



# FEED THE FUTURE

The U.S. Government's Global Hunger & Food Security Initiative

## **Feed the Future Innovation Lab for Livestock Systems**

**“Engaging men in supporting maternal  
and child consumption of milk and other  
animal source foods in Rwanda”**

**Train the Trainers Workshop**

**Kigali, Rwanda**

**March 8-10, 2021**

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## WELCOME AND PRE-ASSESSMENT

Complete and turn in the Pre-Assessment to the Facilitator before the workshop begins.

Find someone you don't know and introduce yourself, and very briefly why you are attending the workshop.

Ask the person about one good thing that has happened to them since the Covid -19 outbreak.

After 5 minutes, have the other person introduce themselves and follow the same process.

Introduce each other briefly in the Plenary session.



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## WORKSHOP AGENDA

- Welcome and Pre-Assessment
- Why Gender and Nutrition?
- Dairy value chain, gender and nutrition in Rwanda
- Results and implications of qualitative surveys in project sites
- Basics of nutrition – What is it? Who needs it most?
- What should go on the plate?
- What are the gendered barriers to improving household nutrition?
- Engaging men in household nutrition - recommended approaches
- Engaging the whole family in household nutrition- Who eats what?
- Developing a program strategy for engaging men in household nutrition
- Developing a Personal Action Plan for engaging men and women in household nutrition
- Closing and Post-Assessment



## WORKSHOP OBJECTIVES

- Understand the importance of integrating gender and nutrition into your project
- Identify key points in the dairy value chain in Rwanda to integrate gender and nutrition
- Examine the basics of nutrition and family nutrient requirements
- Determine the most nutritious foodstuffs for a family
- Explore the gendered barriers to improving household nutrition
- Identify recommended approaches to engaging men in household nutrition
- Understand program strategies for engaging men in household nutrition
- Develop a Personal Action Plan for engaging men and women in household nutrition



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# WHAT IS “SEX”?

# WHAT IS “GENDER”?



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## “Sex”

Biological, fixed, mostly unchangeable differences between males and females

## “Gender”

Socially constructed, changeable, culturally specific roles for women and men



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## HOW DOES GENDER AFFECT AGRICULTURAL SYSTEMS?

### GENDER ROLES ARE:

- Dynamic and change over time
- Differ by particular local contexts
- Shaped by ideological, religious, cultural, ethnic and economic factors
- Key determinant of the distribution of resources and responsibilities between men and women; which are often unequal and inequitable



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## GENDER IS PART OF A RURAL LIVELIHOOD SYSTEM THAT INCLUDES THESE DIMENSIONS

Physical – land, machinery, livestock

Human – labor, nutrition, education, health

Social – networks, labor sharing

Financial – formal and informal credit, savings

Natural – soil, water, air



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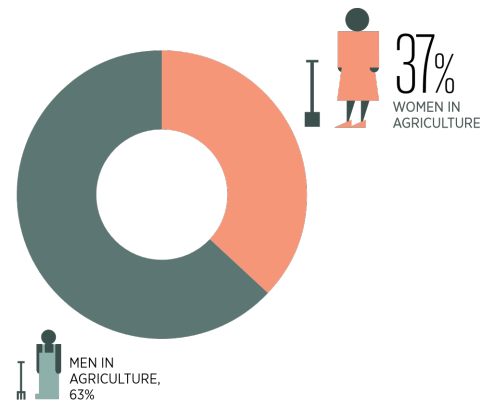
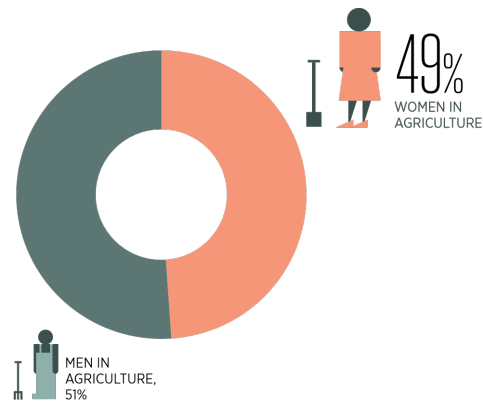
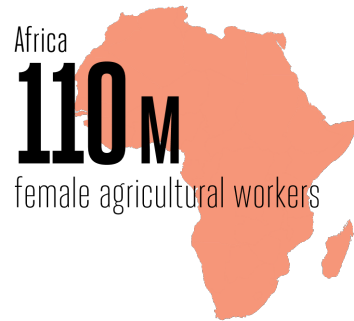
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## FEMINIZATION OF AGRICULTURE

