

# Engaging Boys and Men in GBV Prevention and Reproductive Health in Conflict and Emergency-Response Settings

## A Workshop Module



**USAID**  
FROM THE AMERICAN PEOPLE

the **ACQUIRE** project





**The ACQUIRE Project**

c/o EngenderHealth

440 Ninth Avenue

New York, NY 10001 U.S.A.

Telephone: +1-212-561-8000

Fax: +1-212-561-8067

e-mail: [info@acquireproject.org](mailto:info@acquireproject.org)

[www.acquireproject.org](http://www.acquireproject.org)

This publication was made possible by the generous support of the American people through the Office of Population and Reproductive Health, U.S. Agency for International Development (USAID), under the terms of cooperative agreement GPO-A-00-03-00006-00.

The contents are the responsibility of the ACQUIRE Project and do not necessarily reflect the views of USAID or the United States Government.

Design and typesetting: LimeBlue

Cover design: LimeBlue

ISBN 978-1-885063-87-8

# Acknowledgements

A number of individuals contributed to the creation of this manual. EngenderHealth staff member Manisha Mehta and CARE staff member Doris Bartel wrote the module with assistance from EngenderHealth staff members Theresa Castillo and Fredrick Nyagah. Many sections and activities were taken or adapted from the Men As Partners: A Program for Supplementing the Training of Life Skill Educators, 2nd Edition curriculum produced by EngenderHealth.

We would like to acknowledge Dulcy Israel, who edited the manual, and LimeBlue in South Africa for designing the manual.

We also appreciate the assistance of USAID gender advisors Diana Prieto and Michal Avni, and CARE staff members Lori Handrahan, Janet Meyers, and Luis Ortiz, who provided feedback. Finally, we would like to thank all the participants who attended the workshop in Uganda, where the materials were pre-tested in March 2008. Funding from USAID through the Interagency Gender Working Group led to the development of this module.

**For more information, contact:**

---

**Manisha Mehta**

Team Leader, Gender Initiative  
EngenderHealth  
440 Ninth Avenue  
New York, NY, 10001 U.S.A.  
+1 (212) 561-8394  
Email: [mmehta@engenderhealth.org](mailto:mmehta@engenderhealth.org)



# Table of Contents

I. About the Module	3
II. Sample Agendas	7
<b>Workshop Activities</b>	<b>9</b>
1. Welcome and Introductions	9
2. Review of Workshop Objectives and Agenda	11
3. Pre-test	13
4. Vote with Your Feet	15
5. Common Terms in GBV prevention and RH	19
6. Responses for GBV Prevention and RH in Conflict and Emergency-Response Settings	23
7. Why Engage Boys and Men in GBV Prevention and RH?	29
8. Framework for Engaging Boys and Men in GBV Prevention and RH	37
9. Action Planning 1	43
10. Action Planning 2	47
11. Post-test	49
<b>Appendix 1: Pre-test</b>	<b>51</b>
<b>Appendix 2: Post-test</b>	<b>52</b>



# About the Module

## What is the purpose of this workshop module?

This module is designed to build the skills of participants working to engage boys and men in gender-based violence (GBV) prevention and reproductive health (RH) in conflict and other emergency-response settings.

## Objectives

By the end of this workshop, participants will:

- Understand the value and impact of positively engaging boys and men in GBV prevention and RH programs in conflict and emergency-response settings
- Understand how conflict or humanitarian emergencies might affect gender, and understand potential methods of integrating male engagement into GBV prevention and RH in various phases of a conflict or in an emergency-response setting
- Identify specific action steps to integrate male-engagement activities into their current programmatic workplans

## Who is this module for?

This module is for personnel working in conflict and other emergency-response settings who are interested in engaging boys and men in gender-based violence prevention and reproductive health. This includes those managing or staffing reproductive health, HIV and AIDS, and/or GBV prevention projects in emergency-response settings or conflict zones. Specific audiences to consider targeting are NGO project managers, field staff, health sector coordinators, health promoters, donor representatives, local representatives of ministries of health, and community liaisons working for UNCHR or other U.N. agencies.

This module is appropriate for staff that have had some training in gender, GBV prevention, and reproductive health. It serves as an introduction to male engagement in GBV prevention and reproductive health in conflict and emergency-response settings.

## How should this module be used?

Before starting the training, it is important that the facilitator and/or trainer read the entire module to understand how it is organized and what it contains. The trainer should be trained in and comfortable with gender issues, and especially concepts related to masculinity as a critical component of gender programming.

The module consists of the following sections:

1. Sample Agendas
2. Training Activities
3. Pre-test and Post-test Evaluations

The module is also available on the CD-Rom which features useful reading and reference materials. Some of these materials are intended for use when training participants in the module. The CD-Rom includes three folders:

**Resource Articles Related to Male Engagement:** This folder contains articles related to male engagement, along with a summary sheet listing all the articles. Particularly useful are case studies outlining programs that have successfully engaged men.

**Reference Materials:** This folder contains reference materials cited in the module, along with a summary sheet listing the reference material.

**Presentations:** This folder contains the presentations referred to throughout the module, which can be used as a resource for trainers.

### What information is included for each activity?

The module presents information about each activity in a standardized format. This includes:

- **Objectives** of the activity
- **Time** required for the activity
- **Materials** needed for the activity
- **Advance Preparation** needed for the activity
- **Steps** for implementing the activity
- **Facilitator's Notes** on how to implement the activity most effectively
- **Handouts** to use during the activity

Each element of this standardized format is discussed in more detail below:

#### Objectives

This describes what participants should learn as a result of performing the activity. It is a good idea to begin each activity by telling participants about its learning objectives. This helps participants to understand why they are doing the activity and what they can hope to get out of it. Unless otherwise specified in the directions, share the learning objectives with the participants; this will also help when reviewing the activities at the end of each day to determine if the workshop is achieving its objectives.

#### Time

This estimates how long the activity should take, based on past experience, though length can vary depending on such factors as the number of participants. The activities in the manual are designed for sessions as short as 20 minutes or as long as 90 minutes. It is most important to work at the pace of the participants. It is also important to remember that any agenda for a workshop is usually a full one. Taking too long with one activity may mean you do not have time to complete others. Try to stick to the time suggested.

## Materials

These are the materials necessary for each activity. You will need to prepare some of them before the workshop begins. For the most part, these are basic materials like flipchart paper and markers. In cases where the materials listed cannot be easily accessed, feel free to improvise. For example, flipchart paper and markers can be substituted with chalkboard and chalk.

## Advance Preparation

This section describes any preparations that need to be made before the activity is implemented.

## Steps

These are the steps you should take to perform the activity well. The instructions are numbered and should be followed in order. For the most part, the activities are written so they can be easily adapted to groups with different reading and writing levels, but be attentive to whether the steps are feasible and appropriate for your participants. For example, if the procedure calls for participants to read a text, you can read it aloud if necessary. The steps will often include suggested questions to help guide the discussion on the activity topic. Feel free to add to them or to rephrase them to fit the local context. It is not necessary that the group discuss all of the suggested questions or that you strictly adhere to the order in which they are listed. Rather, focus on encouraging as many participants as possible to express their opinions. It is important to be patient, since some participants may be shy in the beginning or may not feel comfortable discussing these topics with each other. Never force anybody to speak.

## Facilitator's Notes

These notes will help you to better facilitate the activity. They point out important aspects of the process and provide background information and tips to help you prepare for the activity. Make sure you have read these notes before you begin.

