



# Transformative Household Methodology for Gender & Nutrition

A Training Manual for Facilitators



May 2023



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## Transformative Household Methodology for Gender & Nutrition

**Ripple Effect International** is a partnership of experienced and committed African staff, based in Burundi, Ethiopia, Kenya, Rwanda, and Uganda, working with marketing and support from the UK and US, and most importantly, with resourceful farming families. We are an organisation that is passionate about transforming lives and protecting the planet. With 35 years' experience of delivering effective development in east and southern Africa, Ripple Effect supports families to tackle hunger and poverty using an integrated approach of agroecology, gender & social inclusion and enterprise to address complex challenges faced by communities.

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### Acknowledgements

The manual was initially prepared by the IDEAL Gender & Nutrition Research Project to train facilitators to use Ripple Effect's Transformative Household Methodology (THM) tools in relation to nutrition. It takes into consideration the intra-household gender relation in terms of access, control and benefit over food and division of labor. This step-by-step facilitators manual was compiled by Amanda Crookes, Sofanit Mesfin, Winnifred Mailu and Fiona Hill, December 2022.

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#### **About the IDEAL Gender & Nutrition Research Project**

Ripple Effect Zambia wished to explore the gendered cultural and attitudinal norms around food behaviours to work towards equitable access to and consumption of diverse, nutritious food in a household amongst men, women, girls, boys, young mothers and grandparents. The core focus was on gender norms; however, the design of the research tools ensures that specific needs of family members are part of the discussion, for example, relating to disability, age, pregnancy.

This action research tested an adaptation of Ripple Effect's Transformative Household Methodology (THM) tools in facilitating families to recognise and understand their food behaviours relating to nutrition and food equity and develop their own action plans for positive change.

The Ripple Effect facilitators conducted the research through engaging with local authorities and local leaders to ensure understanding and acceptance of the process. Together with local leaders, they identified 50 families to participate and conduct 3 rounds of THM discussions per household. They set up 5 monthly learning circles each with a nutrition inclusion champion to lead and conducted focus group discussions after each round of household discussions.

A comparative analysis of the 50 project households that participated in THM for Nutrition helped to identify the attitudinal and behaviour changes, understand more about the norms, attitudes and beliefs behind the behaviours, and cultural enablers and potential triggers for change that facilitate families to increase intra-household food security, alongside increases in household food security.

### Terminology

**Access:** is defined as the opportunity to make use of a resource.

**Control:** is the power to decide how a resource is used, and who has access to it. Women often have access but no control.

**Enterprise Development:** Once farmers are food secure, we encourage them to develop their farm as a business, to generate more income and have greater control over their futures. They diversify or specialise their micro-businesses according to their circumstances and local markets, coming together to form co-operatives for joint marketing, value addition and access to new and wider markets.

**Facilitator:** a facilitator is a person who guides discussions, field experiments or training that improves the learning effect within a group. It is based on the principle that adults learn best from their own experiences and from discussing their experiences.

**Gender and Social Inclusion:** Ripple Effect build's a foundation of confidence and hope, so women and marginalised people have greater voice and influence in their homes and communities. Men and women are encouraged to work together, sharing workloads and decision-making more equally – resulting in greater collaboration, respect, and harmony. We include everyone, extending our reach and removing barriers to people with different needs and abilities and across generations.

**Household (HH):** all the people who live in one house.

**Inclusion:** everyone in the household is included. Women, men, people with disabilities, grandparents, young mums and children.

**Transformative Household Methodology (THM):** Transformative Household Methodology (THM) is a tool which identifies the different roles and responsibilities of household members as well as their access to and control over resources and related benefits. The methodology is developed combining the Harvard Gender Analytical Tools and PRA tools. Activity profile such as productive, reproductive activities and access and control/benefit over resources among Harvard tools and proportional piling, wealth ranking and seasonal analysis were used from PRA tools. The following are the definitions of terms used in THM.

**Self Help Group (SHG):** Ripple Effect programmes work through Self Help Groups (SHG). These are small groups of 15 to 20 members. The group members use saving, credit, and social involvement as instruments of empowerment. Principles of the SHG are mutual help and self-reliance and the members of the group work together to understand each other's problems better. Members are bound by affinity, natural bonds due to characteristics such as love and affection, mutual trust, respect & support.

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**Sustainable Agriculture:** Ripple Effect trains farmers in sustainable, agroecological principles and processes that have a climate-positive impact, to make their land highly productive and biodiverse. Farmers draw on traditional knowledge and new innovations to adapt to a changing climate and build food security and financial resilience.



### Introduction

The Ripple Effect programme has three thematic areas of focus: gender and social inclusion, sustainable agriculture, and enterprise development.

