



STANDARD OPERATING PROCEDURES: MEN GROUP DISCUSSIONS

**DEVELOPED BY: ACTION AGAINST HUNGER
SOUTH SUDAN**

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BACKGROUND

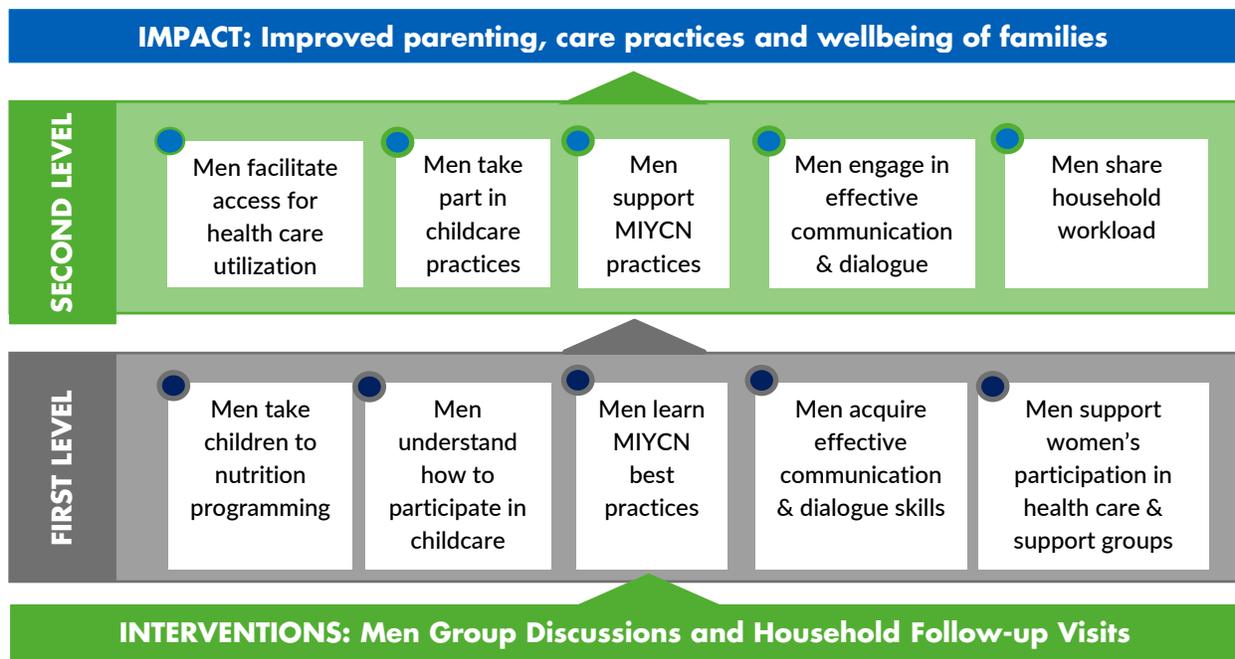
Action Against Hunger, as a leading global expert in nutrition response, recognizes that gender, diversity and inclusion underpin all our actions. Gender inequalities and Gender-based Violence (GBV) disadvantage both women and men and drive the use of negative coping strategies that can detrimentally affect a household's nutrition status. Action Against Hunger acknowledges its responsibility to ensure its nutrition programming is equitable, safe and gender sensitive.

Action Against Hunger recognizes that involving men at the grass roots in efforts to reduce malnutrition is key. Involving men can have a positive transformative impact for the lives of women and girls, but also for the lives of men and boys. An emphasis on the roles of men and boys will free them from those harmful and limiting aspects of masculinities hence eliminating gender inequalities that might hold a community back.

PURPOSE

This document defines and clarifies the methodology used in Action Against Hunger South Sudan's Men Group Discussions. It is to be used by Action Against Hunger staff responsible for both the implementation and the supervision of the intervention. It provides a clear outline of the intervention activities and procedures to follow in conducting the groups in order to effectively engage men and to promote lasting behavior change.

THEORY OF CHANGE



STRUCTURE OF INTERVENTION

This program aims to engage men who either have a child less than two years of age or a pregnant wife/partner. The intervention is grounded in social behavior change methodology, combining group learning and household activities to achieve positive behavior change. The intervention will involve two primary activities: 1) group discussions and 2) household visits. Together, the activities will take approximately twelve months to complete.