### Reasons:

- Migration – Men are leaving rural areas in search of work. Women remain behind with families.
- In Bangladesh, when men migrate, women take over their duties, increasing their workload. Some women resort to hiring tenants or laborers from outside the household to take over farm duties when their husbands migrate (Rahman (2009) and Debnath and Selim (2009)).
- Wars and Genocide -
- In Rwanda, men traditionally milk cows, but women are now doing this because of a shortage of male labor after the genocide.



## INCREASING FEMALE HEADED HOUSEHOLDS

- In sub-Saharan Africa - male migration, civil conflicts and wars, unpartnered adolescent fertility and family disruption create increasing numbers of female headed households.
- FHHs have less access to land, livestock, other assets, credit, education, health care and extension services. In Zimbabwe, female-headed households have 30-50% smaller landholdings than male-headed households. In eastern and southern Africa 25-60% of rural households in countries in the region were headed by women.
- FHHs' food security increases with land quality, farm size, and their social capital network (the number of traders that farmers know within their vicinity, and their membership of farmers' groups).



## GENDER AND AGRICULTURE CONSTRAINTS

- Women farmers provide much of the labor, but face constraints in accessing agricultural inputs, services and markets, including:
- Limited control over assets and resources (including labor)
- Lower levels of education
- Greater domestic care responsibilities
- Limited social ties facilitating wage employment
- Less access to and ownership of land and credit
- Less access to agricultural extension services



## GLOBAL NUTRITION INDICATORS

- In 2016 almost 520 million people in Asia did not have access to sufficient food energy, more than 243 million in Africa, and more than 42 million in Latin America and the Caribbean.
- Africa has the highest levels of severe food insecurity, reaching 27.4 percent of the population – almost four times that of any other region.
- Almost one-third (33 percent) of women of reproductive age worldwide suffer from anemia -puts the nutrition and health of many children at risk.
- Stunting affects one in four children under the age of five years, increasing their risk of impaired cognitive ability, weakened performance at school and work, and dying from infections.



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<b>Wasting</b> (Height for weight z-score)	<ul style="list-style-type: none"><li>Recent and severe weight loss due to not eating enough food or an infectious disease (ex. diarrhea). Moderate or severe wasting in children has an increased risk of death</li></ul>
<b>Stunting</b> (Height for age z-score)	<ul style="list-style-type: none"><li>Due to chronic or recurrent undernutrition, often in conjunction with other issues such as poor socioeconomic conditions, inadequate maternal health and nutrition, frequent illness, and/or inadequate infant and young child feeding and care in early years. Affects physical and cognitive development.</li></ul>
<b>Underweight</b> (Weight for age z-score)	<ul style="list-style-type: none"><li>Also associated with increased risk of mortality</li><li>A child who is underweight can be stunted, wasted, or both</li></ul>
<b>Micronutrient-related malnutrition</b>	<ul style="list-style-type: none"><li>Micronutrient deficiencies- lack of important vitamins and minerals</li><li>Micronutrient excess</li></ul>
<b>Micronutrient deficiencies</b>	<ul style="list-style-type: none"><li>The most important micronutrients in terms of global public health are iodine, vitamin A, and iron</li></ul>
<b>Overweight and Obesity</b>	<ul style="list-style-type: none"><li>An imbalance between too much energy consumed and too little energy expended</li><li>Foods that are high in sugars and fats may not contain the essential micronutrients</li><li>Global trends show undernutrition is decreasing but overweight and obese trends are increasing</li><li>Highlights that diet quality (not necessarily quantity) is important</li></ul>





