHW immediately.

However, Sharifa's husband was not at home, and typically when one of their children fell ill they decided together what they should do. Given that Moussa had a sign that he may have malaria, Sharifa knew her husband would support her decision to take Moussa to the CHW.

Prior to leaving the house, Sharifa took some money from the household health fund that her and her husband set up where either one could use the money in case of illness. Sharifa then asked her mother in-law if she could watch over her other four children while she took Moussa to the CHW. Although Sharifa had house chores to do, her mother-in-law agreed as she also remembered the play at the CHW session.

By the time they arrived at the CHW's site, Moussa was feeling a bit warmer. The CHW assessed Moussa and quickly determined that he had malaria. The CHW gave Moussa his first treatment and shared the remaining medication with Sharifa to give Moussa at home. That same day, when Sharifa returned home she shared what happened with her husband and he was thankful that Sharifa took Moussa directly to the CHW when she noticed a sign that he may have malaria. As the treatment for malaria is free, Sharifa was able to return the money to their health fund to be used at another time.

In comparing the two versions of Sharifa's story, what is it that makes them different?

1. **Access to health information:** In the first story, Sharifa was unable to access the information written on the poster about signs of malaria; however, in the second story, Sharifa was able to access the information because it was shared via role play. This meant that in the second story Sharifa was able to overcome this critical barrier for identifying the signs of malaria early.

2. **Opportunity to influence decision making:** In the first story, Sharifa did not have the opportunity to influence the decision to take her son to the CHW site; however in the second story Sharifa had the opportunity to make the decision because her husband was supportive of her making health decisions for herself and their children. This meant that in the second story Sharifa was able to overcome this critical barrier by making the decision to visit the CHW.

3. **Access and control over resources:** In the first story, Sharifa had to ask her husband to use money for transportation to the health facility and so did not have equal access and control over the household resources; however in the second story Sharifa had equal access and control over the household health fund. This meant that in the second story Sharifa was able to overcome this critical barrier by having equal control over household resources for health services.

In Sharifa's story, how are the three barriers related to gender?

1. **Access to health information:** A person's ability to access information, whether it is written or verbal, is dependent in part on their opportunity to learn how to read and understand the language in which the information is communicated. Gender often influences a person's opportunity to learn where, historically in Afghanistan, a the education of males is often prioritized over a the education of females. Therefore, women may be less likely to be able to access health information, especially in written form.

2. **Opportunity to influence decision making:** LA person's opportunity to influence decision making is based on the decision making power they have within their household or within their wider community. Gender often influences the level of decision making power a person has, where in Afghanistan a male head of household often has greater influence over decision

making than women within the family. As a result, women will have less influence over decision making in regards to many household matters, including seeking health and nutrition services.

3. **Access and control over resources:** A person's access to and control over resources, and thus allocation of resources, is based on their bargaining position which is in turn dependent on their status within their household or community. Gender often influences a person's status, where in Afghanistan a male head of household often has better bargaining position than women within the family. However, grandmothers in Afghanistan also often have authority over household expenditures. Accordingly, young women will have less access and control over the resources and how they are allocated, including their use for health and nutrition services (i.e. transportation, medication).

In comparing the two versions of Sharifa's stories, it is clear that gender acts as a cross-cutting determinant of health through its influence on each person's access to and control over opportunities and resources, as well as their opportunity to influence decision making.

2.5. Save the Children's Position on Gender

Save the Children strives to ensure every child's equal right to the highest possible standard of health can be fulfilled, and we believe that this requires enabling supportive environments where all community members, especially girls and boys, can equitably access the health and nutrition services, care and information they need. To meet this goal, it is essential to identify and address barriers to health that are based on gender inequalities.

With this in mind, the 'Improving Nutrition' programme is committed to mainstreaming gender throughout the project in order to improve the health and nutrition status of newborns, children and women of reproductive age in Afghanistan. Ultimately, the programme operates on the belief that directly promoting gender equality, and integrating gender approaches into our community health work, enables us to achieve the greatest impact for girls and boys. Community health workers have a very important role to play within this.

2.6. Improving Nutrition's Gender Strategy

In working to promote gender equality and ensure gender approaches can be thoughtfully integrated within the Improving Nutrition project, the project team developed a Gender Strategy. The goal of the Gender Strategy is to ensure the project supports equal access to health and nutrition services for all children under five and women of reproductive age in the intervention area

A key component of the Improving Nutrition Gender Strategy is to build the capacities of frontline health service providers such that they can feel comfortable and confident promoting gender equality and applying gender approaches within their roles and responsibilities, thereby ensuring that all community members can optimally access their quality health and nutrition services. This gender training aims to support CHWs in promoting gender equality and applying gender approaches throughout their work as:

- First points of contact for health and nutrition services within their communities; and
- Promoters of stronger, healthier and more resilient communities

In other words, the training aims to support the development of a gender-aware cadre of frontline health workers who feel confident applying gender sensitive and gender transformative approaches, and who are careful not to reinforce those root causes of poor health which have the potential to create greater harm. It is critical to recognize that if gender is not properly integrated in our health and nutrition work, this will result in programming which is gender blind or, at worst, gender exploitative (see Figure 4).

At Save the Children, we expect all our programs to be gender sensitive as a minimum standard and we strive for our work to be gender transformative whenever possible.

To help conceptualize this notion, imagine a gender continuum along which all projects fall, ranging from gender exploitative to gender transformative. Using the diagram below, we can see that our projects are gender aware when they fall into the green sections, being gender sensitive or gender transformative - think of this as our 'green light' to continue doing what we're doing. On the left side of the diagram, the categories of gender exploitative and gender blind are in red - think of this as our 'red light,' indicating that we need to stop and re-assess how we are approaching our project, in order to ensure positive outcomes for all children, and to uphold a 'do no harm' principle.

Definition: Gender Equality

Gender equality is when one sex is not routinely privileged or prioritized over the other; that is when women and men, girls and boys have equal rights, obligations and opportunities.

Definition: Health Services

Health services are any services that seek to contribute to improving health, including the provision of health information, goods and care.

Figure 4: Gender Equality Continuum

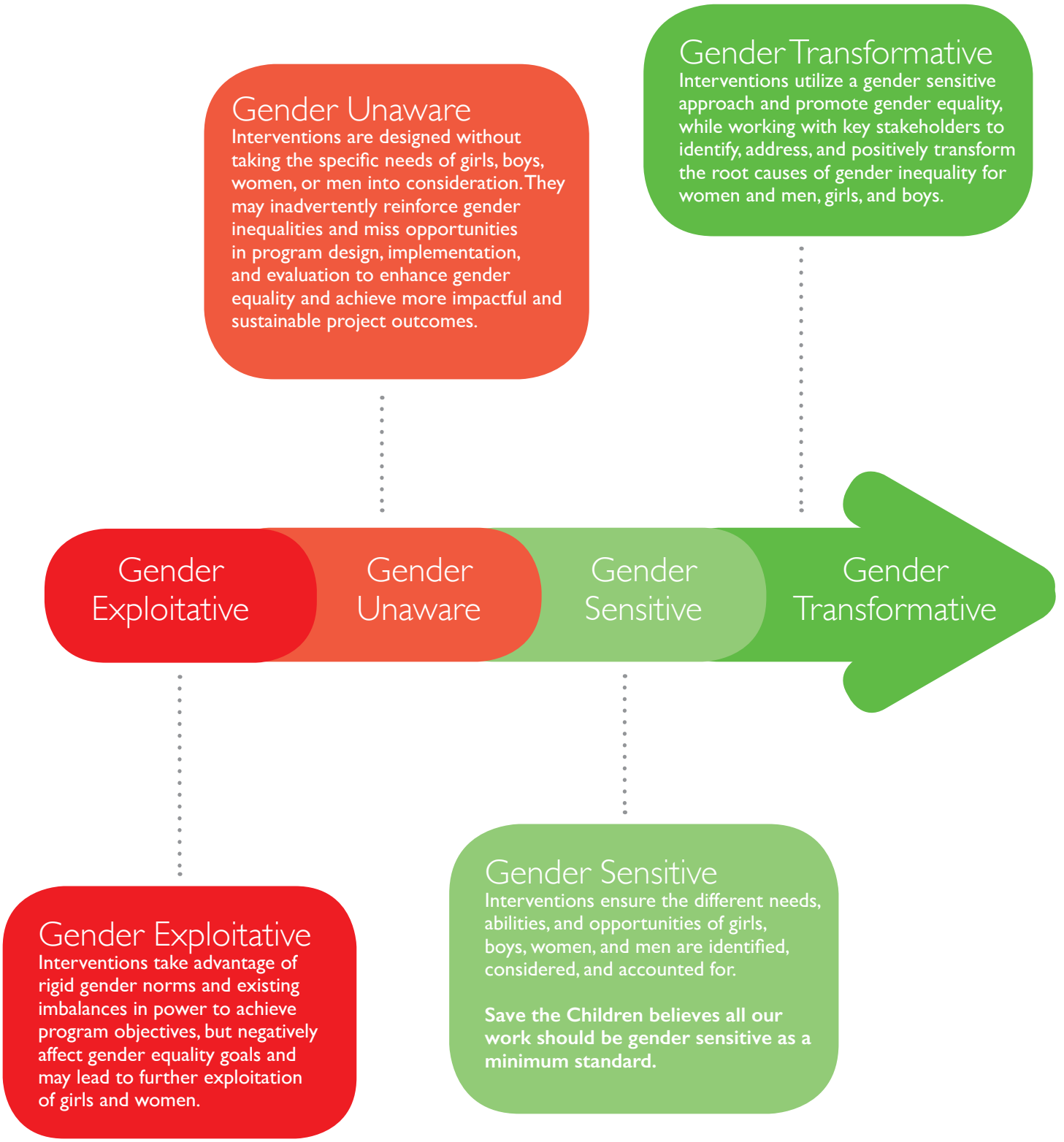


Photo: Save the Children

3. SESSION 1: AN INTRODUCTION TO GENDER

3. SESSION 1: AN INTRODUCTION TO GENDER

3.1. Overview of the Session

OBJECTIVE:
To increase awareness of what is meant by gender, gender equality and gender equity.

TIME: 5 hours

3.2. Preparation for the Session

MATERIALS::

- The CHW's Training Workbook (1 per participant)
- Notepads (1 per participant)
- Pens (1 per participant)
- Flipchart paper (1 pad)
- Flipchart paper markers
- A watch (with a second hand to keep time)
- 1 Pretest per participant
- 1 Envelope to enclose the pretests
- Flipchart paper for Reference Sheet 1: Sex versus Gender Questions
- Flipchart paper for Reference Sheet 2: Women and Men Table
- Flipchart paper for Reference Sheet 3: Sex versus Gender Table
-

3.3. Implementation of the Session

Activity 1: Welcome and Introduction
Time: 30 minutes

Welcome to Save the Children's Gender Training. It was created specifically for you, as CHWs in Afghanistan, and is meant to support you in best being able to offer quality health services to the communities in which you work.

- *Introduce yourself as the facilitator of the training; include your name, your title and the organization you represent.*

- *Distribute one Training Book to each participant to be used in all sessions associated with the training.*

Although you may know each other well, I would like to ask you to introduce yourselves to each other by first stating your name and then answering two questions.

- **What are some hopes you have for this training?**

- **What are some fears or reservations you have for this training?**

Your answers to these questions will help me, as the facilitator, and you as participants, in ensuring that this training is as helpful as possible to you in your work as CHWs.

You can take a couple minutes to reflect on these questions and can write them in your Workbook if you like.

- *Once the participants are finished writing down their answers to the questions, ask them to present themselves and, if they feel comfortable, to share their answers with the group.*

Thank you for sharing your hopes and fears associated with this training.

- *Taking into consideration the scope and objectives of the training, explain to the participants how their expectations may or may not be met and how their fears may be addressed in this training (see examples in Box 3).*

Box 3: Responses to Participant's Expectations and Fears

Example: Response to a Participant's Expectation

A participant may say that they hope to learn how to better engage male community leaders on family planning. In response, you can mention that the training will provide an opportunity for us to discuss how to adapt our health and nutrition messaging so that it is accessible to male community leaders as well as others.

Example: Response to a Participant's Fear

As for fears, a participant may say that they feel uncomfortable because they have little knowledge of gender and what it means. In response, you can mention that it is fine because this is a supportive space for learning, and one wherein everyone will be learning together, as gender can be interpreted in many different ways.

As we move forward with the training, I'll do my best to take your hopes and fears into consideration and I hope that you will do the same, as to ensure that this training is as beneficial as possible to you and your work.

***

Activity 2: Considerations for the Learning Environment

Time: 15 minutes

At the beginning of a training session it is helpful to set some guidelines for how we would like to interact with one another to ensure that this is a safe and effective space to share ideas and a supportive learning environment. Could you suggest some guidelines for this training?

- *Post a flipchart paper on the wall and title it 'Guidelines for our Training'. As the participants make suggestions, write them one by one on the flipchart paper. (See examples in Box 4)*

Box 4: Examples of potential guidelines

- Indicate, by raising your hand, when you would like to speak and wait until the facilitator calls on you
- Respect what other participants share throughout the training
- Arrive on time and respect the training schedule
- Turn off cell phones

Given that we will be discussing gender in our training, there is one important consideration that I would like to add to this list.

- **Share your thoughts and feelings openly.**

How people think about and experience gender can vary dramatically from person to person and, as such, everyone has come to this training with different backgrounds and experiences around gender. This is good! I encourage you to ask questions and share your thoughts and feelings openly as this will provide us with the opportunity to have rich and meaningful discussion.

To encourage us further to share our thoughts and feelings openly, I ask that everything that is shared during this training be confidential. In other words, once we are outside the training we cannot attribute what was said during the training to any person. For instance, if I share a story about myself during the training you may tell the story with others outside the training but in doing so you may not attach my name to the story. By ensuring that everything within the training is confidential, the hope is that we can be open about our personal experiences.

And, as you share, it is important for everyone to remember that gender is a complex topic and as a result there is no one way of understanding gender and applying it in our work– rather, what we hope to do today is explore gender together, reflect on why it is important to our work, and build our confidence with applying gender approaches so that we can carry out our roles in the most effective and impactful ways possible.

- *Throughout the training please ensure that the list of guidelines is visible for everyone to see. If the guidelines are not being fully respected, please refer to them and remind the participants of their importance.*

Activity 3: Pretest
Time: 40 minutes

Prior to starting the content of the training, we would like to first get an understanding of what you know about gender. I would like to start by asking you to fill out a knowledge assessment test. Please complete it to the best of your ability. You will have 30 minutes to complete the test and it will be confidential, so we will not be able to connect your name directly to the results (see pretest in Appendix E).

- *Distribute the pretest and provide them with exactly 30 minutes.*

- *Once the 30 minutes are complete, place the tests in an envelope and seal it to be reviewed by a Nutrition Officer.*

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Activity 4: The Importance of the Gender Strategy
Time: 5 minutes

At the initiation of the Improving Nutrition project, a Gender Strategy was created. This Gender Strategy is meant to inform the way that the Improving Nutrition project activities are implemented, including the activities that you carry out as a CHW. You might ask, why is the Gender Strategy important to the work that I do? There are many important reasons – let's look at three key ones together.

1 A FUNDAMENT RIGHT

Gender equality is a fundamental right for all girls and boys, women and men. This fact is stated in International Law, onto which the Government of Afghanistan is a signatory.

An important part of this International Law is the United Nations Convention on the Elimination of All Forms of Discrimination against Women. The Convention requires that States who have signed onto the law represent the principle of equality for women and men in their national constitution and laws. The Government of Afghanistan signed onto this Convention on August 14th 1980 and ratified the Convention on March 5th, 2003.