## Handouts

Some activities require handouts. These are included at the end of the activity. The handouts contain information for participants to take away with them or for you to review with them.



# Sample Agendas

## A Sample Agenda for a Two-Day Training

### TWO-DAY TRAINING

#### DAY 1

Time	Name of Activity
9:00 – 9:40 a.m.	Welcome and Introductions
9:40 – 10:00 a.m.	Review of Workshop Objectives and Agenda
10:00 – 10:30 a.m.	Pre-test
<b>10:30 – 10:45 a.m. TEA BREAK</b>	
10:45 – 11:45 a.m.	Vote with Your Feet
11:45 a.m. – 1:15 p.m.	Why Engage Boys and Men in GBV Prevention and RH
<b>1:15 – 2:15 p.m. LUNCH</b>	
2:15 – 2:45 p.m.	Common Terms in RH and GBV
2:45 – 3:30 p.m.	Responses for GBV Prevention and RH in Conflict and Emergency-Response Settings
3:30 – 3:45 p.m.	Wrap-up

#### DAY 2

Time	Name of Activity
9:00 – 9:30 a.m.	Warm-up and Recap of Day 1
9:30 – 10:15 a.m.	Framework for Engaging Boys and Men in GBV Prevention and RH (Part 1)
<b>10:15 – 10:30 a.m. TEA BREAK</b>	
10:30 – 11:15 a.m.	Framework for Engaging Boys and Men in GBV Prevention and RH (Part 2)
11:15 a.m. – 12:45 p.m.	Action Planning 1
<b>12:45 – 2:00 p.m. LUNCH</b>	
2:00 – 3:00 p.m.	Action Planning 2
3:00 – 3:30 p.m.	Post-test
3:30 – 3:45 p.m.	Wrap-up



# Workshop Activities

## 1. Welcome and Introductions

### Objective

1. To provide an interactive way for participants to get to know each other

### Time

40 minutes

### Materials

- Flipchart paper
- Markers
- Approximately 17 proverbs (see Advance Preparation below), with half of each proverb written on one strip of paper and the other half written on another
- Enough copies of the CD-Rom: Engaging Boys and Men in GBV Prevention and RH in Conflict or Emergency-Response Settings for all participants

### Advance Preparation

- Prepare a flipchart with the heading, "Expectations."
- Write each proverb on a piece of paper and then cut the proverb sheets in half so that each participant has half of a proverb.
- Make sure that there are enough proverbs for all the participants. Since you will be giving only half of a proverb to each person, you will need half as many proverbs as you have people in the group. For example, if you have 20 participants, you will need 10 proverbs.

Proverbs		
1	If you learn a language...	...you can cross a river.
2	Trust in Allah...	... but tie your camel.
3	If everyday the bucket goes to the well...	...the bottom will drop out.
4	We do not inherit the land from our parents...	...we borrow it from our children.
5	A bird in the hand...	...is worth two in the bush.
6	A log in the river...	...will not turn into a crocodile.
7	Little by little...	...a bird builds its nest.
8	Bit by bit...	...the egg sprouts legs and learns to walk.
9	Knowledge is like a garden...	...if it cannot be cultivated, it cannot be harvested.
10	The wise adapt themselves to circumstances...	...as water molds itself to the pitcher.

Proverbs		
11	A turtle can't walk if it...	...doesn't push its head outside its shell.
12	Proverbs are...	...the daughters of experience.
13	Cross the river in a crowd...	...and the crocodile won't eat you.
14	The person who is being carried...	...doesn't realize how far town is.
15	When elephants fight...	...it's the grass that suffers.
16	He who cannot dance...	...will say the drum is bad.
17	If spider webs unite...	...they can topple the lion.

## Steps

1. Welcome the group to the workshop. Explain that this workshop will focus on understanding different approaches to engaging boys and men in GBV prevention and RH in conflict and emergency-response settings.
2. Introduce yourself and explain your role in the workshop. Have other facilitators do the same. Explain that this is an orientation and if anyone is interested in obtaining more in-depth knowledge on the topic, you will guide them to other resources. Pass out a CD-Rom to each participant. Explain that the CD-Rom includes all the activities covered in the workshop, in addition to many useful resource materials related to male engagement. Explain that the CD-Rom contains three folders:

**Resource Articles Related to Male Engagement:** These are articles related to the subject male engagement. In addition, there is a summary sheet describing all the articles in the folder.

**Reference Materials:** This is the material referred to in the module. In addition, the folder contains a summary sheet describing all the material in the folder.

**Presentations:** These are the presentations that are referred to in the module.

3. Divide the group into pairs. Mix up the proverbs and hand each person half of a proverb. Ask everyone to find the person with the other half of their proverb. When they believe they have found their partner, tell them to share the following with each other:
  - Name
  - Where they work
  - What programs/projects they're responsible for
  - One expectation they have for this workshop

Allow 15 minutes for the exercise.

After the pairs have found each other and exchanged information, ask them to BRIEFLY introduce each other to the larger group. Record their expectations on flipchart paper to use during the review of the agenda. As participants introduce one another, note any similarities in experience among members of the group.

## 2. Review of Workshop Objectives and Agenda

### Objective

1. To review workshop objectives and discuss the agenda

### Time

20 minutes

### Materials

- Flipchart paper
- Markers
- Enough copies of the agenda for all participants

### Advance Preparation

- Prepare a flipchart paper listing the workshop objectives
- Prepare a flipchart paper entitled, “Parking Lot”

### Steps

1. Review the workshop objectives using the flipchart paper prepared earlier. Pass out copies of the agenda and review with participants. Link participant expectations discussed during the introductions to the objectives and activities of the workshop.
2. Write any expectations that do not fall within the scope of the workshop on the flipchart paper entitled “Parking Lot.” Explain that you will identify ways to meet participant expectations if they are not addressed in the training.
3. Ask participants if they have any questions about the workshop objectives and agenda.



### 3. Pre-Test

#### Objective

1. To conduct an assessment of participants' knowledge and attitudes regarding gender, reproductive health, and GBV before the workshop

#### Time

30 minutes

#### Materials

- Enough copies of the Pre-test (see Appendix 1) for all participants
- Pens and pencils

#### Steps

1. Explain to the participants that the purpose of the pre-test and post-test is to help facilitators determine how well the objectives of the training were achieved.
2. Distribute the pre-test to each participant. Ask them not to put their names on the test papers.
3. Allow 25 minutes for participants to complete the test.
4. After 25 minutes, collect the pre-tests for review later. If the participants have questions about the answers, let them know that their questions will be addressed during the training.
5. Mark the tests and compare the results with the post-test in order to evaluate the effectiveness of the training.



## 4. Vote with Your Feet

### Objective

1. To understand individual values and attitudes related to male engagement and how these can impact the work participants do in conflict and emergency-response settings

### Time

60 minutes

### Materials

- Four separate signs marked with the following: "Strongly Agree," "Agree," "Disagree," and "Strongly Disagree"
- Markers
- Tape
- Statements to be read aloud to the group (see below)

#### Statements for Discussion:

1. Men need sex more than women do.
2. A man should have the final word about decisions in his home.
3. Women who carry condoms are "easy."
4. A man and a woman should decide together what type of contraceptive to use.
5. GBV prevention and RH programs are only for women and girls.
6. A man is more of a "man" if he fights in a war.
7. Involving men in GBV prevention or RH programs during conflicts or emergency-response situations is not feasible because there are other priorities that programs need to focus on.
8. In conflict situations, violence against women is unavoidable and expected.
9. Girls and women are more vulnerable to violence during conflict than boys and men.
10. A woman should tolerate violence in order to keep her family together.
11. There are times when a woman deserves to be beaten.
12. If a man sees another man beating a woman, he should stop it.