## THE POVERTY CYCLE FOR WOMEN

- Poor maternal and infant nutrition and health result in low birth weight and stunting as well as impaired cognitive development and lower school attainment
- Stunted girls grow up to become stunted mothers; maternal stunting is one of the strongest predictors of low-birth-weight infants
- Constraints on women's time are a major cause of their lower earnings and productivity – triple roles – productive, reproductive, community





**UNICEF Immediate causes**

- Dietary intake
- Disease

**UNICEF Underlying causes**

- HH food security
- Care and feeding practices
- HH Environment and health services

**Livestock Production System**

- Food production
- Income generation
- Women's empowerment

**Nutrition**

**Livestock Programming Investments**



## DAIRY VALUE CHAIN, GENDER AND NUTRITION

- Break into small groups (5-6 participants/group)
- As a group, discuss the steps involved in the Dairy Value Chain and draw it on a piece of paper
- Transfer the value chain steps onto the cards provided and post on the wall
- Discuss and label where men and women are responsible for making or equally contribute to decision making at each node in the value chain, and add the symbols for men and women at the correct locations on the chain
- Do a gallery walk with all groups and discuss findings





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## PRELIMINARY RESULTS OF QUALITATIVE SURVEYS

- Both men and women are involved in household food security, but their roles differ
- Men provide money to purchase ASF and fruits; Women prepare foods and supplement diets with vegetables, chicken and eggs, roots and tubers
- Community Health Workers and Government employees provide training on child nutrition and balanced diets to women. Government provides livestock to increase consumption of ASF (ie. milk cows)



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## WHAT DO WOMEN WANT MEN TO KNOW ABOUT NUTRITION

- Men should be trained by professional nutritionists or village elders (who have been trained) about how to prepare balanced meals for children
- Men should be trained on the importance of milk consumption for children in the household, instead of selling the milk for income
- Men should be trained on milk hygiene and safe handling of dairy products, especially the dangers of raw milk due to lack of pasteurization





## MOST EFFECTIVE PLACES AND METHODS OF SHARING NUTRITION INFORMATION WITH MEN

- Media such as newspapers, radio messages, posters and SMS messages
- Social gatherings such as churches, market centers, cooperatives
- Wives transmit information better than Community Health Workers if they are trained well
- Train men and women together







## IMPLICATIONS OF SURVEY RESULTS

### Role Play:

Group assigns following roles to different actors: Community Health Worker (CHW), wife, husband, 3 young children

Scene: CHW provides training on how to create a balanced diet for young children by increasing consumption of animal source food (meat and eggs). After workshop, Wife shares information with husband and indicates he must share more of his meat and eggs with her and the children in the future. This goes against cultural norms, and he complains that he is not interested because he needs them to work. Children agree with mother. How can she convince him to share the meat and eggs more equitably?

Take 5 minutes to assign roles and consider local norms. Act out the scene as if you were the individual, and think about how this scene might occur in your communities.

Discuss Role Play in plenary.



## BASIC NUTRITION TERMS

The seven major classes of nutrients are:

- **MACRONUTRIENTS** – needed in larger quantities
  - Carbohydrates
  - Fats
  - Fiber
  - Proteins
  - Water
- **MICRONUTRIENTS** – needed in smaller quantities
  - Minerals – CA, P, K, Mg, Na, ZN, I, Fe
  - Vitamins – Fat Soluble (A,D,E,K) ; Water Soluble (C, B complex vitamins)

What types of foods provide the above nutrients?






What foods are most commonly consumed by rural families?



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## A Balanced plate

-  Fruit and vegetables
-  Grains, cereals and potatoes
-  Dairy products
-  Meat, fish, nuts and eggs
-  Fats and sugars



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## WHO NEEDS NUTRIENTS THE MOST?