Given that Save the Children is a rights-based organization, we also promote gender equality such that all children, girls and boys, are able to fulfill their equal rights. Considering gender equality is a right and is supported by the Government of Afghanistan and Save the Children, it is an important component of the Improving Nutrition project and, as a result, your work.

Definition: Gender Equality

Gender equality is when one sex is not routinely privileged or prioritized over the other; that is when women and men, girls and boys have equal rights, obligations and opportunities.

2 CREATES GREATER IMPACT

Secondly, the integration of gender in the work that you do will ensure that your activities have the greatest possible impact on the health, nutrition and survival of women and children.

For example, some women may not be able to visit your health and nutrition site because gender norms in her community prevent her from travelling alone. However, by accounting for this norm and adjusting when and where you conduct consultations

with children and their caregivers, she and her children may be able to access and benefit from your services.

Also, in some households, men may be the primary decision makers when it comes to spending household income and thus women may face challenges in paying for medicines or traveling to a health centre for a referral. However, by raising awareness in communities and targeting men and boys, as well as women and girls, to build understanding around gender equality and the importance of women having equal access to funds to seek health care, she and her children may have greater access to your services and those at health facilities, thus enhancing the impact of our community health and nutrition work.

3 PREVENTS HARM

Thirdly, the integration of a gender focus in the work that you do will support you in upholding the principle of 'do no harm', especially when providing services for women and children. We will see throughout this training that by identifying and addressing gender barriers we can work to ensure our community health and nutrition services can have optimal impact. But, importantly, it is critical for us to also recognize that if we do not identify and address gender barriers to health and nutrition information, care and services we risk reinforcing health inequalities, as well as delivering services which cannot be accessed by those most in need. Ultimately, providing quality health services and adhering to the 'do no harm' principle requires a gender-sensitive approach.

In summary, gender is important to the work that you do because it is a fundamental right, it increases the impact of your work and helps you to uphold the principle of 'do no harm' within the communities you serve.

The program's Gender Strategy has several components and one of them is this training being delivered to you. This training is the most important component because as CHWs you have a tremendous opportunity to benefit women and children by advocating for gender equality and applying a gender approach in the work you do.

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Activity 5: The Objectives of the Gender Training

Time: 5 minutes

The gender training will consist of four sessions to be held during your monthly meetings at the Health Facility over the next four months. The training is being delivered over an extended period of time to ensure that you have opportunity to practice what you have learned, and then discuss the successes and challenges you experienced in applying this knowledge with your fellow CHWs and your supervisors.

Each session has a specific topic and objective:

- Session 1: Introducing Gender
  By the end of the first session you will understand what is meant by gender, gender equality and gender equity.

- Session 2: Exploring Gender in the Beneficiary Communities
  By the end of the second session you will be able to identify specific gender roles in your assigned communities and understand how they influence the health and nutrition of the children and women you serve.

- Session 3: Integrating Gender in Consultations with Children and their Caregivers
  By the end of the third session you will understand how to apply a gender approach throughout your consultations with children and their caregivers.

- Session 4: Integrating Gender in Behaviour Change Communicationt
  By the end of the fourth session you will be able to apply a gender approach throughout your behaviour change communication.

Although the formal training will end with the fourth session, in your monthly meetings structured discussions will take place to provide you with the opportunity to continue learning, particularly from one another as you learn from your experiences.

Given that today is the first session, we will be introducing you to the ideas of gender, gender equality and gender equity.

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Activity 6: What is Gender?
Time: 60 minutes

Our first exercise is an activity called 'What is the Difference between Sex and Gender?' This exercise will follow these steps:

- **I will ask you three questions.**
- **By working individually, you will write/draw your answers in your notebook. You can write your answers in point form or draw only a quick symbol because it is best if you quickly write whatever answers come to you first.**
- **For the first and second question, you will have 30 seconds to answer. For the third question, you will have one minute to answer. I will let you know when the time is up.**
- *Confirm that all participants understand the instructions that were shared.*
- *Post the flipchart paper for Reference Sheet 1 on a wall that it is visible to all participants and using another blank flipchart paper, cover the questions on the flipchart so that they are hidden.*
- *Uncover the first question on the flipchart. Ask the participants the first question and begin timing. Once the 30 seconds is complete, continue to the next step.*

REFERENCE SHEET

REFERENCE SHEET 1

Question 1: What are the first three words that come to your mind when you think of the term/category women?

Question 2: What are the first three words that come to your mind when you think of the term/category men?

Question 3: According to you, what is the difference between sex and gender?

REFERENCE NOTES

REFERENCE NOTES 2

WORDS TO DESCRIBE WOMEN AND MEN	
Women	Men

- *Uncover the second question on the flipchart. Ask the participants the second question and begin timing. Once the 30 seconds is complete, continue to the next step.*
- *Uncover the third question on the flipchart. Ask the participants the third question and begin timing. Once the 60 seconds is complete, continue to the next step.*
- *Post the flipchart paper for Reference Sheet 2 on a wall so that it is visible to all participants. Ask the participants, one by one, to provide their answer to the first question. Write all answers on the flipchart in the column labeled women*
- *Ask the participants if they see similarities or differences amongst the words that they identified in reference to women (see Box 5 for examples).*

Box 5: Examples of Similarities and Differences amongst Words that Describe Women

For instance, some of the participants' answers may refer to physiological characteristics, such as breastfeed or birth, while others may be behavioural characteristics, such as strong, sensitive and responsible. There may also be words that are both physiological and behavioural such as mother – where mother may mean the physiological ability to give birth or the behavioural act of caring for a child.

- *Ask the participants, one by one, to provide their answer to the second question. Write all answers on the flipchart in the column labeled men.*
- *Ask the participants if they see similarities or differences amongst the words that they identified in reference to men (see Box 6 for examples).*

Box 6: Examples of Similarities and Differences amongst Words that Describe Men

For instance, some of their answers may refer to physiological characteristics, such as muscular, while others may be behavioural characteristics, such as leader, responsible, and reliable. There may also be words that are both physiological and behavioural such as strong which might refer to physical strength or ability to take responsibility.

- *Ask the participants if they see similarities or differences between the words used for women and men (see Box 7 for examples).*

Box 7: Examples of Similarities and Differences amongst Words that Describe Women and Men

For instance, some physical characteristics may be opposites, such as strong and weak, or the same words may be used to describe female and male behaviour, such as caring or responsible. When the same words are used, ask the participants to describe their meaning as the same word may or may not have the same meaning when thinking about men and about women.

- *Post the flipchart paper for Reference Sheet 3 on a wall so that it is visible to all participants. Ask the participants, one by one, to share their answer to the third question. Write their answers on the flipchart paper for Reference Sheet 3.*

- *Ask clarifying questions of the participants if the definitions shared are not easy to understand.*

REFERENCE NOTES

REFERENCE NOTES 3

DIFFERENCES BETWEEN SEX AND GENDER	
sex	gender

Now that we have shared and discussed your ideas around the difference between sex and gender, let's refer to the definitions.

The definition for sex is as follows: Sex refers to the biological and physiological characteristics that define men and women.

- *Compare the definition to the ideas shared by the participants and highlight similarities and differences to underline the correct interpretation of sex.*

- *Once participants understand the definition of sex, ask them the following questions and facilitate discussion around their answers.*

Now that the definition of sex is better understood, can you provide examples of biological or physiological characteristics that define men and women? *See Box 8 for examples)*

Box 8: Examples of Biological and Physiological Characteristics

Correct examples:

- Many women can give birth and breastfeed, where men cannot – the ability of many women to give birth and breastfeed is associated with the presence of physiological body parts (i.e. uterus and breasts) only found in females.

- Females and males have unique genitalia

- Females and males have unique genes and hormones – genes and hormones are biological units that differ between men and women, for instance, men often have higher levels of a hormone called testosterone than women.

Incorrect example:

- Women often have longer hair and men often have shorter hair – while a physical characteristic, the length of a person's hair is not primarily dependent on sex, it is influenced by social norms around

The definition of gender is as follows: Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women.

- *Compare the definition to the ideas shared by the participants and highlight similarities and differences to underline the correct interpretation of gender.*

- *Once the participants appear to understand the definition of gender ask them the following questions and facilitate discussion around their answers*

Now that the definition of gender is better understood, can you provide examples of socially constructed roles, behaviours, activities and attributes that society considers appropriate for men and women? *(See Box 9 for examples)*

Box 9: Examples of Socially Constructed Roles, Behaviours, Activities and Attributes

- Mother – A socially constructed role that society often deems appropriate for women where they may be expected to have children and to stay at home caring for them.

- Father – A socially constructed role that society often deems appropriate for men, where they may be expected to have children and to earn income for the family.

- Bread winner – A socially constructed role that is often given to men, where they are expected to earn the income for the family.

- Housewife – A socially constructed role that is often given to women, where they are expected to stay a home to take care of children and to take care of the home.

- Caring – A socially constructed behaviour that is often considered appropriate for girls and women, where they are expected to be caring individuals within their family and community.

- Aggressive – A socially constructed behaviour that is often considered appropriate for boys and men, where they are expected to be aggressive in a range of activities from sports to defending the family.

- Cooking – A socially constructed activity that is often considered appropriate for girls and women, as it occurs primarily within/around the home and contributes to caring for the family or community.

- Playing sports – A socially constructed activity that is often considered appropriate for boys and men, because it involves being (i.e.) strong, fast, aggressive

In referring to the list of words you shared when you thought about men and women, which words can be associated with sex and which words can be associated with gender?

- *Go through the list of words, one by one, and ask the participants to assign the words to the sex or gender categories. To identify the categories in which they belong, using Reference Sheet 2, you can write a large S beside those assigned to sex, a large G beside those assigned to gender and a large B, for both, for those that can be related to sex and to gender*

- *As this happens, give participants opportunities to express why they feel the term fits under the sex/gender category, and open up space for dialogue should participants have different ideas about whether the term is related to sex or to gender. Remember that people often have difficulty defining what is related to sex and what is related to gender,*

REFERENCE NOTES

REFERENCE NOTES 2

WORDS TO DESCRIBE WOMEN AND MEN

women	men
Breastfeed S	Breadwinner G
Birth S	Muscular S
Mother B	Sporty G
Cooking G	Responsible G
Sensitive G	Reliable G
Braids G	Father B

therefore discussing how and why people are assigning them to one category or the other will support rich discussion and deeper understanding. To the best of your ability, support the participants to understand why some terms fit under both categories (where they may be both a biological and social component), while others are either primarily a matter of sex or a matter of gender (see example of 'mother' in point below).

- *If the list of words did not include mother, ask the participants whether this word would be associated with sex and/or gender. Support them in determining that it could fall under both, as this word can be associated with the physiological ability to give birth or the socially constructed role of mother often assigned to women, where they may be expected to have children and take the primary role in caring for them.*

We have now defined sex and gender, thus highlighting that gender refers to socially constructed roles, behaviours, activities and attributes that a society considers appropriate for men and women. To understand gender even further, there are several important considerations.

1. Social constructions of gender affect all of us every day, in everything that we do, from the time we are born into a particular family, culture and community. To understand how gender affects women, men, boys and girls around the world, it is helpful to reference a few statistics:

Of the 125 million children who do not attend school around the world, 70% are girls.

Globally, there are 107 female child deaths for every 100 deaths of male children.

Globally, the leading cause of death amongst girls aged 15 to 19 is medical complications relating to pregnancy and childbirth.

Globally, women make up more than 60% of all malnourished persons.

Globally, women and children account for more than 75% of the refugees and displaced persons in humanitarian crises.

Within Afghanistan, can you think of how gender affects the everyday life of a woman?
(See Box 10 for examples)

Box 10: Examples of how Gender Affects Women in Afghanistan

- Women are often expected to look after children and the home.
- Women are often expected to prepare the meals for their household.
- Women do not often occupy key posts for decision making such as national institutions, community associations, and elected posts within the municipality.
- Women don't have control over family budget
- Women don't have the right to go out for seeking health information or care without the permission of their husbands.

Within Afghanistan, can you think about how gender affects the everyday life of a man? *(See Box 11 for examples)*

Box 11: Examples of how Gender Affects Men in Afghanistan

- Men are often expected to be the primary income earner for the family.
- Men are often expected to be the head of their household, but may face social barriers to taking a primary caregiver role for their children or sharing domestic tasks.
- Men often occupy key posts for decision making at all levels, such as national, regional and municipal.
- Men have control over the family budget
- Men are primary decision maker of the families

2. While aspects of sex will not vary substantially between human societies, aspects of gender do. This means that the gender of men is not uniform nor is the gender of women. For example, the gender roles of a man in an urban city versus a rural area may differ, as well as the gender roles of a young woman and an older woman may differ. Additionally, there are vast differences between men and women across communities, cities, countries and the world.

Within Afghanistan, can you provide examples of how gender differs amongst men or amongst women, for instance, across different ethnic groups, different age groups, or different regions? *(See Box 12 for examples)*

Box 12: Examples of how Gender Differs amongst Men or amongst Women

Examples for women:

- A women's position within their household often improves as they age where older women may gain managerial responsibilities over other women in the family.
- Mother-in-laws tend to be the primary decision makers in families
- In some parts of the countrywomen are sold as goods, or exchanged as a payment for crimes committed by male member of her family

Examples for men:

- In certain communities in Afghanistan, men are allowed to marry more than one woman while in others they are not.
- In certain communities in Afghanistan, men exchange their daughters with other men for the purposes of marriage
- In certain communities of Afghanistan, men feel shame to send their daughter to schools.

3. When we talk about sex categories, we often talk about women and men, boys and girls, for simplicity sake and because gender norms are built around these traditional categories. It is important to remember though that there are many different gender identities which do not fit into these categories and which are experienced by adults and children, in Afghanistan and around the world. Ultimately, each person has a gender identity, or in other words, a deeply felt internal and individual experience of gender, which may or may not correspond with their sex assigned at birth. We want to strive to work with and support people of all gender identities, including women and men, boys and girls.

4. An important consideration about gender norms is that they can change over time. This is because they are socially constructed by people and thus influenced by what is happening within an individual's life, family, community, nation and even internationally. Knowing that gender can and will change over time, it is especially important for us to engage children, girls and boys, around gender equality as they are in the process of learning about the world, and they will be the ones to carry on roles and responsibilities in the future. When children see and experience equality within their families and in their communities, this supports them in being strong and healthy citizens who can equally and optimally fulfill their rights and contribute to their communities.

Activity 7: What are Gender Roles?
Time: 15 minutes

Gender roles are defined as: Behaviours, attitudes and actions society feels are appropriate or inappropriate for a man or woman, boy or girl, according to cultural norms and traditions.

Considering the definition of gender roles, can you provide examples of gender roles assigned to women and men, girls and boys in Afghanistan? Do these gender roles support/ hinder people in being healthy, happy, participating members in society? *(See Box 13 for examples)*

Box 13: Box 13: Examples of Gender Roles Assigned to Women and Men in Afghanistan

- In Afghanistan, often men are given the role of head of household. Although this often allows men to have their needs represented in decision making, it may limit women's opportunity to be active participants in decision making and thus hinder her needs from being taking into consideration.

- In Afghanistan, men are often assigned the role of breadwinner. Although this role supports men in gaining employment in the formal workforce, it may place stress on men to provide for their family, as well as prevent them from taking on primary caregiver roles within the household. This traditional gender role of men as breadwinners may also limit women's opportunities to gain employment in the formal workforce and earn a living for herself

While social constructions of gender vary from place to place, inequalities occur everywhere. For example, in Canada men still receive a higher salary on average than women for the same work, because in Canada the work of men is at times valued more than the work of women.