### Advance Preparation

- Before the activity begins, post the four signs around the room. Leave enough space between them to allow a group of participants to stand near each one.

## Facilitator's Notes

One training option is to have the facilitator divide the participants into smaller groups of three people to discuss four to five statements. After 10 to 15 minutes, the facilitator will reunite everyone to discuss responses in the plenary.

## Steps

1. Explain to the participants that this activity is designed to give them a better understanding of their own and each other's attitudes about gender, RH, and GBV. Remind the participants that everyone has a right to his or her own opinion, and that no response is right or wrong.
2. If time allows, use all the statements, in order. Numbers one to seven are general RH statements, while eight to 12 are GBV-specific. If you do not have enough time, use your discretion to select the statements that are most relevant to the critical issues facing the participants.
3. Read aloud the first statement you have chosen. Ask participants to stand near the sign ("Agree," "Disagree," "Strongly Agree," "Strongly Disagree") that best identifies what they think about the statement. After the participants have moved to a sign, ask one or two participants beside each sign to explain why they feel that way about the statement.
4. After a few people have talked about their attitudes toward the statement, ask if anyone wants to change his or her mind and move to another sign. Then bring everyone back together and read the next statement. Repeat steps three and four for each of the statements you have chosen.
5. After discussing all of the statements, lead a discussion by asking these questions:
  - ▶ About which statements, if any, did you have strong opinions about? Why do you think this is so?
  - ▶ How did it feel to express an opinion that was different from those of some of the other participants?
  - ▶ How do you think people's attitudes about the statements might affect the way they design programs to engage boys and men in RH or in GBV prevention in conflict settings?
  - ▶ How do you think people's attitudes about the statements help or do not help to improve gender equality, reduce violence against women, or engage boys and men in RH?
  - ▶ How can you support project staff to think critically about their own gender biases? What else can be done to support staff working on projects that address gender inequities?

6. Close the activity by stating the following:

Everyone has their own beliefs about the roles of men and women. Often, those attitudes may be in conflict. It is important to respect an individual's beliefs, but also to challenge those that might be harmful to that individual or to others. As you engage in gender-related work, it is equally important to challenge your own values and beliefs about gender.



## 5. Common Terms in GBV Prevention and RH

### Objective

1. To help participants gain a common understanding of the terms used when discussing GBV prevention and RH

### Time

30 minutes

### Materials

- Flipchart paper
- Tape
- Felt-tipped pens
- Enough copies of Handout 1: Common Terms in GBV Prevention and RH for all participants
- Index cards/A4 sheets of paper

### Advance Preparation

- Write the following terms on Index cards/A4 Paper (one term per card /paper)

#### Terms

Sex

Gender

Gender-Based Violence (GBV)

Gender Equity

Gender Equality

HIV

AIDS

Sexual and Reproductive Health (SRH)

Rape

Abuse

Sexual Harassment

## Steps

1. Explain that the purpose of this activity is to provide an understanding of terms commonly used when discussing GBV and RH.
2. Explain that this is necessary because participants, with their varying experience, may not have the same understanding of the terms. Some might be more knowledgeable about RH, while others may know more about GBV programming.
3. Place the cards with the terms face down on the floor or table, in the center of the room. Ask the participants to form a semi-circle around the cards.
4. Ask the participants to choose a card at random. Once they have done so, ask them to discuss the term with the person seated beside them and to come up with a definition. Allow five minutes for the activity.
5. After five minutes, ask each person to read his or her definition. Ask the group to comment on, or edit, the definition, if they do not agree with it. Repeat with all the cards.
6. Distribute the handouts with the definitions. Ask volunteers to read the definitions aloud to the group. Encourage everyone to ask questions, if any definition is not clear.

# Handout 1:

## Common Terms in GBV Prevention and RH

**Sex:** The term has two meanings:

- i. The biological classification of two groups: male and female
- ii. An act of sexual activity, including intercourse

**Gender:** Socially constructed meanings associated with being a female or a male. This construction varies from one individual/community to another.

**Gender-Based Violence (GBV):** Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual and psychological harm (including intimidation, suffering, coercion, and/or deprivation of liberty within the family, or within the general community). It includes violence which is perpetrated or condoned by the state.<sup>1</sup>

**Gender Equity:** The principle and practice of fair allocation of resources, programs, and decision-making to both men and women (process of being fair to both men and women).

**Gender Equality:** A situation in which men and women enjoy the same status and have equal opportunities of enjoying their full human rights and potential to contribute to national, political, social, and cultural development and to benefit from the results.

**Human Immunodeficiency Virus (HIV):** The virus that causes Acquired Immune Deficiency Syndrome (AIDS).

**Acquired Immune Deficiency Syndrome (AIDS):** A condition in which the immune system of a person who is infected with HIV is unable to defend the body against attacks and infections. It manifests itself in a wide range of diseases and infections.

**Sexual and Reproductive Health (SRH):** Reproductive health is defined by WHO as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this is the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to health-care services that enable women to safely experience pregnancy, childbirth, and sexual health.<sup>2</sup>

<sup>1</sup> UNFPA Gender Theme Group. (1998). Available online at: <http://www.unfpa.org/intercenter/violence/intro.htm>

<sup>2</sup> Progress45 (1998). Available online at: [www.who.int/reproductive-health/hrp/progress/45/prog45.pdf](http://www.who.int/reproductive-health/hrp/progress/45/prog45.pdf)

**Rape:** An act of forcing sexual acts against another's will through violence, force, threat of injury, or other duress, or where the victim is unable to decline due to the effects of alcohol or other drugs.

**Abuse:** Mistreatment of another person by threatening, coercing, beating, lying, insulting, humiliating, exploiting, and ignoring them. It can take several forms: verbal, physical, psychological and sexual.

**Sexual Harassment:** Act of seeking sexual favors by use of threats, intimidation, or deceit. The perpetrator may be a person in a position of power.

## 6. Responses for GBV Prevention and RH in Conflict and Emergency-Response Settings

### Objective

1. To help participants review the minimum responses to GBV prevention and RH in conflict and emergency-response settings

### Time

45 minutes

### Materials

- Flipchart paper
- Tape
- Enough copies of Handout 2: Phases of Prevention and Response in Conflict and Displacement and Handout 3: GBV Prevention and RH Interventions During Different Conflict Phases for all participants