Women are smaller, have lower metabolic rates and less muscle than men = need about 25 percent less dietary energy per day

But...they require the same amount or more of many nutrients, and need to eat a much higher proportion of nutrient-rich foods

During pregnancy a woman needs:

An additional 300 kilocalories per day after the first trimester and 500 kilocalories more/day while her baby is breastfeeding

Almost as much protein as a man (60 g vs. 63 g daily) and more when lactating (65 g/day)

Up to four times more iron, 1.5 times more folate and 20 percent more calcium than a non-pregnant woman. During lactation, 40 percent more vitamin A and C, at least 15 percent more vitamin B12 and extra levels of micronutrients



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## Nutrient requirements for women\* and men

Nutrient	Adult female per day	Adult male per day	Adult male per 1 000 kcal <sup>1</sup>	Adult female per 1 000 kcal <sup>2</sup>
Calcium (mg)	1000	1000	500	350
Iron (mg) <sup>3</sup>	24	11	12	4
Vitamin A (µg RE)	500	600	250	210
Vitamin C (mg)	45	45	23	16
Vitamin E (mg)	7.5	10	3.6	3.6
Niacin (mg)	14	16	7	6
Protein (g)	50	63	25	22.5

<sup>1</sup> Based on total dietary energy intake of 2 000 kcal per day.

<sup>2</sup> Based on total dietary energy intake of 2 800 kcal per day.

<sup>3</sup> Based on 12 percent bioavailability.

\* These figures do not reflect the greater needs of pregnant and lactating women. See text for details.

Source: For vitamins and minerals; Joint FAO/WHO Expert Consultation on Human Vitamin and Mineral Requirements, Report on Recommended Nutrient Intakes. FAO Bangkok, September 1998 (in press).



## YOUNG CHILDREN'S NUTRIENT REQUIREMENTS

- Micronutrient deficiencies become increasingly likely as the amount of breast milk in a child's diet declines
- Deficiencies, particularly for vitamin A and iron, can occur in children between the ages of 6 months and 5 years
- Animal milk is good, but excessive use can contribute to iron deficiency because it is low in iron and high in calcium
- The ideal complement to breast milk is a diet which combines the local staple foods with other locally produced foods, including vegetables, fruits, legumes, meat, fish, oils and fats







## WHAT SHOULD GO ON THE PLATE?

- Break into small groups (4-5 participants/group)
- Have groups draw a typical rural lunch meal for both a woman and a man on a flip chart paper
- Label the different nutrients (ie. protein, fats, etc.) on each drawing, and approximate % of each nutrient
- Have groups draw *their* typical lunch and do the same as above
- Have groups post drawings and discuss the nutrient content of the meals in plenary





## GIRINKA – CASE STUDY

- Break into small groups (4-5 participants)
- Read the case study individually, and then discuss as a group
- Using the information provided in the case study, answer the questions as a group and record your responses on the flip chart provided
- Select a spokesperson from the group, and share your responses in plenary
- Plenary decides on the most appropriate responses to the case study from all small group responses





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## END OF DAY ONE

### What did we learn today?

Create a circle of participants. Pass around a paper bag or basket with slips of colored paper asking each participant to choose one piece. Have the participants share their responses to the following requests depending on the color of the paper they choose.

- RED -** Best thing you learned today
- YELLOW -** A new friend you met today
- BLUE -** Something that surprised you today
- GREEN -** One thing you would change from today