Certain gender norms within a society may not necessarily lead to harmful inequalities between men and women, such as when gender norms are flexible and women and men, girls and boys, have the opportunity to make their own choice; for instance, the choice to use contraception, to attend university, or to move freely within their community.

Activity 8: What is gender equality? What is gender equity?
Time: 45 minutes

As I mentioned at the beginning of this session, a key reason why gender equality is important to all our work is because it is a fundamental right for all women and men, boys and girls. It is also a right that supports the fulfillment of all other rights! For example, gender equality supports girls and boys, women and men, in having equal opportunity to learn, as well as promote and protect their own health.

Together we have defined what gender is, but what is gender equality?

Gender equality refers to the absence of discrimination on the basis of sex, where one sex is not routinely privileged or prioritized over the other, and all people are recognized, respected and valued for their capacities and potential as individuals and members of society.

What does this definition mean? It means that girls, boys, women and men have equal rights, obligations and opportunities to:

- **Security and good health;**
- **A viable livelihood and dignified work;**
- **Participate in the care of home and dependent family members;**
- **Take active part in public and political life;**
- **Learn and participate in relevant education; and**
- **Live a life free from violence.**

For example, when thinking of good health, everyone – girls, boys, women and men – have:

- **Equal rights to good health and nutrition.**
- **Equal opportunity to realize their right to good health and nutrition.**
- **Equal obligations to ensure that everyone is able to realize this right.**

In seeking to achieve gender equality, everyone must be involved, not just women and girls, but men and boys also. By involving men and boys in the promotion of gender equality, it is possible to improve the use of health services by women and men, girls and boys. Therefore, only by engaging women and men and boys and girls within a community can gender equality be achieved. By engaging women and men, boys and girls, everyone will benefit from gender equality, because everyone will have the opportunity to identify and address their needs.

It is important to clarify that gender equality will not necessarily result from providing women and men with the same goods or services. Rather, for gender

equality to be achieved, women may need more goods/services than men, or men may need more goods/services than women. The need for more or less services and goods to ensure gender equality is often due to the fact that conditions commonly differ among women and men, and historical gender discrimination may mean that women and men have very different access to opportunities and resources at the beginning of an intervention.

For example, consider you want to share information on how to prevent Severe Acute Malnutrition (SAM) in a community where women have traditionally had less access to formal education than their male counterparts. Do you think this would influence your ability to share information on SAM? Why or why not?

(Answer: For example, considering that access to education influences literacy levels, women in the community may not be able to easily read a pamphlet and understand how to reduce the risk of SAM. For women to access the information, they may require group sessions where information is shared verbally and pictorially. Additionally, men may not have access to information if it is primarily shared during maternal and child health events which target only women, or during hours where they work away from the home or community.)

Based on the understanding that 'equality' does not mean 'sameness', gender equity highlights the idea that girls and boys, women and men, have unique needs and experiences and therefore may need different opportunities and resources to enable gender equality. The definition of gender equity is: being just towards men and women, boys and girls. To ensure equity, one must often adopt measures to compensate for historical and social disadvantages that prevent women and men, girls and boys, from benefiting from equal opportunity. Therefore, equity leads to equality.

We are now going to do our second exercise, where I would like us to read together a story titled, 'The Goat and Crane'. I will read the story aloud, and the we can discuss it together. *(See Figure 5.)*

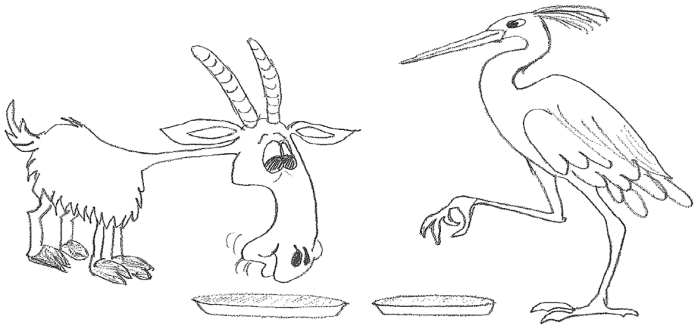
- *Once the group is done reading the story, ask them the following question.*

What does the story of the goat and crane tell you about equality and equity?

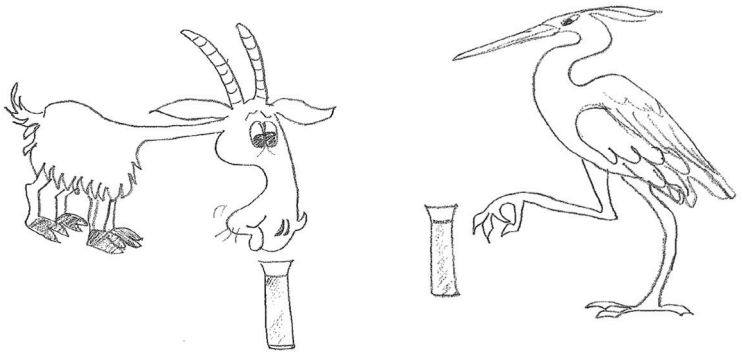
- *Facilitate a discussion amongst the group to answer the above question. Once the discussion is complete, summarize by saying the following.*

Figure 5: The history of the goat and the crane

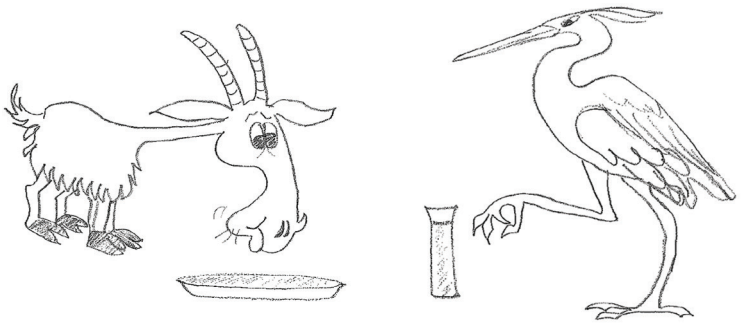
A goat and a crane were good friends, so one day the goat invited the crane to his place for dinner. When the crane arrived, the goat served soup in a flat dish. The goat started eating and was enjoying the meal, but when the crane went to eat the soup it fell out of her long bill at every mouthful. The goat was able to finish his soup but the crane was unable to eat her serving. .



The crane in turn asked the goat to dinner the following evening. When the goat arrived, the crane served soup in a tall glass with a narrow mouth. The crane could easily insert her beak into the glass and enjoy the soup; however, the goat was unable to eat the soup because his snout was short and wide. This time the crane was able to eat but the goat was not.



To ensure that the goat and the crane are able to have equal access to the soup, the goat needs a flat dish while the crane needs a tall glass.



Although the goat and crane each received food and in theory had equal opportunity for nourishment, depending on the circumstances neither was able to access or benefit from this nourishment due to their individual and unique needs. What we see is that the goat and the crane each faced their own distinct barriers for accessing nourishment and required different supports (in this case: dishes) in order to be able to overcome those barriers.

So, in our story, for the goat and crane to be able to enjoy equal portions of food and receive equal nourishment, they must think about the other's unique needs and adapt the way they serve their meal so that the other can benefit and enjoy. This process of adapting in order to account for different needs and barriers in order to enable equal opportunity is what is known as equity.

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Activity 9: The Importance of Access for Ensuring Gender Equality
Time: 30 minutes

As we observed in the story about the goat and crane, to attain equality, we must think about access. For example, the crane was unable to access the food because it was served on a plate rather than in a tall glass.

A key message for us to take from this story is that equal access to services, resources, and opportunities for all people is essential for achieving gender equality. For example:

- **What would happen if only men had access to bikes, cars and motos?**
  (Answer: Women would not have equal opportunity to travel.)

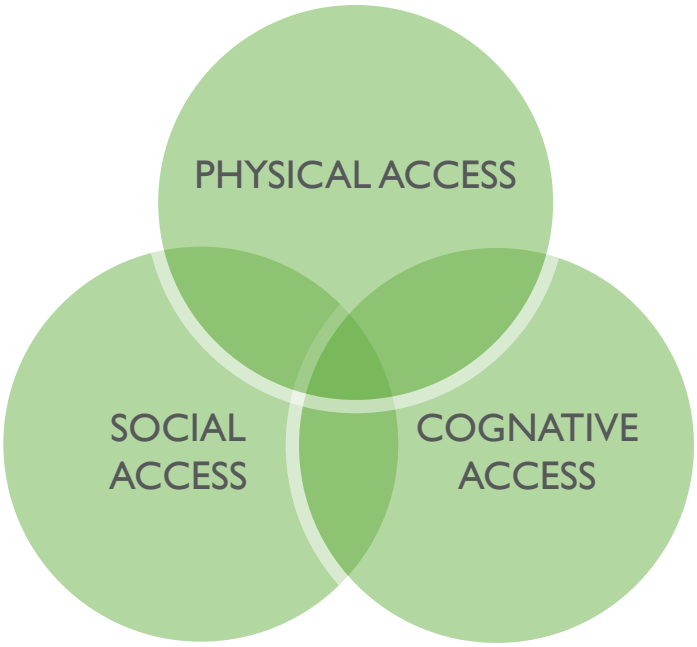
- **What would happen if only men had access to money?**
  (Réponse: Les hommes n'auraient pas les mêmes opportunités d'apprendre.)

- **What would happen if only women could read?**
  (Answer: Men would not have equal opportunity to learn.)

These questions highlight the importance of equal access to services, resources and opportunities to ensure gender equality.

One way to think of access is to organize the different types of access into three categories – physical, social and cognitive (see Figure 6).

Figure 6: The three types of access – physical, social and cognative



When you think about physical access, what do we need to consider? (See Box 14 for examples)

Box 14: Examples of Considerations for Physical Access

Physical Access – examples include:

- Distance – The greater the distance to services, resources or opportunities, the less physically accessible they are. For example, if a community health post is 20 kilometers away it is likely less physically accessible than a health post that is 1 kilometer away. This example relates to gender equality because girls and women commonly have restricted mobility, and it is often the social norm that girls and women are primary caregivers and thus must look after all children making it more difficult to travel a long distance.

- Location – The location of a service, resource, or opportunity will influence how physically accessible it is, and sometimes even a service that is very close by can feel very inaccessible depending on the location in which it is taking place. For example, if girls' and women's latrines are located directly beside boys' and men's, girls and women may not feel comfortable using the latrines at night. This example relates to gender equality because there may be unique personal security risks for girls and women if they want/need to access a service that is in an unsafe location.

- Infrastructure – The infrastructure around a service, resource, or opportunity will influence how physically accessible it is. For example, if a CHW conducts a consultation in open air, instead of inside a building, an adolescent girl or woman may not feel comfortable talking with the CHW about family planning. This example relates to gender equality because it may be the social norm that it is not acceptable for an adolescent girl or woman to openly discuss or make independent decisions on whether she will use contraception, and therefore she may require a location which is physically confidential and secure.

When you think about social access, what do we need to consider? *(See Box 15 for examples)*

Box 15: Examples of Considerations for Social Access

- Control of resources – The level of control an individual has over resources will influence their access to services, resources and opportunities. For example, the level of control one has in relation to the use of a moto, car or bicycle will influence their ability to travel to a health post. This relates to gender because women and men, girls and boys, may have differing levels of control over household resources.

- Decision making power – The level of decision making power an individual has will influence their access to services, resources and opportunities. For example, the level of decision making power one has in relation to household funds will influence their ability to use money for medications. This relates to gender because women and men, girls and boys, may have differing levels of influence over decision making.

- Level of personal independence - The level of personal independence or freedom an individual has will influence their level of access to services, resources and opportunities. For example, the level of independence one has in relation to travelling alone will influence their ability to visit a CHW. This relates to gender because social norms may influence the level of independence women and men, girls and boys, are afforded.

When you think about cognitive access, what do we need to consider? *(See Box 16 for examples)*

Box 16: Examples of Considerations for Cognitive Access

- Education level – An individual's level of education may influence their opportunity to access or understand information. For example, if an individual did not complete primary school, they may not be able to read a pamphlet about diarrhea and understand how to prevent it. This relates to gender because social gender norms may determine the level of education women and men, girls and boys, receive where women and girls tend to receive less.

- Language skills – An individual's language skills also influence their opportunity to access and understand information. For example, if an individual is only able to understand information in their local language they may not be able to understand a Pashto message about pneumonia on the radio. This relates to gender because social norms may influence women's and men's, girl's and boy's opportunity to learn another language.

- Confidence level – An individual's level of confidence influences their opportunity to access and understand information. For example, if a person has low confidence within a social setting to ask a question, they may not fully understand the information that is being shared with them. This relates to gender because social norms may limit men or women, boys or girls from speaking in certain contexts.

Thinking through these different levels of access supports us as health practitioners when we are designing and delivering health and nutrition services, to ensure that our work can be accessible to all. To this end, when you are designing or carrying out your activities, consistently reflect and ask yourself:

- **Are there any gender access barriers I can identify and account for at the physical level?**
- **Are there any gender access barriers I can identify and account for at the social level?**
- **Are there any gender access barriers I can identify and account for at the cognitive level?**

By asking yourself these questions in the work that you do, you will be able to increase access for everyone, especially women and children, to the life-saving services you provide.

In our next session we will discuss in greater detail how gender influences health, with a special focus on women and children.

Activity 10: What to do next?
Time: 15 minutes

To close this session, can each of you take a moment to think about the top three things you learned from this session?

- *Once all participants are done writing/ thinking, ask each person to share what they wrote down.*

As you return to your sites, I would like to ask you to spend some time thinking about what you have learned here today.

There are two main questions for you to think about when you are in your site and satellite villages.

1. **What gender roles do you observe for women and men, girls and boys? Please try to provide two or three observations for each group. You may already have some ideas.**

2. **2. Based on the gender roles that you observed what gender inequalities may exist within your site and satellite villages? If possible, please provide two or three examples.**

In our session next month, we will discuss your observations and use them in the exercises we will be doing together.

Photo: Save the Children

4. SESSION 2: AN EXPLORATION OF GENDER IN THE BENEFICIARY COMMUNITIES

4.1. Overview of the Session

PRIMARY OBJECTIVE: To introduce the practice of applying a gender lens to identify gender roles in beneficiary communities, as well as how these gender roles may influence health and nutrition, especially that of women and children.

TIME: 3 hours

4.2. Preparation for the Session

MATERIALS:

- Flipchart paper (1 pad)
- Flipchart paper markers
- The flipchart paper prepared in the first session with the guidelines for how the participants would like to interact within the training
- Flipchart paper for Reference Sheet 4: Gender Roles
- Flipchart paper for Reference Sheet 5: Gender Inequality
- Flipchart paper for Reference Sheet 6: Social Determinants of Health

4.3. Implementation of the Session

Activity 1: A Review of the First Session
Time: 15 minutes

- *Prior to starting the session, post in a visible place the guidelines created in the first session on how everyone would like to interact with one another during the training.*

Welcome to our second gender training session. At the beginning of our first session we created a list of guidelines to keep in mind throughout our gender sessions so that we can best learn and engage together. I have posted them on the wall to continue to guide us in our interactions today.

Prior to starting this second session, we are going to briefly review the material from the first session on gender, gender equality and gender equity.

Can someone remind us all what the difference is between sex and gender?
(Answer: Sex refers to the biological and physiological characteristics that define men and women while gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women.)

To support us in refreshing our minds on these terms, I will now read seven statements and I would like you to identify whether they are related to sex or gender. To indicate that you believe the statement is related to sex, I'll ask you to stand, if you think it is related to gender, I'll ask you to stay seated, and if you think it is related to sex and gender, I'll ask that you raise both hands.