Community Engagement

Before starting the activities, community engagement will be critical for the success of the intervention. Community awareness activities will occur to increase buy-in and support from local leaders as well as to inform the whole community about the goal, modalities, and criteria for participation in the activities. Groups of men will be formed based on geographical proximity (e.g. from the same village) to ensure that the distance they travel to attend the sessions is not a barrier. Participants should not travel for more than one hour in one direction to attend the intervention's activities.

Men Group Discussions

The group discussion will include a group of 8-12 men and will be facilitated by a Community Outreach Worker (COW) and a Community Volunteer (CV). The members should remain the same until the twelve-month cycle is complete to ensure trust and comradery are built between the members. The group will meet once a month for seven months for a total of 90 minutes each session.¹ A specialized curriculum will be used to lead the men through numerous knowledge building activities. The sessions are arranged to build knowledge and skills that were developed in the previous session. The ultimate goal is to achieve a change in attitude and trigger behavior change. Topics to be covered will include gender roles, fatherhood, childcare practices, effective communication and dialogue skills, and maternal, infant, and young child nutrition.

After the seven months are complete, the group discussions will conclude and the household visit portion of the intervention will begin. For the remaining months, each group member will receive a monthly household visit from a CV and/or a COW. The follow up visit will last approximately 30 minutes and will focus on reviewing the information that was discussed in the group sessions, challenges that have arisen, and problem solving. In the event that CVs are not dedicated to this specific activity, these visits should be integrated into on-going household follow-up activities to avoid burdening the CVs.

Involvement of Women

Gender dynamics and stereotypes affect both men and women, and to achieve positive changes, both genders should be involved in the process and be given opportunities to reflect and adjust to changes. Involving women whose husbands/partners are participating in the men groups can be done through several ways. Depending on the operational constraints and existing resources of the project, women group discussions can either happen in parallel if the wives/partners of the men are already part of a peer group (Mother-to-Mother Support Group or Care Group), or as a separate activity, starting after the men group sessions.

A possible option could include starting the men groups first and then start working with their partners after three months. Specific points of group discussion would occur where the men and women could come

¹ Meeting bi-weekly is preferred for optimal behavior change results but if context cannot support this, meeting once a month is acceptable.

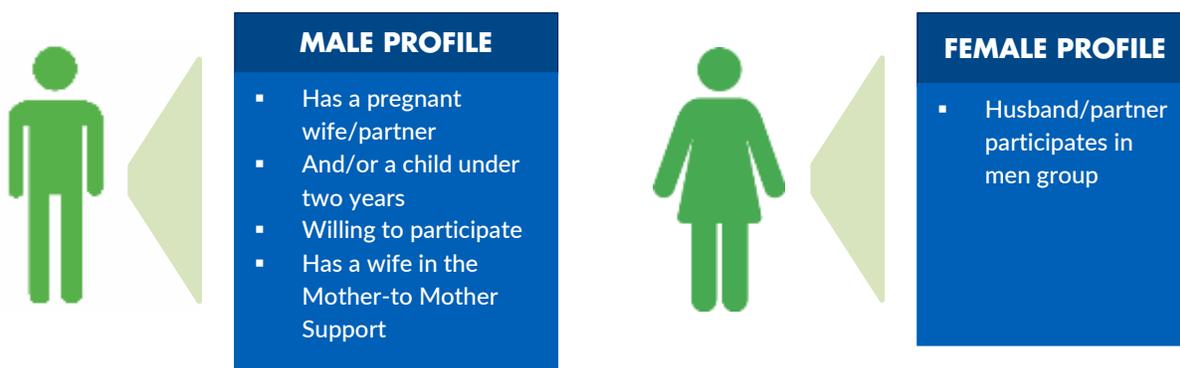
together to share their opinions and thoughts. This would allow for men and women to go through the behavior change process together and would also set an enabling environment before they come together for conversations at the household level.

Please note, the implementation of the women groups will depend on the power dynamic between men and women. The implementing team should consider these aspects when designing and implementing that activity and adapt as necessary to suit the context. The following are questions that should be reflected upon before implementation:

- Are women ready and willing to participate in their own discussion sessions?
- Do women already have peer groups that can be used as an appropriate platform?
- Should specific women groups be established for this intervention?
- Are women and men interested in sessions that are kept separate or mixed?