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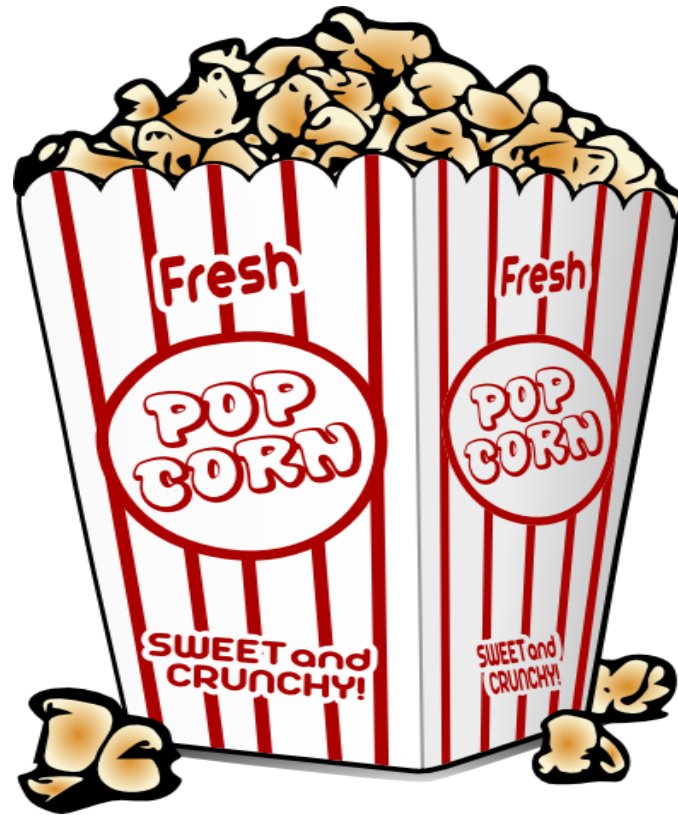


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## WELCOME BACK!

## POPCORN!



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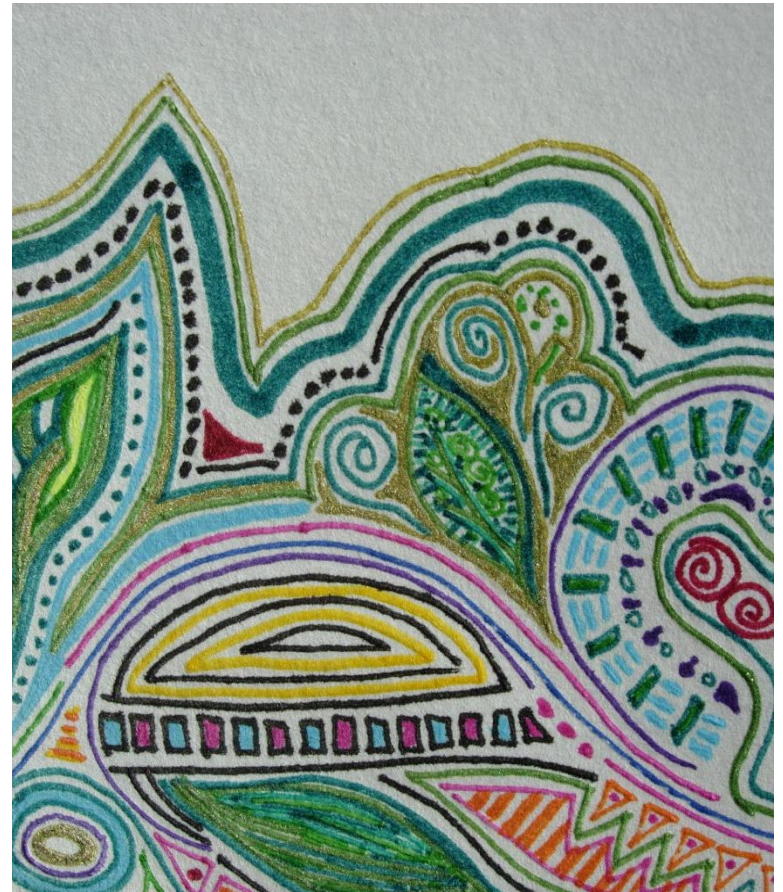
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## SHARING CASE STUDY RESULTS

For virtual workshop participants  
– have each person briefly  
describe their responses to the  
GIRINKA case study.

Discuss similarities and  
differences to the responses in  
both the Zoom chat and by  
having participants raise their  
hands in Zoom.