- *Once the participants identify their response, ask a participant from each type of answer to explain why they chose sex, gender or sex and gender.*

- Boys are better at sports than girls.
  (Answer: This statement is primarily a gender construction as boys often have more access to sports training, more encouragement and support to focus on and excel at sport, and more leisure time to engage in sports. Sometimes traditional roles deter girls from engaging with sports, but we know that girls can excel also at sports when given the time, support and resources. While there may be some biological considerations such as males having larger muscle mass, ultimately both females and males can be exceptional athletes within a supportive social environment.)

- Women are better cooks than men.
  (Answer: This is a gender construction because both men and women can be either good or bad cooks, but girls and women are often traditionally given the role of food preparation and therefore may develop their cooking knowledge and skills further; this would conceivably change with the change of this social role.)

- Many women can give birth to babies.
  (Answer: The fact that many women can give birth is a biological or sex function. However, as discussed in the previous session, the term 'mother' can be seen as biological in the sense that many women can give birth, however it can also be seen as a social construction when considering the caregiving role women are often assigned.)

- Men are more violent than women.
  (Answer: This is a social gender construction; boys and men are sometimes taught that violence is a means of solving problems, and gendered power imbalances can work to reinforce the use of violence. However, men and women both have the capacity to be violent, and the capacity to be non-violent, and it is social norms and environments that influence behaviour one way or another.)

- Girls do better at school than boys.
  (Answer: This is a social gender construction; both girls and boys have the potential to do well in school if given the support, resources and time required; ultimately, school performance is not determined by sex, but rather by social norms and practices, alongside individual characteristics. With traditional gender roles, girls often face barriers to accessing quality education.)

- Men generally have more massive bones than women.
  (Answer: This is a sex trait as it is influenced by biology rather than social structures and/or norms.)

- Work inside the household is women's work.
  (Answer: This is a gender social construction; women often take on much/all of the work inside the household due to social norms and roles, but this is in no way founded on women being fundamentally better suited to work within the household or to men being biologically better suited to work outside the household.)

***

Activity 2: The Session Objective
Time: 15 minutes

As this is the second session, we will build on our discussions about gender in our first session by exploring how gender is experienced in the communities in which you work. By the end of this session, you will be able to identify specific gender roles in your communities and understand how they influence health and nutrition, especially for the children and women you serve.

The exploration of gender roles and norms is incredibly important because it will assist you in determining how to adapt your activities, as CHWs, to ensure that all project beneficiaries are able to equitably access the services you provide.

In thinking about this approach of continuously identifying and accounting for gender inequalities, we can imagine putting on a pair of glasses to be able to see how gender influences the life of the project beneficiaries. By looking through our gender glasses, through our 'gender lens', we highlight how men and women, boys and girls experience life differently, and how these differences may influence their ability to access quality health services.

Sometimes, when we first start putting on our metaphorical gender glasses, and seeing things through our gender lens, it can feel a little bit uncomfortable or challenging – but like with regular glasses, our gender glasses will begin to feel more comfortable and natural the more we use them. In fact, once you get used to applying your gender lens, you'll realize that you don't even have to stop to think to put on your glasses – it will simply become part of how you see your work and the communities you're engaging with. This is our goal, as it will help us to best serve the communities we work with in this program.

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Activity 3: An Exploration of Gender Roles
Time: 60 minutes

At the end of the last session, we asked you to go back to your villages and think about two questions. The first was, "What gender roles do you observe for women and men, girls and boys?" One by one please share your observations.

- *Post the flipchart paper for Reference Sheet 4 on a wall so that it is visible to all participants. Ask the participants, one by one, to share their answers.*

- *As the participants share their answers, write their observations on a flipchart paper so that they are visible to all participants. (See Box 17 for examples)*

Definition: Gender Roles

Behaviours, attitudes and actions society feels are appropriate or inappropriate for a man or woman, boy or girl, according to cultural norms and traditions.

REFERENCE NOTES 4

REFERENCE NOTES

GENDER ROLES	
Women	Men
Girls	Boys

Box 17: Examples of Gender Roles in the Beneficiary Communities

- Roles such as cooking, cleaning and doing laundry are often assigned to women. Girls often assist women in taking on these roles.
- The role of working on the farm is often assigned to men and boys, while women are responsible for preparing food and bringing it to the farm.
- The role of taking care of children is often assigned to women.
- Roles such as masonry, carpentry, driving, mechanics and electricians are often assigned to men.
- The leadership roles within the communities and households, such as village chief and head of household are often assigned to men.

The second question was, "Based on the gender roles that you observed what gender inequalities may exist within your villages?" One by one please share your observations.

- *Post the flipchart paper for Reference Sheet 5 on a wall so that it is visible to all participants. Ask the participants, one by one, to share their answers.*
- *As the participants share their answers, write their observations on a flipchart paper so that they are visible to all participants. (See Box 18 for examples)*

REFERENCE NOTES 5

REFERENCE NOTES

GENDER INEQUALITIES	
Women	Men
Girls	Boys

Box 18: Examples of Gender Inequalities in the Beneficiary Communities

- Given that leadership roles within the communities and household are often given to men, this limits the opportunity for women to actively participate in and influence community and household level decisions.
- Given that women are more often involved in household chores and are not given the opportunity to go to school, work or earn money, this limits their earning opportunities and thus may limit their access to and control over household resources.
- Given that women often have the role of caregiver and keeper of the home, this limits their time to address their own needs.
- Given that men often have the role of primary wage earner, this places significant pressure on them to provide for their family.
- Given that girls are expected to help their mothers with domestic duties and their formal education is not prioritized, girls are often not allowed to go to school.
- Given that boys often assist their fathers with farm work and selling produce at the market, this places limits on their time to dedicate to their education.

As you conducted an analysis on gender roles and inequalities within the communities you serve, the project team conducted a similar exercise at the beginning of the project when developing the Gender Strategy for the project. The gender inequalities that they identified as most important include:

- *As best as possible, link the participants' observations about gender equality to those identified by the project team. (See Box 19 for examples).*

1. **Women commonly have less decision making power (in the community and household).**
2. **Women commonly do not have equal control over household resources.**
3. **Woman commonly face strong access barriers to information.**

Box 19: Examples of How the Inequalities Identified by the Project Team Match those of the CHWs

1. Women commonly have less decision making power.
   - Given that leadership roles within the communities and household are often given to men, this limits the opportunity for women to actively participate in and influence community and household level decisions.

2. Women commonly do not have equal control over household resources.
   - Given that girls and women are unable to go to school or participate in higher education, this limits their earning opportunities and thus limits their access to and control over household resources.

3. Women commonly face strong access barriers to information.
   - Given that girls often assist their mothers with household chores, this places limits on their time to dedicate to their education.

Building on the critical analysis conducted by you and the coordination team, it is time to look more closely at why these gender inequalities matter. To do this, I will divide you into three groups, where each group will take one of the gender inequalities and discuss why it matters. As you discuss this question, please write your thoughts on a flipchart paper.

- *Divide the participants into three groups, where at least each group has two people.*

- *Assign each group one of the three gender inequalities identified by the coordination team. If there are not enough participants to work together in groups of two, ask the participants to work together to answer all three question.*

- *Provide the participants with approximately 10 minutes to discuss.*

Now that you have had the opportunity to discuss why the gender inequalities matter, each group, one by one, will present their answers.

- *Ask the groups to present their thoughts. As the groups present, introduce the following reasons, and if the reasons were already mentioned, repeat them to reinforce their importance.*

Firstly, all three gender inequalities matter because all women and men, girls and boys have the right to gender equality.

As for why the lack of decision making power for women matters, there are at least two reasons to consider:

- **It means that their rights and needs are less likely to be considered in household and community decisions; and**

- **The rights and needs of their children, who are often highly dependent on their female caregivers, are less likely to be considered in household and community decisions.**

As for why the lack of control over household resources by women matters, there are at least two reasons to consider:

- **It means that their rights and needs are less likely to receive the necessary resources and are thus less likely to be realized; and**

- **The rights and needs of their children are less likely to receive the necessary resources and thus are less likely to be realized.**

As for why women's limited access to information matters, there are at least three reasons to consider:

- **Women are less likely to be informed of their rights and the rights of their children;**

- **Women are less likely to have had opportunities to learn and therefore gain understanding of how to respond to their own health needs and the needs of their children; and**

- **• Women are less likely to have the opportunity to meaningfully participate in decision making and thus less likely to be able to advocate for their rights and needs, as well as the rights and needs of their children.**

Through this exercise, it is clear that gender inequalities are present within the communities that you serve and that they strongly influence the opportunity for the rights and needs of women and children to be realized.

Now it is time to discuss how the gender inequalities may influence the health and nutrition status of women and men, boys and girls.

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Activity 4: How does Gender Influence Health Outcomes?
Time: 60 minutes

The health and nutrition status of women and men, girls and boys is influenced by many individual and societal factors. Thinking broadly, beyond gender, what might some of these factors be?

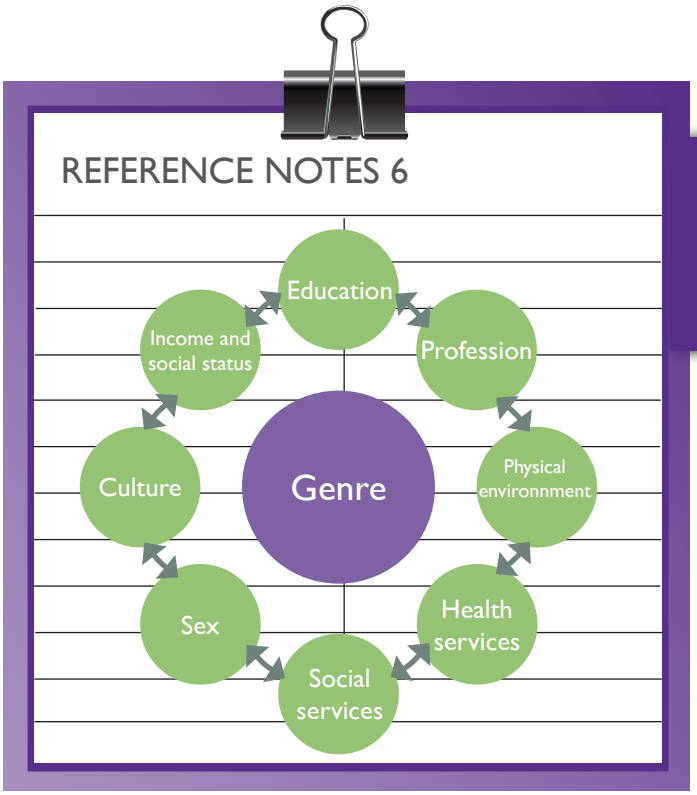
- *As participants provide examples, write them on a flipchart paper*

- *Once the participants are done sharing their answers, affix to the wall the flipchart paper with Reference Sheet 6: Social Determinants of Health.*

- *Introduce the social determinants of health, using the description below, and as you do this, explain to the participants where their answers fall within the broader determinant categories.*

These factors that influence the health and nutrition of an individual are called 'The Social Determinants of Health'. They are often organized into nine key categories as seen on the flipchart.

1. **Education – For example, an individual's education level will influence their ability to read and understand nutrition information.**



2. Profession – For example, an individual's working conditions will influence what they are exposed to, such as chemicals, which may impact their health.

3. Physical environment – For example, an individual's living conditions will influence whether they are exposed to certain pathogens, such as malaria. If there is standing water near one's home, mosquitos with the malaria parasite may be able to breed in the area.

4. Health/nutrition services – For example, an individual's ability to access quality health/nutrition services, such as treatment for diarrhea or malnutrition, will influence their health.

5. Social services – For example, an individual's ability to access quality social services, such as health insurance, will influence their health.

6. Sex – For example, women and men are at risk to different health issues because of their sex, such as women unlike men are at risk to health concerns related to pregnancy and childbirth.

7. Culture – For example, the common cultural idea that women should not feed their babies with first breast milk (called colostrum) can result in babies having lower immunity and consequently higher risk for getting and spreading infections.

8. Income and social status – For example, an individual's access to resources will influence their ability to purchase nutrient-rich food items required for good nutrition and a healthy lifestyle.

9. Gender – As you will notice in the picture (see Reference Sheet 5), gender is seen inside the circle because it influences all other social determinants of health. It is cross-cutting because it may influence, for example, one's education, their access to health/nutrition and social services, their income and social status, and their job opportunities.

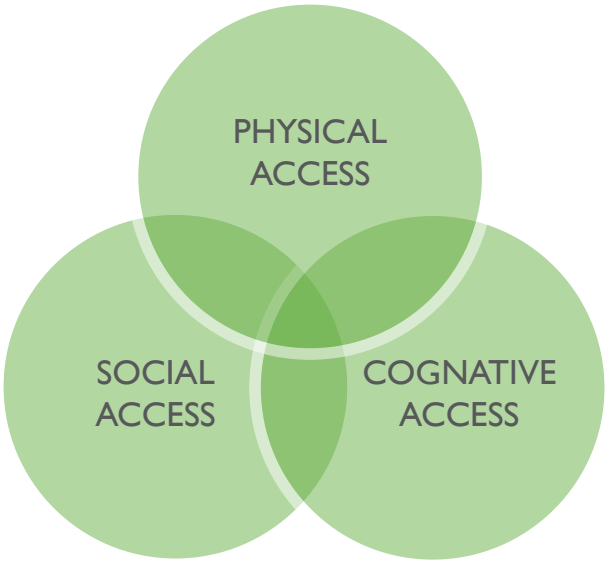
To better understand how gender influences health and nutrition, it is helpful to think about our three different types of access – physical, social and cognitive. We will do an activity to explore these interactions together *(see Figure 7)*.

- *Divide the session participants into two groups and indicate that half will represent men and half will represent women. For example, if there are six participants, there will be three men and three women*

- *Once the participants are divided into the two groups, share the following instructions with them.*

Now that we have the two groups, please line up side by side so that you will be able to take steps forwards and backwards. I will read a series of statements and if it is true for you in your role for this activity – as a rural Afghani man or a rural Afghani woman – please take one step forward. If it is false for you in your role, please take one step backward. So, remember, you are answering these questions based on the present day experience of most rural Afghani women or men.

Before beginning, take a moment to reflect on your specific role a rural Afghani woman or man. This will help you decide whether the statements I will share will be true or false for you.



1. **I can drive a car to take my ill child to a health clinic for treatment.**

2. **I have a personal cell phone to receive a call from the health clinic with information on the date and time for a referral appointment.**

3. **I have the power to make the decision by myself to take my malnourished child to a health clinic for treatment.**

4. **I have the control over family resources to be able to make the decision by myself to use household money to buy medicines for my ill child.**

5. **I am able to read the Dari and Pashto instructions on the medicine bottle to treat my child for malaria.**

6. **I am able to listen to a Dari and Pashto radio advertisement on diarrhea and understand how to prevent the illness in my household.**

Take a moment to observe where the men and women are in the line. What do you observe? *(Answer: The men are further ahead than the women.)*

Why are the men further ahead than the women? *(Answer: In comparison to women, generally, men in Afghanistan have greater access to resources, greater decision making power, greater control over family resources, and greater literacy skills).*

- *Ask the participants who are found near the front and near the rear what specific role they chose and how that has influenced their placement.*

What does this mean for the health and nutrition of women and their children? *(Answer: It shows that women in Afghanistan may have less opportunity to promote and protect their health, as well as the health of their children for whom they are the primary caregiver.)*

To further discuss how gender influences the health and nutrition status of women and their children, we will now read a story that describes a common situation within your beneficiary communities. *(See Box 20 for Sharifa's Story)*

- *Ask one participant to read Sharifa's Story out loud to the group, or read the story out loud to the group yourself.*

Box 20: Sharifa's Story

Sharifa is a twenty-eight year old mother of five children. Her youngest, Moussa, is a year and half. They live in a village that is a full day's walk to the nearest CHC. During the rainy season it takes even longer because the paths become puddles and streams. Recently, a CHW was placed in a village nearby so that if one of Sharifa's children became ill, she could bring them to the CHW first, instead of travelling the distance to the CHC.