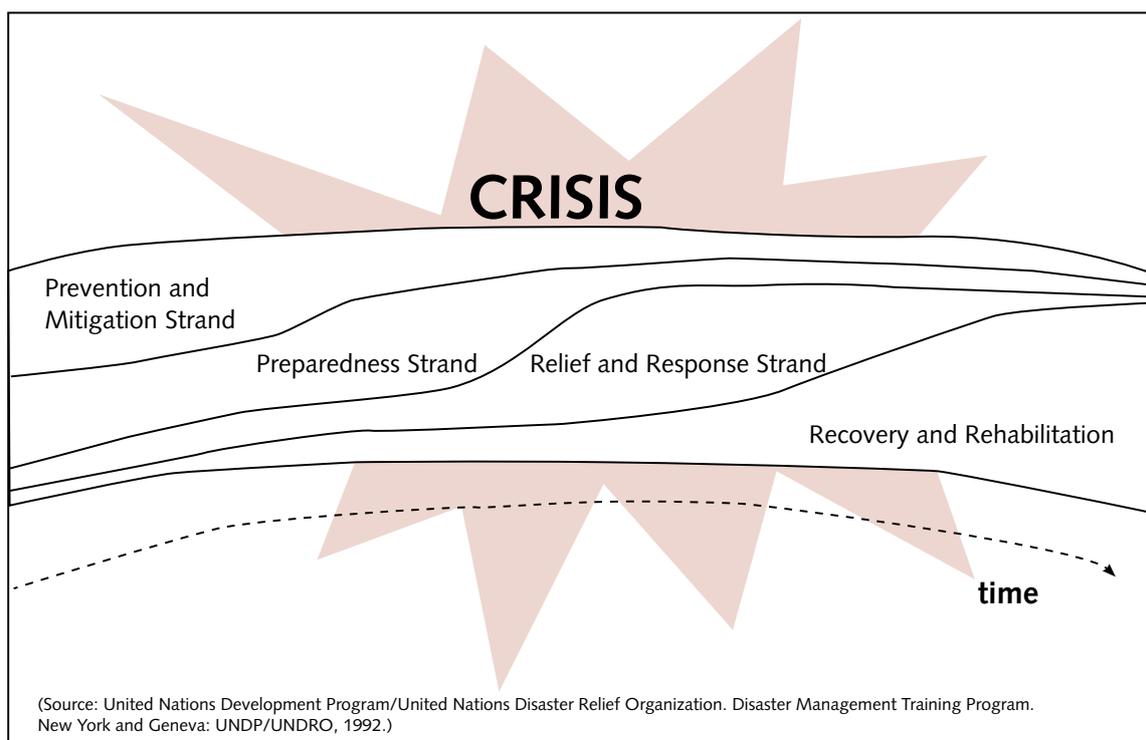
### Steps

1. Explain that the purpose of this activity is to provide participants with an understanding of some of the primary GBV prevention and RH interventions that may be used in conflict and emergency-response settings. It is important that participants have a common understanding of these interventions before discussing how they can engage boys and men in them. Point out that the reference folder contains materials describing various resources and interventions needed in conflict and emergency-response situations and that this material is also on the CD-Rom.
2. Pass out copies of Handout 2: Phases of Prevention and Response in Conflict and Displacement. Explain that according to the framework presented in the handout, there are four phases of emergency response: (1) Prevention; (2) Emergency Preparedness; (3) Relief and Response; (4) Recovery and Rehabilitation.
3. Explain that in each of these phases, various GBV prevention and RH interventions are recommended in order to provide the maximum impact for saving lives and preventing illness.
4. Ask for volunteers to read the titles and descriptions of each phase of the response cycle on the handout. Provide an explanation of the diagram. Tell the group that it is possible to work on all four phases simultaneously, although most work focuses on providing immediate services. Even programs operating in stable settings can and should be addressing the first two phases, which are prevention and preparedness.
5. Ask participants if they have had experience using this framework and if they would like to share that experience with the group. Have a few participants describe the phase of emergency response in which they are currently working and some of the activities on which they are focusing.

6. Ask the group to brainstorm the possible activities related to GBV prevention and RH for each of the four phases. Write the answers on flipchart paper. This is a brainstorming exercise, and is not intended to result in a comprehensive list. Allow five to 10 minutes for the group task.
7. Distribute Handout 3: GBV Prevention and RH Interventions During Different Conflict Phases. Explain that the handout provides general guidelines about the kinds of interventions that can be implemented during each phase of an emergency. As you review the handout's recommended activities, ask participants to suggest others they can implement in their work or context. Point out that projects in stable development settings should actively engage the first two phases—preparation and prevention—so that lives are saved in the event of a future crisis.
8. Explain that with these interventions, it is critical to engage boys and men. The group will explore this issue in-depth throughout the two-day workshop. Ask participants to keep the flipcharts they prepared and the handout on the interventions, since they will need to refer to them later in the workshop.

# Handout 2: Phases of Prevention and Response in Conflict and Displacement

A crisis that causes large-scale human suffering and displacement may be a natural disaster, like an earthquake or a flood, or it may be a situation in which warring factions cause people to flee their homes. A timely and well-prepared response can save lives and safe-guard the well-being of those affected. Even programs in stable settings can work ahead in anticipation of future events so that everyone is prepared if the worst happens.



<p><b>Prevention and Mitigation:</b> Programming focuses on prevention and mitigation of future problems before the crisis.</p>	<p><b>Preparedness:</b> Planning and actions to ensure necessary resources and supplies will be available in time</p>	<p><b>Relief and Response:</b> Programs and actions to save lives in the immediate time period after a population displacement</p>	<p><b>Recovery and Rehabilitation:</b> Longer-term support, care, and maintenance of solutions, including rehabilitation of health systems, human resources, and policies, and data collection</p>
---	---	--	--

# Handout 3: GBV Prevention and RH Interventions During Different Conflict Phases

What can we do to make sure our programs are minimizing mortality and morbidity related to FP/RH and GBV in the case of a crisis, emergency, or displacement of people?

Phase	Key Interventions	Sample Activities for GBV Prevention/RH Programs
<p><b>Prevention and Mitigation:</b> Programming focuses on prevention and mitigation of future problems before the crisis<sup>3</sup></p>	<ul style="list-style-type: none"> <li>• Establish early warning systems</li> <li>• Promote equitable distribution of resources and services</li> <li>• Work to diminish stereotypes and discrimination of marginalized groups</li> </ul>	<ul style="list-style-type: none"> <li>• Coordinate among agencies on routine scenarios and contingency planning, including possible emergencies that could affect geographic area</li> <li>• Examine impact of GBV prevention and RH programs to ensure equitable distribution of services and program resources among all factions</li> <li>• Examine how gender is being addressed in existing GBV prevention and RH programs</li> <li>• Work to diminish discrimination against marginalized groups within own health programs</li> </ul>
<p><b>Preparedness:</b> Planning and actions to ensure necessary resources and supplies will be available in time<sup>4</sup></p>	<ul style="list-style-type: none"> <li>• Contingency planning</li> <li>• Developing emergency response systems across agencies, with clear planning for communication after emergency strikes</li> <li>• Preparation of needed supplies and resources</li> <li>• Training of emergency responders</li> </ul>	<ul style="list-style-type: none"> <li>• Develop GBV prevention and RH coordination meetings to plan for emergencies, including all key stakeholders in geographic area, with designated key agencies playing specific coordination and implementation roles</li> <li>• Develop emergency communication and coordination mechanisms across agencies that can work even with limited telephone service.</li> <li>• Develop plans for moving or obtaining supplies such as condoms, FP commodities, emergency contraception (EC), post exposure prophylaxis (PEP), safe and clean delivery kits, and safe transfusion services for large numbers of displaced people (depending on contingency plans)</li> <li>• Train emergency responders using IAWG Field Manual</li> </ul>

<sup>3</sup> Key resources are Mary Anderson's "Do Not Harm: How Aid Can Support Peace...or War" and CARE International's Benefits/Harms Facilitation Guide

<sup>4</sup> Key resource is UNFPA's RH in Refugee Situations: An Inter-Agency Field Manual