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## GENDERED BARRIERS TO HOUSEHOLD NUTRITION

What might prevent equal distribution of food in a household?

Lack of food for the whole family

Cultural norms around eating – age, sex, birth order, etc.

Illness or other diseases

Affordability – insufficient income to purchase food

Droughts or other climate related issues

Accessibility – distance to purchase food

Intra-household decision making around food expenditures

Other?



## GENDERED FACTORS AFFECTING HOUSEHOLD NUTRITION

Women's *bargaining power, control over income, and over time and workloads* affects the health and nutritional status of children under five years old

Women's *control over assets and income* is positively associated with dietary diversity (a proxy of micronutrient adequacy and thereby of good nutrition) by increasing women's ability to produce or purchase more diverse, more nutritious foods

Mothers struggle to exclusively breastfeed and ensure that their children receive three nutritious meals a day due to *heavy workloads* in the fields and attending to *household chores* - generally culturally regarded as women's responsibilities



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## GENDERED FACTORS AFFECTING HOUSEHOLD NUTRITION

Men engage in their children's nutrition mostly through financial and resource support, and allowing wives to participate in activities around nutrition and income-generating activities

They contribute less in other domains, such as accompaniment (to the health center, for example), emotional support, or direct caregiving/bonding with children

Men have a good degree of basic knowledge about key nutrition messages, but often lack detailed knowledge

Men want to engage more and don't think their current level of engagement is enough. Women perceive men's contributions in nutrition and childcare as unequal, but do not universally see it as a problem



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## GENDERED FACTORS AFFECTING HOUSEHOLD NUTRITION

Husbands tend to *make major food and household decisions* as they retain control over household income which influences women's and children's nutrition

*Intra-household dynamics* might be a reason for unequal distribution of food – men preferentially receive larger quantities and better quality of animal source foods

Need to *engage men to ensure sustainable improvements* in nutrition and health behaviors

*Timing of engagement* is important when training, as often the husbands are already working in the field

*Topics for discussion* are also important – men prefer group sessions or gardening demonstrations compared to cooking ones





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## HOW DO WE ENGAGE MEN IN HOUSEHOLD NUTRITION

??????



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## WHAT DO WE MEAN BY “ENGAGING MEN”?

“Men taking an active role in protecting and promoting the health and wellbeing of their partners and children” (Comrie-Thomson et al., 2015)

“Positive impact of involved fatherhood on children’s physical and mental health, learning and development, and adult relationships” (Levtov et al., 2015)

“Men benefit from involvement in caregiving, with improvements in physical, mental, and sexual health outcomes and reductions in risk-taking behaviors” (van der Gaag et al., 2019)

Fathers who are actively involved in caring for and raising children in equitable ways pave the way for future generations of gender-equitable individuals and caregivers (Promundo, 2020)



## ENGAGING MEN IN HOUSEHOLD NUTRITION – HOW?

- Work to change norms by *building on men's existing responsibilities and knowledge*— what are some examples?
- *Develop men-only groups* to help men support each other in changing their behaviors and challenge practices related to traditional ways of being a man – do programs like this exist that you are aware of?
- *Strengthen men's personal commitment to gender equality* and equip them with the nutritional and agricultural knowledge and skills to put into practice in their own lives –
- Use *gender sensitization trainings* but frame gender equality as not just a women's issue





## ENGAGING MEN IN HOUSEHOLD NUTRITION – HOW?

- *Find men where they socialize* rather than expect them to come to you. What are some examples of “male spaces”?
- Use *transportation incentives* for participants and decide as a group on the location of the group sessions
- Enter and *build positively upon male spaces* while tapping into like-minded men who are already persuaded by your ideas. *Encourage such men to become role models* for others
- *Involve boys in peer group learning*, and help cultivate positive attitudes that are carried into adulthood – school programs



## ENGAGING MEN IN HOUSEHOLD NUTRITION – HOW?

- *Timing of meetings* - holding sessions in the evenings or on weekends tends to work better to accommodate men's and couples' schedules
- *Consider agricultural calendar* and choose times when less work required
- *Create and relate messages* to men as fathers with a family focus
- Understand what men's ambitions are for themselves and for their involvement with their children and partners to help *frame the message to appeal to their self-interest*



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## ENGAGING MEN IN HOUSEHOLD NUTRITION – HOW?