One day, Sharifa noticed that Moussa was feeling warm to the touch. She remembered seeing the CHW sharing a poster with a child who was warm to the touch, but she couldn't read what was written underneath the picture. She wondered whether she should take him to the CHW, but thought maybe she could wait a day or two and see if the temperature would disappear.

By the third day Moussa's body was really hot, he was sweating a lot and after being fed he was vomiting. After noticing these changes, Sharifa thought that she needed to take Moussa to the CHW. But Sharifa's husband was not at home and before leaving she needed to tell him the situation and hear his decision before going to the CHW. By the time Sharifa was able to speak with her husband, it was the night of the third day of Moussa's illness. Her husband decided that Sharifa could take Moussa to the CHW, but because it was night they would have to wait until morning.

On the morning of the fourth day, Sharifa asked her mother in-law if she could watch over her other four children while she took Moussa to the CHW. Her mother-in-law was concerned that Sharifa would spend the whole day away from her household chores, which were her primary responsibility, so she told her to work in the home for the morning and then in the afternoon she would take care of her other children while Sharifa took Moussa to the CHW. Sharifa did what she was told but was worried about Moussa all morning.

By the time they arrived at the CHWs, Moussa was very weak and sweaty, and was still vomiting everything he was fed. The CHW assessed Moussa and quickly determined that he needed to be referred to the CHC. Sharifa was able to use the CHW's mobile to call her husband, who decided that Sharifa could take Moussa to the CHC and use some of the family money to take a taxi along the highway, even though spending this money would impact the family's ability to obtain adequate and nutritious food that month. That evening, Sharifa was finally able to get Moussa to the CHC where he was diagnosed with malaria. Moussa received his initial treatment there and Sharifa was given the instructions on how to continue to give the treatment to Moussa at home.

Sharifa's story is quite common; where many factors influenced her health seeking behaviour, and many of them had to do with gender. In Sharifa's Story, what are the gender access barriers that influenced her behaviours?

- *Once the participants share their thoughts, share with them the gender factors written below.*

Access to health information: The delay in recognizing a sign of malaria (i.e. feeling warm) may have been due to Sharifa's limited opportunity to access information about signs of malaria through the project's radio campaign and information sessions. Her experience aligns with the type of gender inequality where women commonly experience access barriers to information.

Opportunity to influence decision making: The second delay in visiting the CHW site was due to the need for the male head of household to make a decision on whether or not to seek health care. This case appears to align with the type of gender inequality where women commonly have less decision making power within the household.

Access and control over resources: The third delay in visiting the CHC appears to have been due to the need for the male head of household to decide on the use of funds to travel to the CHC.

This case appears to align with the type of gender inequality where women commonly do not have equal control over household resources.

By participating in the line exercise and analyzing Sharifa's Story, it is quite clear that gender inequality in Afghanistan influences the health and nutrition of women and children by limiting their access to health and nutrition services, resources and information which are essential to keeping them healthy.

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Activity 5: What to do next?
Time: 30 minutes

To close this session, I'd like to ask each of you to take a moment to think about the top three things you learned from this session?

- *Once all participants are done writing/ reflecting, ask each person to share what they wrote down.*

When you return to your sites, I would like to ask you to spend some time thinking about what you have learned here today.

This session's exercise is to think about all the children you have served in your communities, and select one to describe how gender inequality appeared to influence their health and nutrition status. In your description, include, at least, the following information:

- **All relevant demographic information of the child (i.e. sex, age, village, etc.)**
- **The case history of the child (i.e. number of consultations, diagnoses, treatments, outcomes of the treatment, etc.)**
- • **A description of how gender inequality influenced the health/ nutrition of the child.**
-

To support you in describing your case study, you can remember Sharifa's Story as an example.

- • *Review the template with the participants to ensure they are prepared to complete this activity once they return to their site. (See template below)*

DEMOGRAPHIC INFORMATION
Sex: Boy
Age: 18 months
Town: Moussa

CASE HISTORY
Assessment(s): When he was assessed at the site, it was determined that he had been suffering from a fever for 3 days and the previous day started sweating profusely and vomiting everything he consumed.

Referral: Puisque l'enfant était très déshydraté, il lui a été indiqué de se rendre à un CSPS.

Diagnosis: Malaria

Treatment: Artemisinin-based combination therapy

Outcome: Recovered from malarial episode after treatment .

INFLUENCE OF GENDER INEQUALITY

One day, during the rainy season, Sharifa, the boy's mother, noticed that he was feeling warm to the touch. She wondered whether she should take him to the CHW but thought maybe she could wait a day or two and see if it disappears. By the third day his body was really hot, he was sweating a lot and after being fed he was vomiting.

Gender Inequality: The delay in recognizing the sign of malaria (i.e. feeling warm) may have been due to Sharifa's limited opportunity to access information about signs through the project's radio campaign and information sessions. Her experience aligns with the type of gender inequality where women commonly experience access barriers to information.

After noticing these changes, Sharifa thought that she needed to take her son to the CHW. But Sharifa's husband was not at home and before leaving she needed to tell him the situation and get his decision before going to the CHW. By the time Sharifa was able to speak with her husband, it was the night of the third day of her son's illness. Her husband decided that Sharifa could take their son to the CHW but because it was night, they would have to wait until morning.

Gender Inequality: The second delay in visiting the CHW site appears to have been due to the need for the male head of household decision. This case appears to align with the type of gender inequality where women commonly have less decision making power within the household.

On the morning of the fourth day, Sharifa asked her mother in-law if she could watch over her other four children while she took son to the CHW. Her mother-in-law agreed and Sharifa set out on foot to the CHW's site. By the time they arrived at the CHWs, her son was really weak and sweaty, and was still vomiting everything he was fed. When it was determined that he needed to be referred, Sharifa used the CHW's mobile to call her husband, who decided that Sharifa could take her son to the CHC and use some of the family money to take a taxi along the highway.

Gender Inequality: The third delay in visiting the CHC appears to have been due to the need for the male head of household decision on the use of funds to travel to the CHC. This case appears to align with the type of gender inequality where women commonly do not have equal control over household resources.

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In our session next month, we will discuss the case study you chose to describe.

Photo: Save the Children

5. SESSION 3: INTEGRATION OF GENDER IN CONSULTATIONS WITH CAREGIVERS AND CHILDREN

5.1. Overview of the Session

OBJECTIVE: Intergation of gender in consultations with caregivers and children

TIME: 4 hours

5.2. Preparation for the Session

MATERIALS:

- Flipchart paper (1 pad)
- Flipchart paper markers
- The flipchart paper with the guidelines for the training
- 1 printout of each role-play scenario

5.3. Implementation of the Session

Activity 1: A Review of the Second Session

Time: 30 minutes

- *Prior to starting the session, post in a visible place the guidelines created in the first session on how everyone would like to interact with one another during the training.*

Welcome to our third Gender Training session. At the beginning of our first session we created a list of guidelines to keep in mind while we learn together. I have posted them on the wall to continue to guide us in our interactions today.

Prior to starting the material for this third session, we are going to briefly review the material from the second session on how gender influences health. For this review, we are going to discuss the case studies you documented on how gender inequality influenced the health and nutrition status of a child you served.

- *Select one of the participants to share their case study by reading/describing it from memory it aloud. To facilitate a discussion regarding the case study follow these steps:*

1. *Ask the participants if they have any clarifying questions in relation to their colleague's case study.*
2. *If needed, pose any clarifying questions you find are needed. For example, the case study may include assumptions that need to be clarified.*
3. *Ask the participants whether they agree with their colleague's assessment on how gender inequality may have influenced the health of the child.*
4. *Share with the participants whether you agree with the participant's assessment and explain your perspective.*
5. *Ask the other participant how the case study they chose was similar or different to the one shared by their colleague.*

The analysis that you conducted in these case studies is critical to effectively adapting your activities to take gender into

consideration. This type of analysis is a skill that develops over time as you practice more and more. As we discussed in the previous session, at first, applying a gender lens may feel unfamiliar and sometimes even uncomfortable. In the beginning it often requires special focus but over times, as you practice it, your gender lens simply becomes part of your way of thinking about your work and about the world. You no longer have to put on your 'gender glasses' because you are always wearing them and this makes you that much better able to do your work, and optimize the impact it has on those who need it most.

***

Activity 2: The Session Objective
Time: 10 minutes

As this is the third session, we will build on our discussions about gender by exploring how to integrate gender considerations into your consultations. By the end of this session, you will be able to identify gender considerations to take into account while conducting consultations with women of reproductive age and children under five, as these are the primary targets in our project

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Activity 3: Gender Approaches during Consultations
Time: 90 minutes

By now in the training, you will have heard numerous times that integrating gender considerations in your activities, such as consultations with caregivers and their children, will increase the impact that you have on the health and nutrition status of women and children. But, you may ask, how can I do this?

You may remember Sharifa's story from the previous training session, where it took her four (4) days for her son, Moussa, to receive treatment for malaria. But, it does not have to take this long. By promoting gender equality and integrating gender approaches in the delivery of health and nutrition services Moussa can receive treatment much faster.

- *Ask a participant to read Sharifa's Story on page X as a reminder of the original story, or read it aloud yourself*

- *Then, ask a participant to read the Revised Version of Sharifa's Story on page XX in their workbook, or read it aloud yourself. (See Box 21 for the Revised Version of Sharifa's Story).*

Box 21: Sharifa's Story Revised

Sharifa is a twenty-eight year old mother of five children. Her youngest, Moussa, is a year and half. They live in a village that is a full day's walk to the nearest CHC. During the rainy season it takes even longer because the paths become puddles and streams. Recently, a CHW was placed in a village nearby so that if one of Sharifa's children became ill, she could bring them to the CHW first, instead of travelling the distance to the CHC.

One day, Sharifa noticed that Moussa was feeling warm to the touch. She remembered participating with her mother in-law in a community session led by the CHW where she and other mothers had to create and present a play. The play showed a child who was warm to the touch, and since it was a sign that the child had malaria, the child was taken to the CHW site. After remembering this play, Sharifa thought that she had to take Moussa to the CHW immediately.

However, Sharifa's husband was not at home, and typically when one of their children fell ill, they decided together what they should do. Given that Moussa had a sign that he may have malaria, Sharifa knew her husband would support her decision to take Moussa to the CHW.

Prior to leaving the house, Sharifa took some money from the household health fund that her and her husband set up where either one could use the money in case of illness. Sharifa then asked her mother in-law if she could watch over her other four children while she took Moussa to the CHW. Although it was harvesting time, her mother-in-law agreed as she also remembered the play at the CHW session.

By the time they arrived at the CHW's site, Moussa was feeling a bit warmer. The CHW assessed Moussa and quickly determined that he had malaria. The CHW gave Moussa his first treatment and shared the remaining medication with Sharifa to give Moussa at home. That same day, when Sharifa returned home she shared what happened with her husband and he was thankful that Sharifa took Moussa directly to the CHW when she noticed a sign that he may have malaria. As the treatment for malaria is free, Sharifa was able to return the money to their health fund to be used at another time.

In comparing the two versions of Sharifa's story, what is it that makes them different?

- *Once the participants share their responses, share the answers below.*

1. **Access to health information: In the first story, Sharifa was unable to access the information written on the poster about signs of malaria; however in the second story Sharifa was able to access the information because it was shared via role play. This meant that in the second story Sharifa was able to overcome the first access barrier of identifying the signs of illness early.**

2. **Opportunity to influence decision making: In the first story, Sharifa did not have the opportunity to influence the decision to take her son to the CHW site; however in the second story Sharifa was given the opportunity to make the decision because her husband was supportive of her making health decisions for herself and their children. This meant that in the second story Sharifa was able to overcome the second access barrier of decision-making power to visit the CHW.**

3. **Access and control over resources: In the first story, Sharifa had to ask her husband to use money for transportation to the health facility and so did not have equal access and control over the household resources; however in the second story Sharifa had equal access and control over the household health fund. This meant that in the second story Sharifa was able to overcome the third access barrier by having equal control over household resources for health services, which enabled her to seek health care in a timely fashion.**

In Sharifa's story, how are the three barriers related to gender?

- *Once the participants share their responses, share the answers below*

1. **Access to health information: A person's ability to access information, whether it is written or verbal, is dependent on their opportunity to learn how to read and understand the language in which the information is communicated. Gender often influences a person's opportunity to learn, where historically in Afghanistan the education of males is often prioritized over the education of females. Therefore, women will be less likely to be able to access health and nutrition information, especially in written form.**

2. **2. Opportunity to influence decision making: A person's opportunity to influence decision making is based on the decision making power they are given within their household or within their wider community. Gender often influences the level of decision making power a person has, where in Afghanistan a male head of household often**

has greater influence over decision making than women within the family. As a result, women will have less influence over decision making in regards to many household matters, including seeking health and nutrition services.

3. 3. Access and control over resources: A person's access and control over resources, and thus allocation of resources, is based on their bargaining position which is often dependent on their status within their household or community. Gender often influences a person's status, where in Afghanistan a male head of household often has better bargaining position than women within the family. However, it has also been found that grandmothers in Afghanistan also have authority over household expenditures. Accordingly, young women will have less access and control over resources and how they are allocated, including their use for health and nutrition services (i.e. transportation, medication).

In comparing the two versions of Sharifa's stories, it is clear that by promoting gender equality and integrating gender approaches in the delivery of health and nutrition services Moussa was able to receive treatment within one day of the first sign of malaria rather than within four days, mitigating critical health risks (as well as additional costs, burden on the family, etc.).

For us, to improve the impact of the Improving Nutrition project on the health and nutrition of children and women, we must first recognize that there is an inextricable connection between the wellbeing of mothers and their children; where healthy and empowered women and mothers are essential if we are to enable a world where all children realize their right to health and nutrition.

Though a focus on women's roles as mothers is critical, Save the Children believes that this is only one piece of the puzzle. Evidence has clearly demonstrated that engaging men and boys around topics of caring fatherhood, parenting education, positive role modeling, and gender equality completes the circle of care that is necessary for the wellbeing of girls and boys.

Considering that in the beneficiary communities, the female caregivers are currently those primarily responsible for addressing the health and nutrition needs of children under five, this session will focus primarily on the female caregiver's ability to access health and nutrition services for children under five, while fully recognizing the importance of male caregiver engagement.

In recognizing the inextricable connection between the wellbeing of mothers and their children, steps to determine how to integrate gender considerations are as follows:

1. **Identify the gender access barriers caregivers may experience in seeking health and nutrition services.**

2. **Develop a gender response to address the gender access barrier.**

Each gender response may consist of gender sensitive and gender transformative approaches.

- **Gender sensitive refers to when the different needs, abilities and opportunities of boys and girls and men and women are identified, considered and accounted for.**

- **Gender transformative refers to when we utilize a gender sensitive approach and promote gender equality, while working with key stakeholders to identify, address and transform the root causes of gender inequality for women and men, girls and boys.**

It is expected that all activities should be gender sensitive as a minimum standard, and wherever possible should be gender transformative, where the root causes of gender inequality are addressed. Therefore, as you provide health and nutrition services you need to apply a gender sensitive approach and, wherever possible, work with the entire community to address gender inequalities.

Definition: Health Services

Health services are any services that seek to contribute to improving health, including the provision of health information, goods and care.

In following this two-step approach, we will now explore the process of identifying gender access barriers and developing and applying gender responses to address those barriers.