Participant Profile

Recruitment into the intervention will occur on a voluntary basis through outreach by COWs and CVs. The intervention will target and include men who have a pregnant wife/partner or a child under two years of age. They must be willing and interested in participating in both the group discussions and the household visits. Women will be selected to participate if their husband/partner has also been selected to participate in the group.



This activity can also be implemented with a cascade structure using peer education similar to that used in the Care Group approach. If this approach is chosen, the men selected to be peer educators should meet the profile outlined above as well as the following criteria:

- Well respected by community members
- Respectful of women and children
- Must not be a GBV perpetrator (e.g. must not beat their wife/partner or their children)
- Willing to share their experiences and to conduct the activity on a voluntary basis
- Excellent communication skills

POSITIVE DEVIANCE

Another way to conceive such an intervention is to use a “positive deviance” approach. Positive deviance is when you first target people who are already modeling the behavior and attitude you want to promote in the community. In this case, from the beginning of the intervention you will target specifically men that are in the target group (have a pregnant wife or a child under two years) and also demonstrate attitude and behaviors that align with positive masculinity (e.g. does not beat his wife/partner, helps with household chores, demonstrate respect for women, etc.). This approach can only work if you are able to identify such profiles, and enough of them, in the community. These men must also be respected by their community members (=concept of “natural’ leaders, people who are at the center of a relationship network). A note of caution, if these men are stigmatized for being different, they will not be respected as group leaders and educators.

TRAINING

Training will occur in two separate phases, one for the group discussions and one for the household visits. The staggered approach to the training will help to ensure the most relevant content is fresh in the minds of the staff implementing the interventions.

Group Discussion Training

The intervention will begin with a 3-4-day introductory training with all Community Outreach Works led by the Nutrition team. The training will go over the intervention, the methodology, the implementation steps, key concepts, basic facilitation skills, monitoring of activities and how to complete reporting tools. At the end of the training, staff will have a comprehensive understanding of their objectives in conducting this intervention. After the introductory training and once the group discussion starts, the Community Outreach Workers will be trained each month by the Nutrition team on the month’s session and how to best deliver the session’s content. Additionally, space will be provided to address any issues that have occurred in the implementation of the activity.

Household Visit Training

The household visit portion of the intervention will begin with a daylong introductory training on the specifics of the activity led by the Nutrition team with the Community Outreach Workers and the Community Volunteers. The training will also cover facilitation and dialogue skills and reporting tools. Each month the Community Outreach Workers will sit with the Community Volunteers and provide refresher trainings as well as coaching/supportive supervision to the Community Volunteers as they conduct their household visits.

STAFFING

The intervention will be implemented by the Nutrition team using a combination of Community Outreach Workers and Community Volunteers as the primary implementers supported by Community Outreach Officers, Deputy Nutrition Program Managers and Nutrition Program Managers. The following outlines both the profiles and responsibility of each position as well as the reporting structure. Do note that while this is the suggested structure, it can be adapted to the current program and existing staffing structures can be used if it is more manageable and effective.



Community Outreach Worker

Community Outreach Workers will be responsible for leading the monthly group discussions and overseeing the household visits. This will include attending all associated trainings and monthly reporting. As the intervention shifts to household visits, the COWs will be responsible for providing supervision and coaching to the Community Volunteers as they perform household visits. They will also, at this time, be responsible for the compilation of all household visit reports. Each Community Outreach Worker should lead a maximum of 4 group discussions to ensure they are able to provide the proper support to the groups' participants and to complete all associated activities for the groups.

Community Volunteer

The Community Volunteers will be involved in the intervention in two ways. First, they will attend the group discussion activities and provide support to the Community Outreach Worker as they deliver the sessions. This will also provide an opportunity to train the Community Volunteers to make them more effective in conducting the household visits. Once the group discussion activities are complete, the Community Volunteers will be responsible for visiting the group members at their home. Each Community Volunteer should be assigned only one group to support. They will then be responsible to conduct the household visits for each member of that group and fill/submit the accompanying reports. It is important that the participating Community Volunteers are interested and willing to support this intervention. It is also recommended that they are respected community members, are respectful of women and children, are not a GBV perpetrator (e.g. must not beat their wife/partner or their children) and have good communication skills.