- Make *smart use of social media*, posters, music, and drama; ie. WhatsApp groups, etc.
- *Plan for “family days”* - men and women get together to have fun and practice new behaviors with their families
- *Engage the community* – ie. governments, community leaders, and influential stakeholders which improves programming, recruitment and retention rates



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## GETTING MEN INVOLVED IN HOUSEHOLD NUTRITION

### Dads Can Do That!

<https://www.aliveandthrive.org/resources/video-dads-can-do-that-strategies-to-involve-fathers-in-child-feeding/>

How do the previous recommendations to engage men and boys more actively in household nutrition support or challenge what was learned in our research project?



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## WHO EATS WHAT?

Create small groups of a typical rural family (4-6 people)

Each person takes a role in the family: Husband, Mother-in-law, Father-in-law, Eldest daughter, Youngest son, Youngest daughter, Wife (add others if needed).

Have men play the part of female family members and women play the part of male family members. A female participant takes the role of the wife, and serves each family member the approximate amount they would traditionally receive for the main daily meal.

Place a sign by each plate after serving to identify the family member.

After distribution of food in each group, do a gallery walk and discuss these questions:

Who received the most quantity of food?

Who received the best quality food? Protein sources?

Do you have any suggestions for how to re-distribute the food based on nutrient requirements?





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## PROGRAM STRATEGY FOR ENGAGING MEN IN HOUSEHOLD NUTRITION

Individually, reflect on what you have learned in the workshop so far about engaging men and boys in programmatic work.

Working together in small groups, use this information to create a bulleted, chronological list of steps you could use to develop a program strategy that engages men and boys in increasing their involvement in household nutrition.

Share this strategy in plenary as a group and discuss similarities and differences.



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## DEVELOP A PERSONAL ACTION PLAN

- Using a blank piece of paper, write down three action items you can do to enhance men's involvement in household nutrition in your work. Be specific!
- Next to each item, write the date you will accomplish this by. Be specific!
- If there is anything you need to do to accomplish the item (ie. get your supervisor's approval) write that next to the date.
- Once you have completed this exercise, exchange your plan with the person sitting next to you and discuss if anything else needs to be added to guarantee the action item occurs. Change partners after 5 minutes.
- Everyone will share one action item in plenary.





## WELCOME BACK!

For virtual workshop participants – present your Personal Action Plan to all participants

For the workshop audience – consider these questions:

- a) Are there similarities in plans for engaging men and boys in household nutrition? What are they?
- b) How are the needs of women and girls addressed in the Action Plan?
- c) Is the Plan actionable? Will the presenter be able to achieve it?

Discuss responses in plenary



## FACILITATION OR TRAINING?

- Do you consider yourself a teacher, a facilitator or both? What is the difference between teaching and facilitation? Can you do both?
- *Teaching* involves the passing on of information and/or knowledge to participants, usually in a formal setting such as a classroom. It is similar to attending school.
- *Facilitation* involves the creation of a “learning environment” where both the facilitator and participants learn from each other. Facilitation recognizes the value of traditional and experiential knowledge and people’s ability to solve their own problems.



## GETTING PEOPLE TO YOUR TRAINING

- What kinds of things should you consider to increase attendance of women at your trainings?
- What kinds of things should you consider to increase attendance of men at your trainings?
- What about mixed gender trainings?
- Discuss in plenary.