Phase	Key Interventions	Sample Activities for GBV Prevention/RH Programs
<p><b>Relief and Response:</b> Programs and actions to save lives in the immediate time period after a population displacement<sup>5</sup></p>	<ul style="list-style-type: none"> <li>• Key health services provided on emergency basis</li> <li>• Coordination among agencies for full coverage to all</li> <li>• Monitoring of key indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure availability and accessibility of free good-quality condoms.</li> <li>• Ensure safe blood transfusion services and practice of universal precautions in emergency health clinics</li> <li>• Ensure clean deliveries and safe deliveries at health facilities (including provision or referral for obstetric emergencies)</li> <li>• Prevent and manage GBV through coordination with stakeholders about camp design (where to place latrines, lights, etc.), firewood and fuel provision, protection staff and policies, and services for survivors</li> </ul>
<p><b>Recovery and Rehabilitation:</b> Longer-term support, care, and maintenance of solutions, including rehabilitation of health systems, human resources, and policies, and data collection</p>	<ul style="list-style-type: none"> <li>• Transition towards ensuring that full range of comprehensive services is available for everyone</li> <li>• Rebuild health systems, structures, human resources, and policies</li> </ul>	<ul style="list-style-type: none"> <li>• Plan for longer-term transition to more comprehensive RH and GBV services by MOH or other stable organizations</li> <li>• Coordinate and work with MOH and other actors to plan and implement rehabilitation of structures, systems, supplies, human resource training, policy analysis and implementation for comprehensive GBV prevention and RH programming</li> </ul>

<sup>5</sup> Key resources are UNFPA's RH in- Refugee Situations: An Inter-Agency Field Manual and SPHERE Guidelines.



## 7. Why Engage Boys and Men in GBV Prevention and/or RH?

### Objective

1. To introduce participants to the importance of engaging boys and men in GBV prevention and RH

### Time

90 minutes

### Materials

- LCD or overhead projector
- Flipchart paper
- Markers
- Tape
- Enough copies of the PowerPoint presentation: Work with Men for all participants (This is included on the CD-Rom in the folder entitled, "Presentations.")
- Trainer's Resource Sheet 1: Notes on Presentation on Engaging Boys and Men in GBV Prevention and RH

### Advance Preparation

- Review PowerPoint presentation Work with Men Final and Trainer's Resource Sheet 1: Notes on Presentation on Engaging Boys and Men in GBV Prevention and RH

### Steps

1. Ask participants to identify some of the reasons for engaging boys and men in GBV prevention and RH. Write their responses on flipchart paper. Ask them to identify what would be some of the reasons for engaging boys and men **specifically** in conflict settings.
2. Ask participants what kind of programmatic interventions related to men's engagement they have seen or heard about, including those in their programs. Write their answers on another flipchart paper.
3. Tell participants that in this session you will share some of the reasons why researchers and development programs feel that male engagement is necessary by reviewing a presentation with them. Pass out copies of the presentation Work with Men to all the participants. Explain that you will also review how boys and men have been engaged in these programs. The presentation will look at some of the challenges and lessons learned, including gaps between how programs are currently implemented and how they should be ideally implemented. Explain that this will be an interactive process and that you will be stopping at various points to ask them questions or to get their perspectives. Encourage questions during the presentation.
4. After the presentation, debrief by asking the participants the following questions:
  - ▶ Was there anything in the presentation that surprised you?
  - ▶ Do you agree with the main points of the presentation? Why or why not?
  - ▶ Can some of the key points made in the presentation apply to the work you do? Why or why not?

# Trainer's Resource Sheet 1:

## Notes on Presentation on Engaging Boys and Men in GBV Prevention and RH

Please thoroughly review these notes in advance. These are the key points that need to be made for each of the slides you are presenting.

### Part 1

#### Slide 1: Cover Slide

- Tell the group that this presentation was developed by Gary Barker of Promundo, a Brazil-based organization that is doing pioneering work on developing alternative, healthier gender norms with and for young men. Gary Barker, a sociologist, is an expert in the field of male engagement, especially related to issues of gender socialization. This presentation has been adapted for use in this training.

#### Slide 2: Agenda for Presentation

- Communicate that you will cover the following in the presentation:
  - ◆ Historical contextualization of male engagement
  - ◆ Gaps between ideals and programs
  - ◆ Applying a gender-perspective in work with boys and men
  - ◆ Challenges/Calls for Action

#### Slide 3: Growing International Consensus for Engaging Boys and Men

- There is growing international consensus on the importance of engaging boys and men, from the International Conference on Population and Development (ICPD) in 1994 to the Experts Meeting on Involving Boys and Men in Achieving Gender Equality at the U.N. in 2004.
- All advocate that GBV prevention and RH programs which engage men as individuals, partners and family and community members will have a long-term impact.
- For example, in March, 2000, UNAIDS launched a worldwide campaign to engage men in HIV prevention activities entitled, "*AIDS: Men Make a Difference.*" The program's rationale was that "working with and persuading men to change some of their attitudes and behaviors has enormous potential to change the course of the HIV epidemic and to improve the lives of their families and their partners." This is one illustration of the international consensus on the importance of involving boys and men.

**Note to Trainer: Before moving to Slide 4, ask participants what programs and/or policies are in place in their country to engage boys and men.**

**Slide 4: Changes in How We View Men**

- Experts in the field of male engagement have also started changing how boys and men are “seen.” In the past, male-engagement practitioners used more of a “deficit” model of programming, in which boys and men were seen as obstacles, as the means to an end (i.e., as a tool to improve women’s health), as problems that needed to be addressed, etc.
- Now, the male-engagement field is looking at boys and men more holistically. It is approaching programming from more of an “asset-based” model, which recognizes that boys and men can be partners in GBV prevention and RH; that they do care what happens to their partners, their families and in their communities; and that boys and men, like women, have their own needs and are complex individuals.

**Note to Trainer: Before going to the next slide, take 10 minutes to discuss the following questions with participants. Note their responses on a flipchart paper.**

- ▶ What are some of the needs that boys and men might have, especially in conflict settings?
- ▶ How could a “deficit” model of programming affect work with boys and men in conflict settings?
- ▶ Are there some unique opportunities to engage boys and men in GBV Prevention and RH in conflict settings that might not exist otherwise?

**Slide 5: Recognition of Boys and Men’s Multiple Needs**

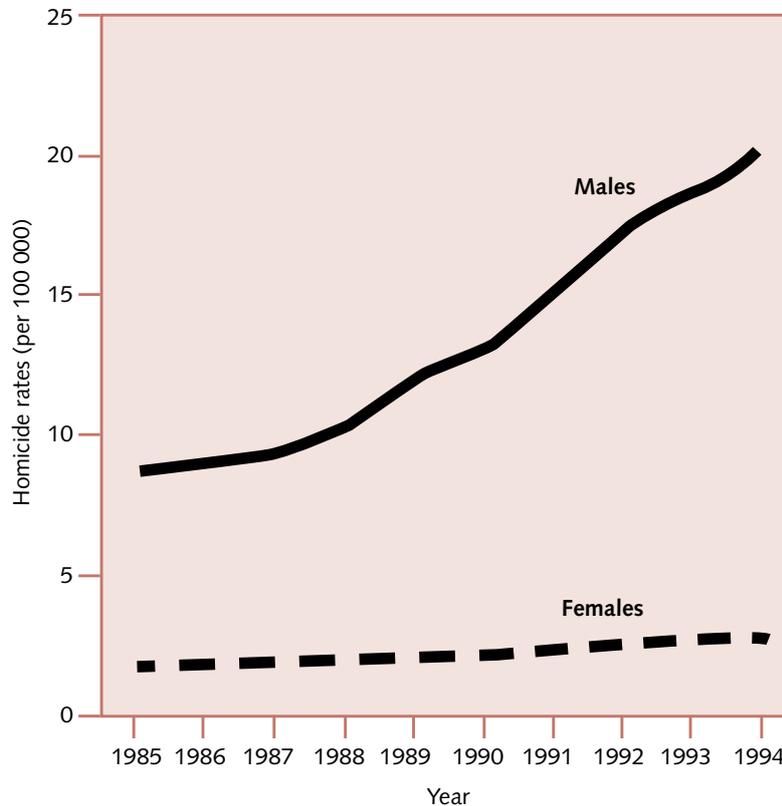
- This slide highlights that men (like women) have many needs. In most communities, for example, social norms dictate that men need to be the primary breadwinners. However, as the global economic condition changes, and especially during extended periods of civil conflict, women are becoming primary breadwinners. This is greatly affecting how men see themselves. They are asking what their role in the family is, if they cannot be the primary breadwinner. This can negatively affect their relationships with their partners, in their families and in communities.
- Although it does not occur as often as with girls or women, in some communities, boys and men are not getting equitable access to education. This is especially true in conflict settings where boys and men are being recruited as child soldiers, or where they have to drop out of school to take care of their families.