An integral part of the Ripple Effect programme focuses on strengthening the capacity of families to grow their own food including a diverse range of nutritious rich foods and increasing knowledge on nutritional value and preparation techniques including the use of local, indigenous foods. Ripple Effect uses Transformative Household Methodology tools with individual households to facilitate discussions on workload, roles, access to and control of resources.

#### **Development of the training manual - the IDEAL Gender & Nutrition Research Project**

Ripple Effect Zambia wished to explore the gendered cultural and attitudinal norms around food behaviours to work towards equitable access to and consumption of diverse, nutritious food in a household amongst men, women, girls, boys, young mothers and grandparents. The core focus was on gender norms; however, the design of the research tools ensures that specific needs of family members are part of the discussion, for example, relating to disability, age, pregnancy.

This action research tested an adaptation of Ripple Effect's Transformative Household Methodology (THM) tools in facilitating families to recognise and understand their food behaviours relating to nutrition and food equity and develop their own action plans for positive change. This training manual has been developed as a result of the success of using THM in the research project to facilitate discussions around nutrition.

#### **Target users of the training manual**

This manual is designed to provide gender and nutrition practitioners, with the information and facilitation techniques needed to use THM, focus group discussions and learning circles to open dialogue around access to and consumption of diverse, nutritious food in a household. It can also be used by anyone within the development sector and different thematic leads, for example sustainable agriculture.

This toolkit is not meant to provide education on nutrition but should accompany other program activities that focus on nutrition education of the same target group.

#### **Structure**

There are nine modules within this manual that cover the use of the whole THM toolkit in relation to nutrition, focusing on the role of women in food and nutrition security.

### 1.1 Transformative Household Methodology

The Transformative Household Methodology (THM) is a tool that aims at creating awareness of intra-household gender relations between women, men, girls, and boys. The THM identifies the different roles and responsibilities of household members, their access and control over resources and their related benefits.



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The methodology is developed combining the Harvard Gender Analytical Tool that makes use of activity profiles and analysis of access and control over resources (and related benefits) and Participatory Rural Appraisal (PRA) tools such as proportional piling, wealth ranking and seasonal analysis. While other methodologies focus on societal and community groups, the THM focuses on the household, putting strong emphasis on gender relations.



*Group transformative household methodology session in Ethiopia*

In rural Africa average literacy levels are low. Ripple Effect is working with populations that are mostly illiterate, with illiteracy being higher among women. This tool has proven to be particularly effective in rural/agricultural contexts because it is illiterate-friendly and promotes a process that is simple and easily understood by all household members. The tool and manual also incorporate adult learning principles, further details are mentioned in the methodology section.

### **Purpose of the THM tool**

The purpose of THM training is to create awareness of the participating household on gender relations, specifically access, control/benefit over resources and division of labour to transform their intra-household gender relations. Whilst other methodologies focus is at group or community level, THM is an effective tool for addressing gender issues at household level. Different family members are encouraged to identify issues and come up with their own solutions.

### **Objectives of the THM tool**

The training is a fully practical exercise which involves all the household members, regardless of age, in identifying gender relation at household level. The tool is

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implemented at household level with all family members, including any extended family members who are influential in the household decisions making. At the end of the training the household members will:

- Be aware of gender relation at household level
- Understand who does what, the extent of workload to specific household member
- Understand who has access to which resource and control and benefit over resources
- Know its implication to household wellbeing, health, education, and harmonious relation
- Come up with the way forward to narrow the gap

The THM tool is flexible and can be conducted both at household and group and community level, depending on the context, to initiate discussions with family members or with group and community members. When applied at household level it captures the dynamics of varying household compositions. For example, differing dynamics may be observed in a male headed household, female headed household or a household with a person with a disability. Members will face different issues related to gender roles depending on the household dynamics.

This assessment helps to understand who already has rights over resources and who doesn't. Most importantly, it helps households reflect on their practices and to make informed decisions, with equal decision-making and participation in a household being the goal of the tool. By applying the tool, household members will see the link between rights over resources and decision making. Reflecting on this will hopefully lead to inclusive decision making. This will depend on the starting context and imbalance.

The THM methodology has been implemented in all Ripple Effect country programmes in Burundi, Ethiopia, Kenya, Rwanda, Uganda and Zambia. This innovative relationships methodology contributes to women's empowerment by reducing their unpaid workload in the household, giving them more time and energy to be involved in community work and higher-value activities. It has also increased the decision making at household level. We see women becoming more involved in household decision-making, including discussions about how substantial amounts of money should be spent. We also see men getting involved with decisions around cooking and food.