To identify the gender barriers to accessing health and nutrition services and develop and apply a gender response, it is useful to think of a consultation as a process that includes three phases:

- **Pre-consultation – Prior to the caregiver arriving at the CHW site.**

- **Consultation – While the caregiver is at the CHW site.**

- **Post-consultation – After the caregiver departs the CHW site.**

Then, as we discussed in the first and second training sessions, to identify the gender access barriers and the possible responses, one must consider our three forms of access:

- **Physical access**
- **Social access**
- **Cognitive access**

Therefore, to identify gender barriers to accessing health and nutrition services, we must consider the phases of a consultation and the different forms of access within each phase. For example, for each phase, we must ask ourselves:

- **'How might gender influence the ability of a female caregiver to physically access health and nutrition services at a CHW site?'**
- **'How might gender influence the ability of a female caregiver to socially access health and nutrition services at a CHW site?'**
- **'How might gender influence the ability of a female caregiver to cognitively access health and nutrition services at a CHW site?'**

When we begin to ask ourselves these types of questions, we may find that there are many, many ways in which gender influences the ability of a female caregiver to access health services. Therefore, we must prioritize the barriers that have the greatest impact on access to health services and those in which we have the greatest opportunity to improve.

To conduct this prioritization, it is helpful to:

1. **First, identify and list the gender access barriers to health and nutrition services.**
2. **The second step is to prioritize them based on those that have the greatest impact on limiting access to and benefit from health and nutrition services.**
3. **Then, thinking of your role as a CHW, the third step is to review the list of prioritized barriers and determine which ones you have the greatest ability to influence.**
4. **Finally, identify the barriers that have the greatest impact and the greatest opportunity for influence**

Now that the barriers with the greatest impact and the greatest opportunity to influence have been identified, a gender response must be developed to reduce their impact on a caregiver's opportunity to access health and nutrition services. The gender response may be developed by following these steps:

1. **Identify how the barrier could be addressed by changing the ideas, behaviours or actions of:**
   - **The community; and/or,**
   - **The service provider (i.e. CHW).**

2. **Thinking of your role as a CHW, review the list of gender responses and determine which ones you have the greatest ability to implement.**

3. **Identify the responses that have the greatest opportunity to reduce the gender access barrier.**

4. **Identify the gender responses that you have the greatest ability to implement and have the greatest opportunity to reduce the barrier.**

Once the gender responses with the greatest opportunity have been developed, the final step is to identify any risks that might be associated with the gender responses and determine how they may be mitigated.

By applying this form of prioritization for the gender access barriers and the gender responses, we have developed a list of barriers for you to consider as well as ways for you to respond within the consultation process to address these critical barriers for female caregivers.

<u>During the pre-consultation phase</u>, we have identified three prioritized gender barriers that female caregivers may experience in attempting to access health services at your site. Along with the barriers, there are proposed responses to address the barriers.

1. **The opportunity of a female caregiver to travel the physical distance with their child/ children to a CHW site for health services.**

   <u>Gender Access Barrier</u>: As we discussed previously, one of the gender inequalities that commonly affects women is that they do not have equal control over household resources. In terms of health and nutrition, this inequality may limit their opportunity to access transportation to visit a site to receive health and nutrition services for themselves or their children.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she had to ask for her husband's permission to use household resources to travel to the CHC.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, you may sensitize community leaders and community members, both women and men, on the importance of equal control over household resources for the health and nutrition of women of children. The sensitization process may include formal or informal, group or individual sessions with community leaders and members to discuss the barrier presented to female caregivers in seeking health services for themselves and their children when they do not have equal control over household resources. Another response may be to host clinics in surrounding satellite communities or travel to a caregiver and child with appropriate materials and medicines to bring the services closer to the beneficiaries.

Can you think of other responses you can apply to address this barrier?
(See Box 22 for additional examples)

Box 22: Examples of Gender Responses

- Encourage households to establish a fund to cover the health needs of the family and of which female and male caregivers have equal control.
- Assist women's groups to organize around economic activities whose benefits will cover the health needs of themselves and their children.

2. The opportunity of a female caregiver to make and carry out the decision to travel with their child/ children to the CHW site for health services.

<u>Gender Access Barrier</u>: As we discussed previously, another gender inequality that commonly affects women is that they have less decision making power at the household and community levels. In terms of health and nutrition, this inequality may limit their freedom to visit a CHW site for the health and nutrition needs of their children as well as their own.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she had to ask for her husband's permission to take Moussa to the CHW.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, you may sensitize community leaders and community members, both women and men, on the importance of maternal and child health, as well as the importance of equitable opportunity to influence decisions at the household level.

Can you think of other responses you can apply to address this barrier? *(See Box 23 for additional examples)*

Box 23: Examples of Gender Responses

- In addition to sensitizing the community leaders and broader community members, it may be useful to conduct additional home visits to sensitize household members, especially male head of households, on the importance of maternal and child health and the importance of equitable decision making.
- Conduct group or individual sessions within the community or home to support women in feeling confident about advocating for their health needs, as well as those of their children. It may be helpful to provide supporting documents that explain the importance of equitable decision making for the health of the entire household.

3. **The ability of a female caregiver to identify signs to bring their child/ children to the CHW site for health and nutrition services.**

<u>Gender Access Barrier:</u> As we discussed previously, another gender inequality that women commonly face are strong access barriers to information. In relation to health and nutrition, this inequality may limit their opportunity to access, understand and benefit from health and nutrition information shared by the health personnel, including you as CHWs.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she was unable to understand the information shared in the education session hosted by the CHW.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, when informing caregivers about signs of malnutrition for instance, you may communicate health information more clearly and according to the caregiver's literacy level and local language.

This may mean that you must use simpler language, use pictures and possibly bring in a trusted translator.

Can you think of other responses you can apply to address this barrier? *(See Box 24 for additional examples)*

Box 24: Exemples des réponses de genre

- Pour augmenter l'accès à l'information des femmes de plusieurs niveaux d'alphabétisation, il peut être utile de préparer plusieurs supports pour partager l'information. Un des moyens est d'identifier les femmes leaders au sein de la communauté, avec une forte compréhension des signes de maladie, et les aider à organiser régulièrement des séances de sensibilisation. Ainsi, l'information est partagée par des moyens traditionnels et approuvée par des femmes fiables.

- En outre, il peut être utile d'élargir au-delà des messages verbaux et visuels, au sein de la communauté, d'autres genres de message tels que des pièces de théâtre pour aider les gardiennes et gardiens à identifier les signes de maladie et les pratiques à adopter, notamment en matière d'allaitement.

During the consultation phase, there are two prioritized gender barriers we will look at today that female caregivers may experience in trying to access health services at your site. Along with the barriers, there are proposed responses to address them. The responses focus primarily on actions or behaviour changes by you as the CHW.

1. **Norms that dictate the way in which men and women can interact, may limit the opportunity of female caregivers to receive health and nutrition services from a male healthcare provider.**

   Gender Access Barrier: Within societies, gender norms have the potential to lead to gender inequality whereby a gender norm prevents the realization of equal rights, opportunities or obligations. For example, the gender norms that define how men and women can interact may limit the ability of men and women to realize equal rights and thus lead to gender inequality. In relation to health, norms that do not allow female caregivers to access health and nutrition services from a male healthcare provider, such as a CHW, may limit women's ability to access health services for herself and her children.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may share with them that there are Muslim communities across South Asia where women may be limited in their opportunity to interact with male healthcare providers and thus must have their husbands accompany them when they seek health services where there is not a female health provider.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, you may decide to raise this barrier to the local health committee, respecting the confidentiality of the beneficiaries, to seek their support in addressing the barrier. Another possible solution may be to invite a trusted male or female community member, such as a religious leader or elder of the community, to attend the consultation with the female caregiver. This way, the caregiver may feel more comfortable in receiving services for themselves and their children.

Can you think of other responses you can apply to address this barrier? *(See Box 25 for additional examples)*

Box 25: Examples of Gender Responses

- Host community sessions with community leaders and community members, female and male, to highlight the importance of female and male caregivers, with a particular focus on promoting equal opportunity for males to be caregivers. For instance, sharing the responsibility for the health and nutrition of children by bringing their children for consultations and attending community information sessions.

- On a regular basis, rather than hosting consultations inside the site building, host consultations in an open space that is visible to others but also respects confidentiality.

2. The opportunity for the caregiver to access information shared by CHW's throughout the consultation.

<u>Gender Access Barrier:</u> As mentioned in the pre-consultation phase, women commonly face strong access barriers to information. In relation to health and nutrition, this inequality may limit their opportunity to access health and nutrition information shared by health personnel, including

by you as CHWs. As discussed previously, the barrier may be in relation to literacy levels or language; however it may also be related to a lack of familiarity with health and nutrition terminology, often known as health literacy.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may inform them that especially in refugee or displaced populations, which are often primarily women and children, we, as health professionals, may not always be able to communicate the language of those seeking services. Therefore, it is important to adapt services to be able to communicate as effectively as possible.*

Gender Response(s): Although consultations vary from one to the other, a common format exists where female caregivers are asked questions related to demographics (i.e. name, age, sex) and signs of illness (i.e. symptoms, timeline), and they are given instructions to assist in the diagnosis of the child's illness (i.e. measurement of temperature, weight, mid-upper arm circumference, breathing rate, and delivery of the rapid diagnostic test). A female caregiver may be unable to understand the medical questions and process which can delay the diagnosis or, at worst, produce the wrong diagnosis. To reduce this barrier, as a CHW, when asking questions of the caregiver, and giving instructions on how to support with the diagnosis, it is important to use plain language that stays clear of medical terminology.

Can you think of other responses you can apply to address this barrier? *(See Box 26 for additional examples)*

Box 26: Examples of Gender Responses

- If the caregiver appears not to understand a question about signs of illness, it may be easiest for the caregiver to simply tell the story of their child's illness and using the terminology they use, you can ask follow up questions to complete the consultation form and determine the diagnosis.

- If the caregiver appears not to understand verbal instructions related to determining the diagnosis, it may be useful to show how the assessment, such as the mid-upper arm circumference, would take place using yourself.

In the post-consultation phase, the gender based barriers are similar to those already mentioned during the pre-consultation and consultation phase, however in this phase we will begin to explore how at times there are intersecting barriers. More specifically, we will discuss three gender barriers for female caregivers in trying to access health services as well as corresponding responses to address the barriers. The responses include both community level behaviour change and behaviour change and actions by you as the CHW.

1. **The opportunity of female caregivers to travel the physical distance with their child/ children to a CHC for a referral.**

   Gender Access Barrier: As we discussed in the pre-consultation phase, a female caregiver's opportunity to travel to health services may be hindered by not having equal control over household resources. However, within this scenario, they may also be hindered by having less decision making power within their household. The presence of one or both gender barriers may greatly limit the opportunity for female caregivers to travel the physical distance to a CHC for a referral for themselves or for their children.

   According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

   - *If a participant does not have an example, you may remind them of Sharifa's story where she had to ask for her husband's permission to use household resources to travel to the CHC.*

   Gender Response(s): To address one or both barriers, as a CHW, you may sensitize community leaders and community members, both women and men, on the importance of equal access to family resources and/or equal decision making power for the realization of equal rights to good health for women and children. To further increase the effectiveness of the sensitization through addressing the root causes of poor access, you may identify female and male community leaders who can themselves advocate for gender equality within the beneficiary communities.

   Can you think of other responses you can apply to address this barrier? *(See Box 27 for additional examples)*

Box 27: Examples of Gender Responses

- Commonly, the mother in law is a primary decision maker within the family, and a male head of household may feel shame if their wife does not accept or comply with decisions which are made by their mothers. Often, the critical concern for a mother in law is the overall family budget, and this may not involve prioritizing the health of the women and children in the house. To account for this consideration, CHWs may need to make special efforts to engage grandmothers in information and awareness raising sessions. As a CHW, you may consider hosting special sessions for grandmothers to ensure that they have access to critical health information, and to promote their acting as advocates for the equal health and nutrition of women and children in their family's household.

2. The opportunity for female caregivers to access information written on the medication package or referral form once they depart the consultation.

<u>Gender Access Barrier:</u> As mentioned in the consultation phase, woman commonly face strong access barriers to information as a result of their limited opportunity to receive formal education. In relation to health, this gender inequality may limit their opportunity to access written health information, such as on medication labels, therapeutic food sachets and referral forms.

In your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she was unable to understand the information shared in an educational sessions hosted by a CHW.*

<u>Gender Response(s):</u> To address this barrier, as a CHW, when sharing instructions with female caregivers on how to use medication and on referral processes, you may need to communicate more clearly and according to the caregiver's literacy level and local language. This may mean that you must use simpler language, use pictures and possibly bring in a trusted translator. But additionally, to ensure they are able to be reminded of this information, you may provide them with pictorial instructions and, in some instances, ask the caregiver if there is another member of the family who they would like you to share the instructions with as well.

Can you think of other responses you can apply to address this barrier? *(See Box 28 for additional examples)*

Box 28: Examples of Gender Responses

- To ensure female caregivers are able to effectively continue the treatment at home, it may be possible to identify another community member, who the caregiver trusts, who has had to administer the same treatment to their child in the past. This way, the female caregiver can easily seek clarification or guidance from a trusted family member or friend.

At this point in time, it is important to recognize that all female caregivers are different and therefore some may not experience gender barriers, and of those who do, the responses we have discussed may not address the barrier for each caregiver. Therefore, you must always analyze the experience of each caregiver and respond as best as you can to address the barriers that are present for them. One critical way to understand a caregiver's experience and how to support her is by asking her questions. For example:

- **Based on your experience, have you encountered any barriers to receiving health services? If so, please share your experience and explain how you may be supported in addressing this barrier.**
- **Based on your experience, have you encountered any physical barriers? For instance, barriers in travelling to the services or being available during the hours the services are available? If so, please share your experience and explain how you may be supported in addressing this barrier.**
- **Based on your experience, have you encountered any social barriers at the household or community level? For instance, your opportunity to make the decision to visit health services or your opportunity to have access which enables you to benefit from health services. If so, please share your experience and explain how you may be supported in addressing this barrier.**
- **Based on your experience, what are your thoughts on the frequency, quantity, type and clarity of the information that I have shared with you? If there are ways to improve my communication of information please let me know.**

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Activity 4: Gender Considerations through Role-Play
Time: 90 minutes

Now that we have discussed the common gender barriers experienced by female caregivers in accessing health services and the possible responses, it is important to begin to practice the responses. To support you in practicing, we will do a role play activity together. I will place you into pairs, where you will read a scenario and you will have to determine how to respond in order to address the barrier. After you have discussed the scenario, I will ask you to show us how you would respond by doing a two minute role-play in front of the group. The scenarios build on the barriers and responses we just discussed so for support refer to the notes in your workbook.

- *Divide the participants into groups of two. If there are an odd number of participants, there may also be a group of three.*
- *Once the participants are in groups, distribute the scenarios – one to each group.*
- *Ask the groups to identify the gender barrier in their scenario and to create a gender response to address the barrier.*
- *Provide them with 10 minutes to discuss and prepare a role-play.*
- *At the end of the 10 minutes, invite each group to first read their scenario to the group and perform their role-play.*
- *At the completion of each role-play, facilitate a discussion where you ask the participants if they think the group identified the right gender barrier and gender response. In addition, ask whether the response was gender sensitive and/or gender transformative.*

It is important to recognize that not all gender barriers are visible and easy to see. This training supports you in looking for and identifying signs of gender access barriers and inequalities, however it may not always be possible to easily see them. Therefore, it is best practice, even when a sign is not visible, that on a regular basis you ask caregivers questions about their experiences in accessing health services. It is also best practice that in instances where you think you have noticed a sign of a gender access barrier, you ask the caregiver questions about their experience in accessing health services and if they confirm experiencing a barrier you may ask them how you can support them in addressing the barrier.