**Slide 6: Recognition of Men’s Multiple Needs (continued)**

- Men also have reproductive health needs that are not being met. For example, men are being affected by infertility and prostate cancer. Boys and men are also affected by violence in their families or in societies where conflict is the norm. According to WHO data, homicides among young men are rising each year, at a rate much higher than for young women.

**FIGURE 1**

Global trends in youth homicide rates among males and females aged 10-24 years, 1985-1995<sup>6</sup>



<sup>6</sup>Krug, EG. et al. eds. (2002) World Report on Violence and Health. Geneva: World Health Organization. Also, available at website: [http://www.who.int/violence\\_injury\\_prevention/violence/world\\_report/chapters/en/index.html](http://www.who.int/violence_injury_prevention/violence/world_report/chapters/en/index.html).

Table 1. Rates of estimated homicides and suicides by age globally, in 2000.<sup>7, 8</sup>

Age Group	Rate of Homicides per 100,000 Inhabitants		Rate of Suicide per 100,000 Inhabitants	
	Men	Women	Men	Women
0-4	5.8	4.8	0.0	0.0
5-14	2.1	2.0	1.7	2.0
15-29	19.4	4.4	15.6	12.2
30-44	18.7	4.3	21.5	12.4
45-59	14.8	4.5	28.4	12.6
≥ 60	13.0	4.5	44.9	22.1
<b>TOTAL</b>	<b>13.6</b>	<b>4.0</b>	<b>18.9</b>	<b>10.6</b>

<sup>7</sup>Standardized by age.

<sup>8</sup>Project of the Global Study of Morbidity of the WHO for 2000, Version 1 (statistical annex).

**Slide 7: Men and Reproductive Health and Maternal Health**

- This slide highlights the importance of men's roles in reproductive health – including family planning, maternal health, HIV and AIDS, and fatherhood. Data on this slide are from Demographic and Health Surveys (DHS) and Reproductive Health Surveys (RHS), which have surveyed men about different RH issues. Since the 1990s, 46 surveys of this type have been conducted with men in Sub-Saharan Africa, Latin America and the Caribbean, Asia and the Near East and North Africa, Eastern Europe, and Central Asia. The data highlights that men need to play a greater role in family-planning efforts.
- Men are more likely than women to have heard of at least one contraceptive method (most often the condom), but their awareness of female contraceptive methods is almost always lower than that of women's. While most married men approve of family planning, they are less likely to approve of it than married women in the same country. However, more married men are likely to approve of family planning than women think.
- Husbands and wives who discuss family planning together are more likely to use contraception effectively and to have fewer children. In 23 of 35 countries with survey data, at least half of married men say they have discussed family planning with their wives within the past year. In 19 countries, at least one of five women says she does not know whether her husband approves of family planning. Women who do not know whether their husbands approve of family planning, or who believe that their husbands disapprove, are much less likely to use contraception than those who believe that their husbands approve.
- Boys and men need to be involved in the HIV and AIDS epidemic in terms of prevention, care, and support. Not only do their personal needs have to be met, but they also require education about the kind of roles they can play in preventing HIV transmission and in supporting those who are HIV positive in their families and communities.
- Often, men are neglected in maternal and child health (MCH) efforts because these are seen as women's responsibilities. However, this is a crucial missed opportunity to engage men because they can play an important role in child development and in MCH.

**Slide 8: Understanding Linkages Between RH and GBV**

- Given the multiple linkages between RH and GBV, many programmers are trying to involve boys and men in GBV prevention.
- Given the high prevalence of violence in many communities, it is critical boys and men be involved.
- Much of the work in this area has focused on changing gender norms that lead to and perpetuate violence.
- The ad on this slide, for example, is from a U.S. organization called Men Can Stop Rape that is working to address GBV by promoting alternative, healthier gender norms.

**Note to Trainer: Before continuing, ask participants if they think the information presented in the last few slides reflects the situation in their country or community.**

- ▶ **If yes, how? If not, why not? Ask participants to suggest some of the critical ways that boys and men can become involved in GBV prevention and RH in conflict settings? Note their responses on flipchart paper.**

### **Slide 9: How Boys and Men are Socialized**

- Much of the innovative work that is being done in the field of male engagement focuses on the socialization of boys and men.
- Research has shown that boys and men are socialized in ways that put both them and their partners and families at risk.

**Note to Trainer: Before continuing, take 15 minutes to brainstorm with the participants what messages boys and men might get from their peers, families, communities, and societies about being a “real man” that would put them and their partners at risk. Record the responses on a flipchart paper. What messages might men get around being a “real man” especially in conflict situations? Some of the responses might include:**

- Be tough
- Fight
- Do not cry
- Yell at people
- Show no emotions
- Take care of other people
- Do not back down
- Don't access healthcare unless it is serious
- Have sex
- Have multiple partners
- Don't use condoms
- Be strong

**Note to Trainer: Display slide 11. Ask participants how these messages can put men and women at risk. Explore how these messages can put men and women at far greater risk in conflict settings. Indicate these reasons on flipchart paper.**

### **Slide 10: While at the Program Level...**

- Even though there are many programs that are involving boys and/or men, very few are doing the innovative work to address or challenge gender norms, which is necessary for long-term change. We need to alter the unhealthy messages men and women get about gender, especially the negative messages about masculinity.

**Slides 11 and 12: The Real Revolution Is About Changing Manhood...and Learning from Others**

- These two slides highlight what is missing in the field of male engagement. They argue that programs need to address and change gender norms in order to have long-term, sustainable effects, and that this needs to be done in conjunction with gender programming for women. Programs can learn from the work that has already been done by women's advocates.

**Slide 13: Applying a Gender Perspective: Does It Work?**

- This slide highlights some of the programs that have focused on gender socialization and why they are successful. For more information, please refer participants to the folder entitled, "Articles in the CD-Rom," which includes information on various programs that have successfully engaged boys and men.

**Slide 14: What Does It Require?**

- This slide highlights some of the interventions that have been implemented in order to address gender socialization. Explain to participants that you will review these in greater detail throughout the day.

**Slide 15: The Ecological Model**

- This slide presents a common model that is used for holistic GBV and RH programming. Called the Ecological model, it was originally used for GBV prevention.
- In order for change to occur, the Ecological model emphasizes interventions at multiple levels—individual, peer, family, community, societal—and identifies what the focus should be at each level in order to bring about more gender-equitable behaviors.