Supervision & Support

Supervision and support will be provided by the Community Outreach Officer, the Deputy Nutrition Program Manager and the Nutrition Program Manager. The Nutrition Program Manager will help co-facilitate the trainings of all Action Against Hunger staff, monitor field staff and overall implementation, and review the monthly reporting for any areas of additional support. The Deputy Program Manager and the Community Outreach Officer will participate in the staff training and lead the monthly training sessions for

the Community Outreach Workers. They will provide regular field visits and constructive supervision to both the Community Outreach Worker as well as the Community Volunteer. All reports will be compiled by either the DPM or the Community Outreach Officer and they will ensure that the Community Outreach Workers and Community Volunteers are equipped with the proper tools for implementation.

CURRICULUM OVERVIEW

The curriculum is to be interactive and each session is to build from the previous to ensure the knowledge is sustained and deepened. The sessions have also been intentionally sequenced to build trust within the group before introducing more difficult topic matter as well as to follow the life cycle of a child. As such the discussion around gender does not occur until the third session. Since the objectives of the intervention is to increase awareness on gender dynamics as well as to promote effective communication and dialogue, both of these will be ingrained into each session even if a session’s focus is on health and nutrition. The participants will be asked to reflect on what a topic means for both women and men. Each session will conclude with the group members committing to a behavior change of their choosing that are connected to the topic of the day.

The overall topics are outlined below. A more in-depth curriculum along with specific lesson plans, objectives and activities for each session will be further developed. The goal is for the lesson plans to guide the Community Outreach Worker in leading the group members.

MONTH	ACTIVITY	SESSION TOPIC	LEAD	DURATION
1	Group Discussion	Introduction to Group	Community Outreach Worker	90 minutes
2	Group Discussion	Becoming a Father	Community Outreach Worker	90 minutes
3	Group Discussion	What is Gender	Community Outreach Worker	90 minutes
4	Group Discussion	Maternal Support	Community Outreach Worker	90 minutes
5	Group Discussion	Welcoming the Baby	Community Outreach Worker	90 minutes
6	Group Discussion	Meeting the Family’s Needs	Community Outreach Worker	90 minutes
7	Group Discussion	Household Tasks & Chores	Community Outreach Worker	90 minutes
8	Household Visit		Community Volunteer	30 minutes
9	Household Visit		Community Volunteer	30 minutes
10	Household Visit		Community Volunteer	30 minutes

If able to include women groups in the intervention, they should begin meeting at the time Session 5 is conducted. The conversations should be held separately between the women’s and men’s groups, but the content should remain the same.

MONITORING & EVALUATION

The progress in the intervention will be tracked through two sets of activities: 1) routine monitoring and 2) MEAL activities. The routine monitoring activities will focus on the day-to-day implementation whereas the MEAL activities will look at broader change. The recommended activities are outlined below.

Routine Monitoring:

- Attendance Registers
- Supportive Supervision Check Lists

MEAL Activities:

- Capturing stories of change
- Feedback from FGDs and KIs

SUGGESTED IMPLEMENTATION PLAN

The following Gantt chart is provided for reference to ensure the proper sequencing of activities for the intervention. Additional activities will likely need to be added for proper implementation, but the following plan provides a general outline for how long the intervention will take including the necessary preparatory activities.

ACTIVITY	MONTH											
	1	2	3	4	5	6	7	8	9	10	11	12
ACF Staff Training & Project Induction	█	█										
COW Induction & Training	█	█										
Community Awareness Activities	█	█										
Enroll Men into Groups		█										
Print IEC Materials			█	█	█	█	█	█	█			
Launch Group Discussion Sessions			█									
Monthly COW Trainings			█	█	█	█	█	█				
Continue Rollout of Group Discussions				█	█	█	█	█				
Launch Sessions with Women							█	█	█			
Household Visit Training									█			
Household Visits										█	█	█
Household Visit Supportive Supervision										█	█	█
Monitoring & Evaluation Activities	█	█	█	█	█	█	█	█	█	█	█	█

IMPLEMENTATION RECOMMENDATIONS & CONSIDERATIONS

- Ensure group members understand that this is a voluntary activity, as participation must be voluntary for the intervention to be successful
- Will be important to emphasize that group meetings should be scheduled with the consensus of the group so that group meetings do not conflict with other activities or cause a burden to the group members
- It is recommended that staff leading the men groups should be men to facilitate more engagement and openness among participants
- The group members should remain the same throughout the twelve-month period to build cohesion, trust and comradery within the group