Remember that the first priority is to do no harm and if you respond simply based on assumptions, you may inadvertently increase the barrier. More specifically, if we do not correctly identify and address gender barriers to health services we risk reinforcing health inequalities, as well as delivering services which cannot be accessed by those most in need.

Activity 5: What to do next?
Time: 20 minutes

To close this session, can each of you take a moment to think about the top three things you learned from this session?

- *Once all participants are done writing/reflecting, ask each person to share what they wrote down.*

Over the coming month, practice:

- **Identifying the gender access barriers experienced by caregivers;**
- **Determining the most appropriate response; and**
- **Putting the response into action.**

As you practice, document or make a mental note of your success, challenges and questions. In the next session, we will learn from one another by discussing the successes, challenges and questions you may have. Remember that as you practice, if you identify a barrier that feels too big to address by yourself or you experience resistance and are unable to carry out your response, it is best to contact your supervisor immediately to determine the best course of action.

Photo: Save the Children

6. SESSION 4: THE INTEGRATION OF GENDER IN SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

6.1. Overview of the Session

OBJECTIVE: To introduce the practice of integrating gender considerations while conducting behaviour change communication.

TIME: 5 hours

6.2. Preparation for the Session

MATERIALS:

- Flipchart paper (1 pad)
- Flipchart paper markers
- The flipchart paper with the guidelines for the training
- 1 printout of each role-play scenario
- 1 training evaluation per participant
- 1 post-test per participant
- 1 envelope to seal the completed evaluations and tests

6.3. Implementation of the Session

Activity 1: A Review of the Third Session
Time: 20 minutes

- *Prior to starting the session, post in a visible place the guidelines created in the first session on how everyone would like to interact with one another during the training.*

Welcome to our fourth Gender Training session. At the beginning of our first session we created a list of guidelines to keep in mind while we learn together. I have posted them on the wall to continue to guide us in our interactions today.

Prior to starting the material for this fourth session, we are going to briefly review the material from the third session on how to integrate gender considerations into consultations. For this review, we are going to discuss the successes, challenges and questions you noted in relation to trying to integrate the gender responses we discussed in our previous session.

What are some of the successes and challenges you experienced in identifying the gender barriers experienced by caregivers, determining the most appropriate response, and putting the response into action?

- *As the participants share successes and challenges, write them one by one on a flipchart paper.*

- *For each success and challenge, ask the participants what they think their colleague did well in the example they shared earlier and how they might improve in the future.*

- *Once the participants share their thoughts, coach them by confirming what they did well and how they may improve when they are presented with a similar case in the future. (See Box 29 for coaching examples).*

Box 29: Examples for Coaching Participants

In coaching the participants, use their successes and challenges to underscore the importance of:

- Identifying gender access barriers and developing gender responses by asking caregivers questions about their experience.
- Involving men and women both, where possible, in the gender response.
- Approaching their supervisor when a barrier feels too big to address by all by themselves, or when they experience resistance and are unable to carry out the response.

What are some of the questions that came up for you as you worked to apply your gender lens?

- *As the participants pose their questions, try to answer them but if you do not have the answer, inform the participant that you will ask their question to a colleague and will get back to them.*

Over the past month, the effort you put into practicing how to identify barriers, develop responses and implement the responses is critical to effectively adapting your activities to take gender equality into consideration.

This type of analysis and adaptation is a skill that develops over time as you practice more and more. As we discussed in previous sessions, at first, applying a gender lens may feel unfamiliar and sometimes even uncomfortable. In the beginning it often requires special focus but over time, as you practice it, your gender lens simply becomes part of your way of thinking about your work and about the world. You no longer have to put on your 'gender glasses' because you are always wearing them and this makes you that much better able to do your work, and optimize the impact it has on those who need it most.

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Activity 2: The Session Objective
Time: 5 minutes

As this is the fourth session, we will build on our discussions about gender by exploring how to integrate gender considerations into behaviour change communication. By the end of this session, you will be able to identify gender approaches to take into account while conducting behaviour change communication activities with male and female community members.

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Activity 3: What is Social and Behaviour Change Communication
Durée: 10 minutes

For this session, it is important to first define what we mean by social and behaviour change communication.

Behaviour change communication is when we use forms of communication to promote healthy behaviours and practices to improve health and nutrition outcomes.

Within the Improving Nutrition project, we use diverse forms of communication – one on one sessions, community sessions, radio messages, and printed materials – to promote healthy behaviours and practices that prevent malnutrition, as well as illnesses such as diarrhea, pneumonia, malaria..

Within your work as a CHW, can you provide examples of behaviour change communication you have done over the past month within the communities you serve?
(See Box 30 for examples.)

Box 30: Examples of CCB

- One-on-one counselling with caregivers during consultations or home visits on exclusive breastfeeding.
- Group education sessions with caregivers on health and nutrition.
- Counseling to mother of children with Moderate Acute Malnutrition (MAM) within Nutrition, Education and Rehabilitation Sessions (NERS).

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Activity 4: Gender Approaches for Social and Behaviour Change Communication
Time: 90 minutes

As with consultations, to improve the positive impact of the project on the health of children and women, we must first recognize that there is an inextricable connection between the wellbeing of mothers and their children, where healthy and empowered women and mothers are essential if we are to enable a world where all children realize their right to health.

Though a focus on women's roles as mothers is critical, Save the Children also believes that this is only one piece of the puzzle. Evidence has clearly demonstrated that engaging men and boys around topics of caring fatherhood, parenting education, positive role modeling, and gender equality completes the circle of care that is necessary for the wellbeing of girls and boys.

Considering that in the beneficiary communities the female caregivers are currently those primarily responsible for addressing the health needs of children under five, this session will focus primarily on the female caregiver's ability to access health services for children under five, fully recognizing the importance of male caregiver engagement.

In recognizing the inextricable connection between the wellbeing of mothers and their children, the steps to determine how to integrate gender considerations are:

1. Identify the gender access barriers caregivers may experience to learning and benefiting from behaviour change communication.

2. Develop a gender response to address the gender access barrier.

The gender response consists of gender sensitive and gender transformative approaches.

- Gender sensitive refers to when the different needs, abilities and opportunities of boys and girls and men and women are identified, considered and accounted for.

- Gender transformative refers to when we utilize a gender sensitive approach and promote gender equality, while working with key stakeholders to identify, address and transform the root causes of gender inequality for women and men, girls and boys.

It is expected that all activities should be gender sensitive as a minimum standard, and wherever possible should be gender transformative, where the root causes of gender inequality are identified and addressed. Therefore, as you provide health services you need to apply a gender sensitive approach and, wherever possible, work with the entire community to address gender inequality.

In following this two-step approach, we will now explore the process of 1) identifying gender access barriers and 2) developing and applying gender responses to address those barriers.

To identify gender based barriers to learning and benefiting from behaviour change communication messages, and select which gender approaches to employ, one must consider the three forms of access we've discussed together – physical, social and cognitive access.

Therefore, to identify the gender barriers to learning and benefiting from behaviour change communication, we must ask ourselves:

- How might gender influence the ability of a female or male caregiver to physically access behaviour change communication?
- How might gender influence the ability of a female or male caregiver to socially access behaviour change communication?
- How might gender influence the ability of a female or male caregiver to cognitively access behaviour change communication?

When we begin to ask ourselves these types of questions, we may find that there are many, many ways in which gender influences the ability of female and male caregivers to learn and benefit from behaviour change communication messages. Therefore, we must prioritize the barriers that have the greatest impact on access to these messages and those which we have the greatest opportunity to improve. Once the priority barriers have been identified, we must then prioritize the gender responses.

By conducting our prioritization activity discussed in the previous session, we have developed a list of gender barriers and responses for you to consider, as well as guidance on how you can adapt your behaviour change communication activities to address these barriers for female and male caregivers.

In terms of physical gender barriers to behaviour change communication, we have identified two priority barriers for female and male caregivers. Along with the barriers, potential responses are shared that focus on behaviour change and actions by you, as the CHW.

1. The opportunity for female caregivers to physically travel to attend behaviour change communication sessions conducted by the CHW. For example, sessions on how to prevent malnutrition among children in the community.

   Gender Access Barrier: For female caregivers, one gender based physical barrier that is common among women is that they do not have equal control over household resources for uses such as transportation costs to attend a session.

   According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she had to ask permission from her husband to use household resources for transportation. Although in this story the resources were to be used to travel to the CHC, the situation could also arise in efforts to travel to an educational session.*

Gender Response(s): To reduce these barriers experienced by caregivers, as a CHW, you may host sessions at various locations within a catchment area to reduce the physical distance one must travel to attend. Additionally, you may schedule sessions before or after planned community events so that female caregivers who are already at the event do not need to travel again to attend the session.

Can you think of other responses you can apply to address these barriers?
(See Box 31 for additional examples)

Box 31: Examples of Gender Responses

- Host one on one sessions at the homes of caregivers who are unable to attend community level sessions.
- Promote health education sessions being delivered via radio and television

2. **The ability of male and female caregivers to have the available time to attend behaviour change communication sessions conducted by the CHW. For example, sessions on the use of family planning services.**

Gender Access Barrier: For female caregivers, it may be particularly difficult to find time for sessions due to domestic work, caring for children and other family members, and/or feeding and caring for animals. For male caregivers, it may be particularly difficult to find time for sessions due to agricultural work and labour based outside of his community.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she had the double responsibility of caring for her children and working in the home.*

Gender Response(s): To reduce these barriers experienced by male and female caregivers, as a CHW, you may host several sessions for the same purpose across different days and times to ensure male and female caregivers are able to attend. Additionally, you may schedule sessions before or after planned community events so that caregivers who are already at the event do not need to travel again to attend the session.

Can you think of other responses you can apply to address these barriers? *(See Box 32 for additional examples)*

Box 32: Examples of Gender Responses

- In advance of busy times, such as the start of the rainy season, host behaviour change communication with men and women, especially on malaria and diarrhea which increases during the rainy season.

- Organize behaviour change communication sessions with groups of women as they do domestic work, such as washing clothing.

<u>In terms of social gender barriers to behaviour change communication</u>, we have identified two important barriers for female and male caregivers. To address these barriers, there are potential responses which include community level behaviour change and behaviour change by you, as the CHW.

1. 1. **The ability of male and female caregivers to access behaviour change communication sessions that focus on culturally sensitive topics, such as family planning.**

<u>Gender Access Barriers</u>: For female and male caregivers, a social gender access barrier to participating in sessions that focus on culturally sensitive topics may be the discomfort with attending sessions on sensitive topics with the opposite sex. Another barrier to attending these types of sessions may be the cultural sensitivity of discussing these topics in a group setting.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of family planning and how it can be a sensitive subject to discuss in a group of women and men.*

<u>Gender Response(s):</u> To reduce these barriers experienced by male and female caregivers, as a CHW, you may create gender-safe spaces by providing sessions on culturally sensitive topics on a one-to-one basis rather than in groups. You may also provide these forms of sessions with men and with women in different groups. By adapting these measures, women and men may find it more comfortable to talk about sensitive topics.

Can you think of other responses you can apply to address these barriers? *(See Box 33 for additional examples)*

Box 33: Examples of Gender Responses

- Organize community awareness sessions with community leaders and community members, both women and men, to address taboos related to family planning.
- Identify well respected community leaders, both women and men, who can support in the sensitization of community members on the importance of family planning and the need to break the taboo.

2. The opportunity for female caregivers to choose, and act on the decision, to attend behaviour change communication sessions.

<u>Gender Access Barriers:</u> For female caregivers, a social gender barrier to attending a session may include their limited influence on decisions within the household. This barrier may limit their freedom to attend a session, especially if the session is on a culturally sensitive subject.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she had to ask permission from her husband to use household resources for transportation. Although in this story the resources were to be used to travel to the CHC, the situation could also arise in efforts to travel to an educational session.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, you may sensitize community leaders and community members, both women and men, on the importance of equal opportunity to influence decisions at the household level especially in relation to ensuring the health of women and nutrition of reproductive age, including pregnant and lactating women, and children under five.

Can you think of other responses you can apply to address these barriers? *(See Box 34 for additional examples)*

Box 34: Examples of Gender Responses

- For female caregivers who may not be able to attend the sessions, it may be necessary to conduct individual counselling sessions at their home or during consultations.
- To reach female caregivers who are unable to attend, it may work well to conduct behaviour change communication during other community events with high levels of participation by the beneficiary community.
- Also, engage men during learning sessions to encourage them to support women's participation.

<u>In terms of cognitive gender barriers to behaviour change communication</u>, we have identified one important barrier for caregivers, especially female caregivers. Along with the barrier there are proposed responses to address the barrier which focus on responses at your level, as the CHW.

1. **The ability of female and male caregivers to learn and benefit from the behaviour change communication messages that are being shared by you.**

<u>Gender Access Barrier</u>: For female caregivers in particular, as result of their lower level of literacy, they often face strong access barriers to health and nutrition information. This may limit their opportunity to learn and benefit from the messages being share by health personnel, including you as CHWs.

According to your experience, as a CHW, have you observed this obstacle? If yes, please share your observations.

- *If a participant does not have an example, you may remind them of Sharifa's story where she was unable to understand the information shared at an educational session by a CHW.*

<u>Gender Response(s):</u> To reduce this barrier, as a CHW, when communicating with female caregivers about behaviour change, you may need to communicate more clearly and according to the caregiver's literacy level and local language. This may mean that you must use simpler language, use pictures and possibly bring in a trusted translator.

Can you think of other responses you can apply to address this barrier? *(See Box 35 for additional examples)*

Box 35: Examples of Gender Responses

- To increase access to information for women of varying literacy levels, it may be useful to organize different mediums for sharing the behaviour change communication. One such way is to identify female leaders within the community with strong understanding of the messages and support them in organizing regular sensitization sessions. This way, information is shared through traditional lines and by trusted women.

- Additionally, it may be helpful to expand beyond verbal and pictorial messaging to visual messaging within the community such as hosting plays that help women and men to learn and benefit from the behaviour change communication.

- Moreover, by also engaging men in behaviour change communication activities, women and men can both have the required information and can support one another in putting their knowledge into action.

When discussing possible gender access barriers, it is easy to begin to generalize the barriers to all female or all male caregivers, but this is not the case. It is important to recognize that caregivers may have vastly different experiences and therefore may not experience certain barriers, and of those who do, the responses we have discussed may not address the barrier for all. Therefore, you must always analyse the experience of each caregiver and respond as best as you can to reduce the gender based barriers that are present for them. One way to understand a caregiver's experience and how to support them is by asking them questions. For example:

- **Based on your experience, have you encountered any barriers to learning and benefiting from information shared by the CHW? If so, please share your experience and explain how you may be supported in addressing this barrier.**

- **Based on your experience, have you encountered any social barriers at the household or community level? For instance, your opportunity to deicide to attend a community session, or your opportunity to have access to resources to attend a session or put into practice what you learned during the session? If so, please share your experience and explain how you may be supported in addressing this barrier.**

- **Based on your experience, what are your thoughts on the frequency, quantity, type and clarity of the information that I have shared with you? If there are ways to improve my communication of information please let me know.**

***

Activity 5: Gender Considerations through Role-Play

Time: 90 minutes

Now that we have discussed the common gender access barriers experienced by female and male caregivers in accessing the behaviour change communication and the possible responses, it is important to begin to practice the responses. To support you in practicing, we will do a role play activity together. I will place you into pairs, where you will read a scenario and you will have to determine how to respond in order to reduce the barrier. After discussing a response, I will ask you to show us how you would respond by doing a two minute role-play in front of the group. The scenarios build on the barriers and responses we just discussed so for support refer to the notes on the flipchart paper.