**Note to Trainer: Before closing, ask participants what areas of the "Ecological Model" might be especially useful during conflict settings.**



## 8. Framework for Engaging Boys and Men in GBV Prevention and RH

### Objectives

1. To introduce participants to a framework for engaging boys and men in GBV prevention and RH
2. To identify new ways of reaching and/or engaging boys and men

### Time

90 minutes

### Materials

- LCD or overhead projector
- Flipchart paper—at least three sheets
- Sheets of paper
- Tape
- Enough copies of PowerPoint presentation: Framework for Male Engagement for all participants. (This presentation is included in the folder entitled, “Presentations in the CD-Rom.”)
- Trainer’s Resource Sheet 2: Framework for Engaging Boys and Men in GBV Prevention and RH
- Trainer’s Resource Sheet 3: Different Strategies to Engage Boys and Men

### Advance Preparation

- Review the PowerPoint presentation and trainers’ notes for this session.
- Write the following terms on flipcharts, one term per sheet: “Men As Clients,” “Men As Supportive Partners,” “Men As Agents of Change.” Display the flipcharts on the wall in a row, leaving enough space under each flipchart for the participants to post their sheets of paper under it.
- On separate sheets of paper write each of the 21 male-engagement interventions listed in Trainer’s Resource 3: Different Strategies to Involve Boys and Men—one intervention per sheet. Make sure you have enough sheets of paper to give one or more to each participant. Prepare strips of tape for posting the male-engagement interventions sheets of paper on the wall.

### Steps

#### Part One (45 minutes)

1. Pass out the PowerPoint presentation Framework for Male Engagement to all participants. Explain to participants that in this session, you will share a simple framework developed by EngenderHealth on various approaches to engage boys and men. This framework is based on the work that EngenderHealth and other organizations have conducted over the years with boys and men.

Its purpose is to help people think about how programs can start integrating male engagement into their work. Encourage questions, as you present. Review the PowerPoint presentation with the participants.

### Part Two (45 minutes)

2. After the presentation, tell participants that the next activity will highlight how the approaches you presented have been or can be used in different conflict phases. Shuffle the sheets of paper with the 21 male-engagement intervention activities and distribute one or more of them to each participant. Explain that each activity will fall under one of the following terms posted on the wall—"Men As Clients," "Men As Supportive Parents," or "Men As Agents of Change."
3. Ask the participants to walk up to the wall, take a few pieces of tape, and place the sheets of paper where they think they belong. Remind them that a few activities can be placed under more than one term, highlighting the fact that interventions often use multiple approaches to engage boys and men.
4. Once all the sheets are posted on the wall, review them and move any that the group feels belong under a different approach. If you are unclear where any of the activities should be placed, refer to Trainer's Resource 3, which describes under what categories the activities fit.
5. Conclude the activity with the questions below.
  - ▶ What do you think of the three approaches presented to engage boys and men?
  - ▶ Can these approaches be applied to your work?
  - ▶ Which of these approaches are more appropriate for the ethnic and/or religious groups you are working with?
  - ▶ Did the interventions provide you with ideas about male-engagement activities? If so, what interventions might you implement in your program?

# Trainer's Resource Sheet 2:

## Framework for Engaging Boys and Men in GBV Prevention and RH

Please thoroughly review these notes in advance. These are the key points you need to make as you present each of the slides.

### Slide 1: Cover Slide

- Before beginning, explain that this presentation was developed by Andrew Levack and Manisha Mehta from EngenderHealth. EngenderHealth is an international RH organization which has been doing a lot of work in male engagement since the early 1990s. Andrew Levack and Manisha Mehta are based in New York and are responsible for providing technical assistance on male-engagement activities and interventions for the organization.

### Slide 2: Male Engagement in a Gender Context

- Often people are reluctant to integrate male engagement into the work that they do because they feel it may take essential resources away from women. However, all male-engagement efforts need to be seen and implemented in a gender context, which means they should address:
  - ◆ Both men's and women's roles, norms, and vulnerabilities
  - ◆ Access to resources
  - ◆ Control over resources
  - ◆ Decision-making
  - ◆ How gender norms exacerbate gender inequalities or promote gender equality

### Slide 3: Approaches to Engage Men

- In general, male-engagement programs have used three main approaches: "Men As Clients," "Men As Supportive Partners," and "Men As Agents of Change." In this presentation, all three will be discussed in greater detail. Explain that these approaches are more common to RH programs, but that they are applicable to GBV prevention programs, especially the "Men As Agents of Change" approach.
- The three approaches are illustrated as intersecting circles because they are not mutually exclusive. Ideally, programs should include as many of these approaches as possible.

- Depending on the programmatic and country contexts, some programs start with the “Men As Clients” approach, then add the other two as the work progresses. Others have begun with “Men As Agents of Change” and have then added the others. Every program should be as holistic as possible by introducing as many of the three approaches it can from the beginning.

### **Slide 4: Men As Clients**

- Under this approach, men are encouraged to use different services, such as FP, STI, and VCT services. This improves their personal RH needs and lessens the burden of RH decision-making on their partners.

### **Slide 5: Men As Supportive Partners**

- Under this approach, programs focus on the positive influence boys and men can have on women's SRH, since boys and men play a major role in decision-making, planning, and resource allocation.
- Under this approach, men are seen as allies and resources in improving RH as a result of their engagement in a variety of areas: maternal health, family planning, neonatal care, and HIV and AIDS.
- Many of these programs take into account the gender inequities that negatively impact health, but do not always explicitly implement activities to address those inequities. These programs could be far more effective if they did so.

### **Slide 6: Men As Agents of Change**

- Programming under this approach is more transformative since the focus is on explicitly addressing gender norms that put women and men at risk.
- Programs ask boys and men to examine gender norms that negatively affect their lives and those of their partners and families and to then develop healthier alternatives. Since the results are often positive, many programs seeking to involve boys and men in improving RH outcomes and GBV prevention use this approach.
- With this approach comes an assumption that more progressive norms around masculinity and gender will translate into improved reproductive health outcomes and GBV prevention. Many programs are starting to illustrate that this does actually happen.

### **Slide 7: Men As Agents of Change (continued)**

- Programs that focus on Men as Agents of Change are often the most intensive and difficult to carry out because they ask boys and men to make individual changes in an unsupportive environment.
- A few programs using this approach are asking boys and men to engage others in their communities to promote gender equity, including in relation to GBV prevention and RH.

# Trainer's Resource Sheet 3:

## Different Strategies to Engage Boys and Men

	Men As Clients	Men As Supportive Partners	Men As Agents of Change
1	A doctor visits a camp to provide diagnosis and treatment of sexually transmitted infections (STIs) to men.	A midwife helps a man and a woman in a refugee camp develop a labor and delivery plan.	A program that recruits male volunteers in the camps to advocate for joint decision-making around reproductive health.
2	Satisfied VCT clients promote the method to other men in the community.	A community outreach worker encourages men to go with their wives for antenatal care counseling.	A group of men form a community-action team in their camp to speak out against violence.
3	A radio spot encourages men to get tested for HIV at free VCT sites in the camps.	A couple talks with a nurse about what family planning method would be best for them.	A theater group gives a performance about societal norms, particularly those related to violent behavior, and discusses them and advocates for change in the community.
4	A man discusses condom use with his peers at places visited by men in refugee camps.	A billboard shows a photograph of a man and woman entering a family planning clinic together, with a sentence like, "We decide together."	An organization conducts educational sessions for leaders of refugee groups to encourage them to identify and address negative gender norms in their communities.
5	A man has a vasectomy.	A brochure explains how men can be involved in preventing mother-to-child transmission of HIV.	An organization conducts orientation sessions for military men policing the refugee camps to sensitize them to the possibility of gender based violence and ways to prevent and address it.
6	A health worker helps a man assess his risk for HIV infection.	A man goes with his partner to the health clinic.	A man refers his friends to visit the health clinic for services.
7	A poster explains the signs and symptoms of STIs in men.	A man and his wife get tested together as part of a PMTCT program.	An agency organizes and supports groups of men to discuss and respond to issues of sexual violence.