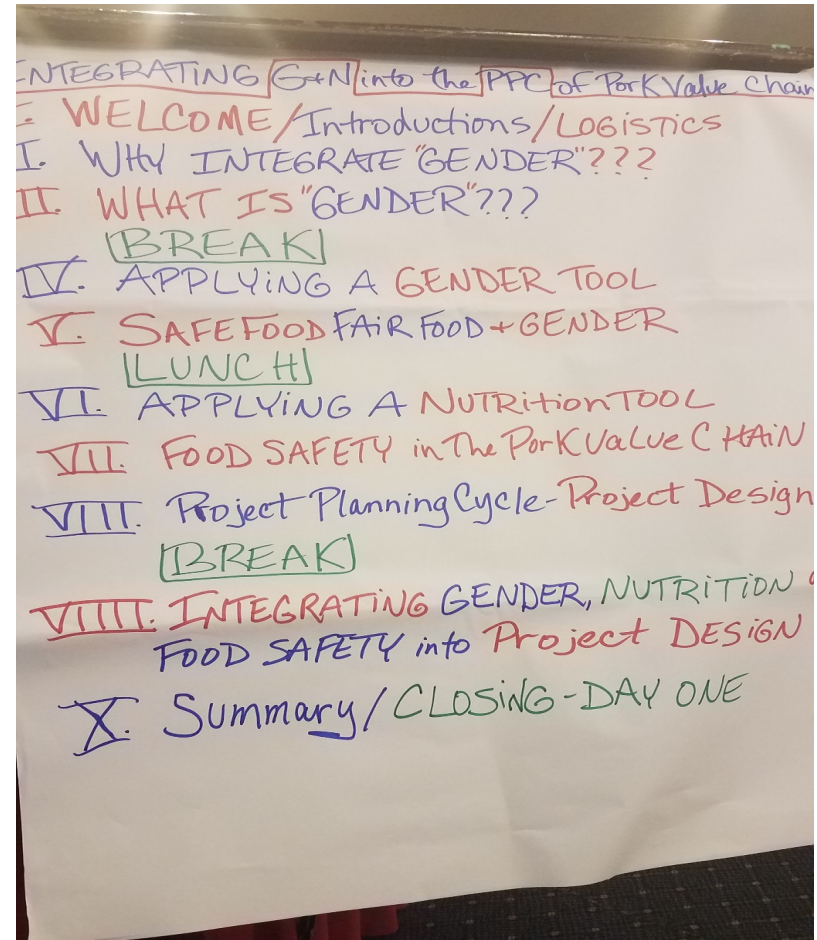


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## CREATING AN ENVIRONMENT FOR FACILITATION

- Give clear instructions – written or oral. Communicate guidelines and instructions for workshop activities.
- Create “workshop rules of conduct” with participants before starting.
- Understand group dynamics and group management – determine who dominates and who is reluctant to speak and create opportunities to encourage shy participants.
- Use empathic and active listening and verbal skills to facilitate conversations.



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## CREATING AN ENVIRONMENT FOR FACILITATION

- Use conflict management and consensus-building exercises if needed to keep group moving towards workshop objectives.
- Listen to participants and stay neutral without demonstrating biases.
- Arrange seating so that everyone can participate.
- Encourage participants to interact with each other by using small group exercises that put people in different groups for different activities.



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## WORKSHOP CLOSING

Using the ORID approach (**O**bjective, **R**eflective, **I**nterpretive and **D**ecisional), let's explore what we learned in the workshop.

- ***What - happened?***

**Objective Question:** What did we do in the workshop that is useful for your work?

- ***Gut – How do you feel about what happened?***

**Reflective Question:** Does it feel right to engage men and boys more actively in household nutrition?

- ***So what – difference does this make?***

**Interpretive Question:** What would happen to household nutrition if men and boys were more engaged?

- ***Now what – do we do?***

**Decisional Question:** How will you implement your Personal Action Plan?



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## POST ASSESSMENT

Please complete the Workshop Post-Assessment and return to the facilitator before the workshop closes.

Thank you for your participation!

For any questions on the workshop, please contact:

Dr. Kathleen Colverson, University of Florida

[kcolverson@ufl.edu](mailto:kcolverson@ufl.edu)



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## Disclaimer

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