- *Divide the participants into groups of two. If there are an odd number of participants, there may also be a group of three.*
- *Once the participants are in groups, distribute the scenarios – one to each group.*
- *Ask the groups to identify the gender barrier in their scenario and to create a gender response to address the barrier.*
- *Provide them with 10 minutes to discuss and prepare a role-play.*
- *At the end of the 10 minutes, invite each group to first read their scenario to the group and perform their role-play.*
- *At the completion of each role-play, facilitate a discussion where you ask the participants if they think the group identified the right gender barrier and gender response. In addition, ask whether the response was gender sensitive and/or gender transformative.*

It is important to recognize that not all gender barriers are visible and easy to see. This training supports you in looking for and identifying signs, however it may not always be possible to see them. Therefore, it is best practice, even when a sign is not visible, that on a regular basis you ask caregiver's questions about their experiences in accessing health services. It is also best practice that in instances where you think you have noticed a sign of a gender barrier, you ask the caregiver questions about their experience in accessing health services and if they confirm experiencing a barrier you may ask them how you can support them in addressing the barrier.

Remember that the first priority is to do no harm and if you respond simply based on assumptions, you may inadvertently increase the barrier.

***

Activity 5: What to do next?
Time: 15 minutes

To close this session, I'll ask each of you to take a moment and think about the top three things you learned from this session?

- *Once all participants are done writing/ reflecting, ask the group to share what they wrote down.*

Over the coming month, practice identifying the gender barriers experienced by female and male caregivers, determining the most appropriate response, and putting the response into action. As you practice, I ask you to document or make a mental note of your success, challenges and questions.

In your next monthly meeting, with your supervisor, there will be an opportunity to discuss the successes, challenges and questions you may have. Remember that as you practice, if you identify a barrier that feels too big to address by yourself or you experience resistance and are unable to carry out your response, it is best to contact your supervisor immediately to determine the best course of action.

***

Activity 6: Post-test
Time: 40 minutes

To see what we have learned together, I would like to ask you to complete a post-test. We will compare your answers in the pretest to the post-test to see if the training was able to improve your knowledge and skills with regard to gender mainstreaming in health (see the post-test in Annex D).

The post-test will take exactly 30 minutes and your results will be confidential. Therefore, your results will not be linked directly to you.

- *Distribute the post-tests, and once the 30 minutes are complete, put them into the envelope and seal it to be submitted to the Improving Nutrition Coordinator.*

Activity 7: Training evaluation
Time: 20 minutes

Congratulations on completing the training! We would like to hear your thoughts on what you enjoyed and how it may be improved. Our training evaluation will take approximately 15 minutes to complete and it will be confidential (see Appendix C).

- *Distribute the evaluations and once they are complete, place them in an envelope and seal it to be reviewed by the Improving Nutrition Coordinator.*

Photo: Save the Children

7. APPENDICES

7.1. Appendix A: The Consultation Role-Play Scenarios

SCENARIO 1:

Over the past couple months while you have been organizing community workshops with female caregivers on the prevention of malnutrition, at least five female caregivers approached you to ask whether at that moment you could take a look at their child because their child has seemed ill for the past week. When you asked them to return with you to your site, so you can use your supplies to assess their child, they said that their husbands did not approve a visit earlier in the week and will have to ask them again prior to coming.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 2:

Over the past month, you noticed that many more children than normal are being brought to you with severe wasting that needs to be referred to an OTP site. When you asked the female caregivers why they did not come to you earlier when their children's acute malnutrition was less severe, they said that they thought it was minor and would get better by itself.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 3:

As a male CHW, you have noticed that very few women have been asking you for family planning services. You have wondered if it is because women of reproductive age are not comfortable speaking with you about contraceptive options. Given your concern, you asked one of the female community leaders for her thoughts and she said that some of the women in the village have not felt comfortable asking about family planning services from you because you are a man, so she has been referring them to the Community Health Center.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 4:

A female caregiver has brought her sick child to your site for a consultation. The caregiver speaks a local language that you are not familiar with and she has only basic Pashto language skills. By speaking Pashto in simple language you have been able to determine that the child is suffering from malnutrition but you have reached the point where you must explain how the caregiver is to use the appropriate medication and therapeutic foods. You realize that it is really important that she understands how to use the medication and therapeutic foods correctly, but unfortunately no translator is available in the village.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 5:

A female caregiver came to your site with her daughter who is vomiting all she consumes and as a result you want to refer the child to the Community Health Centre. However, the caregiver mentions to you that her husband is away for three days and she must wait for his return to receive his approval to bring her daughter to the Community Health Centre.

What is the gender barrier in the scenario?

What is your response?

Box 36: Examples of responses to the scenarios

Scenario 1:

- Gender Barrier: Opportunity to influence decision making
- Gender Response: (example) Depending on the health status of the child, the CHW may decide to visit the homes of the women to talk with their husbands about the importance of bringing their ill children to their site for health services. Additionally, the CHW may also begin talking with the male heads of household about the importance of women having the opportunity to influence decision making, especially as it relates to the health and nutrition status of their children.

Scenario 2:

- Gender Barrier: Access to health information
- Gender Response: (example) Organise several educational session with female and male community members about the signs of malnutrition and wasting. During the sessions, use interactive methods such as role plays to support the community members in accessing and benefiting from health information.

Scenario 3:

- Gender Barrier: Gender norms that define how women and men may interact.

- Gender Response: (example) You may inform the health shura of this barrier, while respecting the confidentiality of beneficiaries, and ask their support in addressing this barrier. Another possible response may be to invite a respected female or male community member to accompany women as they seek health services from male health service providers.

Scenario 4:

- Gender Barrier: Access to health information

- Gender Response: (example) In explaining how to administer the medication, you may decide to use simple words in Pashto, hand gestures, or create drawings to ensure the instructions are well understood. Another option may be to administer the medication for the first couple days until the caregiver understands how to do it themselves.

Scenario 5:

- Gender Barrier: Opportunity to influence decision making

- Gender Response: (example) In the short term, you may decide to support the female caregiver by contacting her husband by phone or another member of the family that may be able to provide approval. If this approach does not work, you may ask for the approval of the community leader for the female caregiver to take her child to the CHC. In the longer term, you may organise meetings with the community leaders to address the inequalities around decision making and, with their support, sensitize community members on the importance of equal opportunity to influence decision making, especially as it relates to the health of their children.

7.2. Appendix B: The Social and Behaviour Change Communication Role-Play Scenarios

SCENARIO 1:

At an educational talk hosted by a CHW, Sharifa learned that to prevent malaria it is important to use insecticide treated nets. When she returned home, she asked her husband if she could buy insecticide treated nets for themselves and their children but even after trying to explain their importance her husband said no.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 2:

One day in April, a CHW scheduled an educational talk with male and female community members on how to prevent malnutrition and the signs of illness to look for to prompt a visit the CHW site. However, no one showed up for the talk because the rains had started and everyone was in their fields.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 3:

During a home visit, the CHW started to discuss family planning with the head of the household and his wife. But as soon as the CHW started to discuss contraceptive methods, the husband asked the CHW to leave by saying that he and his wife were not interested. However, during the conversation his wife seemed interested but did not speak up when the CHW was asked to go.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 4:

One evening, a CHW organized an educational talk with the community leaders to discuss the importance of women and men having equal opportunity to make decisions about the health and nutrition of their children. The male community leaders at the meeting said that they do not think women should have equal opportunity to make decisions because they are not capable of knowing how best to use household resources.

What is the gender barrier in the scenario?

What is your response?

SCENARIO 5:

Over the course of the past couple weeks, a handful of women in the community approached the CHW to say that they have listened to messages on the radio about how to promote good nutrition and how to identify the signs of malnutrition. The women continued to stay that it is hard to understand the messages as they use terms that they have never heard before and they learn better by seeing.

What is the gender barrier in the scenario?

What is your response?

Box 37: Examples of responses to the scenarios

Scenario 1:

- Gender Barrier: Access to and control over resources
- Gender Response: In the short term, in addition to organising educational sessions with female members of the community, organise educational sessions with male members of the community to ensure that all have access to information and may influence decision making. In the long term, you may organise meetings with community leaders to address the inequality as it relates to access to and control over resources and, with their support, sensitize members of the community on the importance of women also having access to and control over resources for the health of their children.

Scenario 2:

- Gender Barrier: Access to health information
- Gender Response: Organise a meeting with male community leaders and female community leaders to ask them when it would be best to organise a meeting with each group, men and women. On the basis of their suggestions, organise a session of women and organise a session for men based on their availability.

Scenario 3:

- Gender Barrier: Opportunity to influence decision making and access to health information
- Gender Response: (example) At a later date, with a community leader or another couple who support family planning, return to the house of the couple. At the house, facilitate a discussion with the husband about the importance of family planning for the health of his wife and children. In the long term, organise education sessions on family planning with women and men separately in the community to ensure that they are informed on the importance of family planning, and have the opportunity to ask questions and learn in a comfortable setting.

Scenario 4:

- Gender Barrier: Opportunity to influence decision making
- Gender Response: (example) Within the session, facilitate a discussion on what makes a good decision maker. One important aspect of good decision making is knowledge. In the Afghanistan society, women are often the primary caregivers of children under five and, as a result, they are often well informed about the health and nutrition status of their children. In addition, there are often educational sessions hosted by CHWs on various childhood illnesses where women and men may learn about signs of illness. However, although women may be knowledgeable about the health and nutrition of their children and be aware of signs of illness, they often do not have equal opportunity to influence decision making, and as a result, this can significantly increase the health risks for their children and family.

Scenario 5:

- Gender Barrier: Access to health information
- Gender Response: (example) Organise several education sessions with female and male members of the community on ways to prevent malnutrition and on the signs of the illness. During these sessions, use interactive methods such as role plays to support the participants in accessing and benefiting from the information.

7.3. Appendix C: Training Evaluation

1. Date (DD/MM/YYYY): ___/____/_____

2. District: _____

3. Health facility name and code _____

4. Sex: (Circle) Femlae Male

5. Of the four training sessions, how many did you attend? (Circle your response)

   0 1 2 3 4

6. Overall, how would you rate the training? (Circle your response)

   Very Poor Poor Average Good Very Good

7. Please rate the following items by circling your answer.

	Very Poor	Poor	Average	Good	Very Good
7.1 Quality of content	1	2	3	4	5
7.2 Quality of instruction	1	2	3	4	5
7.3 Learning environment	1	2	3	4	5

8. Has this training changed your views on gender? (Circle your response)

   Yes No

8.1. If yes, in what way?

_____

_____

_____

_____

8.2. If no, why not?

_____

_____

9. Has this training changed the way you will provide health services? (Circle your response)

Yes No

9.1. If yes, in what way?

9.2. If no, why not?

10. If you have any suggestions on how to improve this training for the future please describe how below.

11. What other trainings would like to receive in your role as a CHW?

Thank you for sharing your thoughts!

7.4. Appendix D: Test

1. Date (DD/MM/YYYY): ___/____/_____

2. Region: _____

3. Health District: _____

4. Commune: _____

5. Sex: (Encerclez) Female Male

6. Of the four training sessions, how many did you attend? (Circle your response)

   0 1 2 3 4

7. What is the difference between sex and gender?

_____
_____
_____
_____

8. Why is gender important to the work you do as a CHW?

_____
_____
_____
_____

9. What are three forms of gender inequality commonly experienced by women in your communities?

   9.1. _____
   9.2. _____
   9.3. _____

10. Read the story written below and answer the questions that follow.
Zenabo will soon give birth to her fifth child. With her other children, her mother in-law told her to give some herbal supplements (SAKO DANA) to her children so that they are strong. But, Zenabo observed that after giving the herbal supplement (SAKO DANA) to her children, they often became ill. Zenabo also remembered attending an education session last month where a CHW shared pamphlets with her on how to feed newborns, but she was unable to read the information and thus understand.

Zenabo was also just informed that a CHW was going to organize another educational sessions but it was going to be hosted in a village that is 10 kilometers away from where she lives. Additionally, it is harvesting time and Zenabo has four children. Given that this is the case, it is difficult for her to find the time to attend a session.

10.1 Question: Write three barriers linked to gender that Zenabo experienced in trying to adopt the behaviour of exclusive breastfeeding.

- _____
- _____
- _____

10.2 Question: For each barrier you listed above, explain, as a CHW, how you would address the barriers experienced by Zenabo?

- _____
  _____
  _____
- _____
  _____
  _____
- _____
  _____
  _____

Thank you for completing this test!

7.5. Appendix D: Test with the answers

1. Date (DD/MM/YYYY): ___/____/_____

2. Region: _____

3. Health District: _____

4. Commune: _____

5. Sex: (Encerclez) Female Male

6. Of the four training sessions, how many did you attend? (Circle your response)

   0 1 2 3 4

7. What is the difference between sex and gender?

To receive 1 point for this question, they must note at least the key words written in ***bold****.*

Sex refers to the ***biological and physiological characteristics*** *that define men and women, girls and boys, while* ***gender refers to the socially constructed*** *roles, behaviours, activities and attributes that a given society considers appropriate for men and women, girls and boys.*

8. Why is gender important to the work you do as a CHW?

To receive 1 point for this question, they must note at least one of the three possible answers written below.

Gender equality is a fundamental right; to have the greatest possible impact on the health and survival of women and children; and to do no harm.

9. What are three forms of gender inequality commonly experienced by women in your communities?

To receive 3 points for this question, they must note all three gender inequalities cited below or others that you find relevant.

   9.1. *Access to and control over resources*
   9.2. *Access to information*
   9.3. *Opportunity to influence decision making*

10. Read the story written below and answer the questions that follow.
Zenabo will soon give birth to her fifth child. With her other children, her mother in-law told her to give some herbal supplements (SAKO DANA) to her children so that they are strong. But, Zenabo observed that after giving the herbal supplement (SAKO DANA) to her children, they often became ill. Zenabo also remembered attending an education session last month where a CHW shared pamphlets with her on how to feed newborns, but she was unable to read the information and thus understand.

Zenabo was also just informed that a CHW was going to organize another educational sessions but it was going to be hosted in a village that is 10 kilometers away from where she lives. Additionally, it is harvesting time and Zenabo has four children. Given that this is the case, it is difficult for her to find the time to attend a session.

10.1 Question: Write three barriers linked to gender that Zenabo experienced in trying to adopt the behaviour of exclusive breastfeeding.

To receive 3 points for this question, they must note three of the four obstacles written below or others that you find relevant.

- *Opportunity to influence decision making*
- *Access to information*
- *Access to and control over resources*
- *Availability or competing responsibilities*

10.2 Question: For each barrier you listed above, explain, as a CHW, how you would address the barriers experienced by Zenabo?

To receive 3 points for this question, they must note three of the four responses written below or others that you find relevant.

- ***Opportunity to influence decision making:*** *Organize meetings with the community leaders as well as mother in-laws to address inequalities related to decision making.*

- ***Access to information:*** *Organize several educational sessions with female and male members of the community to inform them of the importance of exclusive breastfeeding. During the sessions use interactive methods such as role play to support the participants in accessing and benefiting from the information.*

- ***Access to and control over resources:*** *Organize a meeting with community leaders to address the gender inequality related to access to and control over resources, and then with their support, sensitize members of the community on the importance of women also having access to and control over resources. Another option may be to encourage households to create a fund for health related expenses that can be used by female and male caregivers.*

- ***Availability or competing responsibilities:*** *Organize a meeting with a male community leader and a female community leader to determine a good time to host educational sessions for each group. On the basis of their suggestions, organize sessions for women and men based on their schedule.*

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IMPROVING NUTRITION FOR MOTHERS, NEWBORNS AND CHILDREN IN AFGHANISTAN

FACILITATOR'S GUIDE:

Gender Training for Community Health Workers in Afghanistan