## 9. Action Planning 1

### Objectives

1. To identify ways to engage boys and men in various phases of a conflict or crisis
2. To identify and understand the opportunities and challenges existing in various phases of a conflict or crisis

### Time

90 minutes

### Materials

- Flipchart paper
- Markers
- Tape
- Enough copies of Handout 4: GBV Prevention and RH Interventions During Different Conflict Phases for all participants

### Steps

1. Explain that during this session, participants will work in groups to identify male engagement interventions in various areas of GBV prevention and RH programming. Have the group determine the best way to divide into smaller groups. Groups may be formed according to organization, country, or programmatic area of interest (MH, FP, PAC, GBV, etc.)
2. Pass out Handout 4. Remind them that you reviewed this handout during an earlier activity. In this activity, you will use the chart to start thinking about ways to engage boys and men in GBV prevention and RH. Ask the group to first identify the different phases of the conflict in which they are working. For example, one group member might only be working in prevention and mitigation while another might be working in preparedness and relief and response. Tell the participants that if it is not clear what phase they are working in, they should pick the one that most closely reflects their organization's scope of work.
3. The groups should first identify the appropriate GBV-prevention and RH interventions for each of the phases in which they work. Then they should identify how they can engage boys and men in the process as clients, partners, and agents of change. Finally, they should look at the opportunities and challenges related to engaging boys and men that are unique to a conflict setting. When they have finished discussing this, they should create a flipchart with the results of their work for presentation. Tell them they will have 30 minutes for the activity.
4. After 30 minutes, reunite everyone and ask one person from each group to present their chart. Each group should be given five to seven minutes to present.

5. After each presentation, debrief by asking the following questions:
- ▶ Are there any interventions that the group didn't think of?
  - ▶ What seem to be most common interventions to engage boys and men in GBV prevention and RH? Is this surprising?
  - ▶ Are there any similar opportunities among the groups? Are there any similar challenges? How can the challenges be addressed?
  - ▶ Are there religious, cultural or traditional practices that provide unique opportunities to/facilitate increasing men's engagement in a conflict? Are there religious, cultural or traditional practices that are especially challenging to increasing male engagement in a conflict setting?

# Handout 4:

## GBV Prevention and RH Interventions During Different Conflict Phases

Discuss how your program currently engages men (or might, in the future, engage men) in GBV-prevention and RH as clients, supportive partners, or agents of change. Also discuss further opportunities for—or challenges to—interventions. You do not need to complete the entire chart; just fill in the rows that seem most relevant.

Phase				
	GBV prevention and RH activities	Men As Clients	Men As Supportive Partners	Men As Agents of Change
<b>Prevention and Mitigation:</b> Programming focusing on prevention and mitigation of future problems before the crisis. <sup>9</sup>				
<b>Preparedness:</b> Planning and actions to ensure necessary resources and supplies will be available in time. <sup>10</sup>				
<b>Relief and Response:</b> Programs and actions to save lives in the immediate time period after a population displacement. <sup>11</sup>				

<sup>9</sup> Key resources are Mary Anderson's "Do Not Harm: How Aid Can Support Peace or War" and CARE International's [Benefits/Harms Facilitation Guide](#)

<sup>10</sup> Key resource is UNFPA's [RH in Refugee Situations: An Inter-Agency Field Manual](#)

<sup>11</sup> Key resources are UNFPA's [RH in Refugee Situations: An Inter-Agency Field Manual](#) and [SPHERE Guidelines](#).

Phase				
	GBV prevention and RH activities	Men As Clients	Men As Supportive Partners	Men As Agents of Change
Longer-term support, care, and maintenance of solutions, including rehabilitation of health systems, human resources and policies, and data collection.				

## 10. Action Planning 2

### Objective

1. To identify three action steps that individuals can take to integrate male-engagement approaches into their current work

### Time

60 minutes

### Materials

- Flipchart paper

### Advance Preparation

Prepare a flipchart with the following questions:

- ▶ What three activities can you implement to integrate boys and men into the work you are currently conducting in conflict settings?
- ▶ What, if any, resources would you need in order to do so?
- ▶ What are some of the opportunities and challenges you would face?
- ▶ How would you address those challenges?

### Steps

1. Explain to participants that during this activity they will focus on how to engage boys and men in the programs they are currently implementing or are involved in. They can work individually or in groups if other people at the orientation are involved in the same program.
2. Display the flipchart you prepared earlier. Ask participants to think about the four questions on the flipchart. Allow 20 minutes for them to do so.
3. After 20 minutes, bring everyone back together and ask some of the participants to share their ideas with the rest of the group. Encourage discussion by posing the following questions:
  - ▶ Was it easy or difficult to brainstorm intervention strategies that could work for your setting?
  - ▶ What are the primary similarities and differences between the suggested activities?
  - ▶ In general, what resources do participants need to conduct this type of work?



## 11. Post-Test

### Objective

1. To evaluate participants' knowledge and attitudes about gender, reproductive health, and GBV at the completion of the workshop.

### Materials

- Enough copies of the post-test questionnaires (Appendix 2) for all participants
- Pens and pencils

### Time

30 minutes

### Steps

1. Explain to the participants that the purpose of the post-test is to help facilitators determine how well the objectives of the training were achieved.
2. Distribute the post-test questionnaires to each participant. Ask them to not put their names on the test papers.
3. Allow the participants 25 minutes to complete the test.
4. Collect the post-test questionnaires to mark later.
5. After the workshop and when the participants have left, mark the questionnaires and compare the results with those of the pre-test, in order to evaluate the effectiveness of the training.



## Appendix 1: Pre-test

### Section A: Background Information

Name: _____
Country: _____
Organizational Affiliation: _____
Male ___ Female ___
Job/title/role in organization: _____
Length of time at organization: _____

Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statements:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I have the knowledge I need to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I have the skills I need to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. It is important to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree

4. Have you previously participated in any trainings related to working with boys and men? If yes, please briefly describe the content and length.

5. On a scale of one to 10, with one being low and 10 being high, how would you evaluate your technical capacity to work with boys and men?

Low High

1    2    3    4    5    6    7    8    9    10

## Appendix 2: Post-test

### Section A: Background Information

Name: _____
Country: _____
Organizational Affiliation: _____
Male ___ Female ___
Job/title/role in organization: _____
Length of time at organization: _____

Please indicate whether you strongly agree, agree, disagree, or strongly disagree with the following statements:

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I have the knowledge I need to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree
2. I have the skills I need to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree
3. It is important to engage boys and men in GBV prevention and RH in conflict settings.	Strongly Agree	Agree	Disagree	Strongly Disagree

4. Please indicate what you liked about this training.

5. Please indicate two things you learned from this training.

6. Please indicate what you would change about this training.

7. On a scale of one to 10, with one being low and 10 being high, how would you evaluate your technical capacity to work with boys and men?

<b>Low</b>										<b>High</b>
1	2	3	4	5	6	7	8	9	10	