***“Whenever I earned money, I never discussed with my wife how to spend it; it was mine and I spent it as I wished; sometimes on unnecessary things. I am glad now we jointly decide how we spend family income which has led to developments in our home.”***

**Jean-Baptiste** Ripple Effect project participant

Our data shows that women's physical workload decreases as a result of THM sessions and that men became significantly more involved in nearly all household activities. Even when men reported that they were teased by others for performing what were perceived as “female” tasks they persevered, which indicates an authentic

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change in attitude. Critically, when household workloads are more fairly shared, and women have a voice in what crops will be grown or what equipment or livestock will be bought, farm yields tend to increase. Families become more food secure, and this increased security improves family relationships further, cementing the changes in a positive feedback loop.

### 1.2 Why the THM is Important

THM is important because it is a tool that captures family dynamics specific to the household using the tool. Family dynamics can differ from one household to another, for example the dynamics experienced by a male headed household may differ from those experienced by a female headed household or a household with grandparents. The THM tool caters to these differences and provides context tailored solutions.

THM is also inclusive of all household members, allowing the participation of boys, girls, adults, people with disabilities and young mothers. Every household member will engage and contribute to the exercise, making the gender transformation inclusive of all age groups.

#### **Gender dynamics at household level - Access to, and control over, resources**

When considering the way in which resources are allocated between household members (the 'gendered' allocation of resources), it is important to look at the difference between access to resources and control over them.

**Inclusion:** everyone in the household is included. Women, men, people with disabilities, grandparents, young mums and children.

**Access:** is defined as the opportunity to make use of a resource.

**Control:** is the power to decide how a resource is used, and who has access to it. Women often have access but no control.

#### **Context/background info and data on gender and nutrition**

This tool was tested in Zambia where there are moderate to high rates of malnutrition, including stunting and wasting:

- [Zambia: Nutrition Profile \(usaid.gov\)](#)

To access country-specific data for a relevant country use the following platforms:

- [World Bank Gender Data Portal](#)
- [Malnutrition in Children - UNICEF DATA](#)
- [Data Warehouse - UNICEF DATA](#)

Contributing factors to the high rate of malnutrition are multiple and the toolkit focused on gendered access, control, and consumption of different types of food. This toolkit cannot address all issues but contributes to the process of improving nutrition for all through raising awareness on the gender dynamics affecting food consumption.

*Does every household member equitably access and eat the food available?*

Ripple Effect uses Transformative Household Methodology tools with individual households to facilitate discussions on workload, roles, access to and control of resources. In opening up discussions at household level, family members have an

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opportunity to discuss together, understand the consequences of certain actions and behaviours and make action plans for positive change. This reflects in Ripple Effect impact surveys showing women playing a more equal role at household level measured through decision making and having access to and control over resources.

### **1.3 Using THM for Nutrition**

The THM tool can be used to facilitate a variety of discussions focusing on different contexts with different gender issues. It has been used within Ripple Effect to discuss animal management, who takes care of animals and who make decisions regarding livestock, and to discuss enterprises, which businesses are done by women and which by men and why.

Using THM specifically for nutrition can address whether a household can allocate more diverse and nutritious food to its members by considering how the food is currently served to the family members. Does every household member equitably access and eat the food that is served to the family? The learning from the research that Ripple Effect carried out in Zambia can inform and improve programming to address unequal food behaviours and promote and reinforce triggers for positive change.

Using THM for nutrition is important for addressing food distribution and food taboos that are related to gender. It tackles incorrect perceptions around a balanced diet using a simple and participatory tool that initiates discussion at household level. Family members are then empowered to come up with their own action plans.

While we know women's empowerment is an important factor in improving the effectiveness of food security/nutrition programs, there is little documentation of specific interventions that are effective in challenging intra-HH dynamics, power relations imbalance, and improving the nutrition / food security of the family. This tool is an important contribution.

In this process nutrition is the technical aspect that will be focused on when using the THM. General nutrition education for everyone should be given before the THM discussions are conducted. The tool will then bring out an understanding of how everyone in the household will be affected by access and control of food.

### **1.4 How to Use the THM for Gender & Nutrition Manual**

This manual provides instructions for facilitating three rounds of monthly sessions using the THM tool, focus group discussions and learning circles. Each activity has been detailed in a module.

A minimum of two facilitators is required to use the tool successfully. Facilitators should refer to their organisation's standard operating procedures when using these tools.

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### Data Management

- File all signed consent forms
- Ensure signature and filing of GDPR forms for any photos or videos taken
- Make sure you have robust processes in place to handle confidential data. Ensure confidentiality of participants through a household coding system. The facilitators and M&E team are the only people who hold the list of household names against codes so that they can track and collate data. The personal detail of all the participants will be held securely and separate from the data collected. To ensure confidentiality of all the participants, during the data collection process assign each household a code and use this code on each reporting template.
- Depending on your organisations systems, data will be input into a restricted web-based platform for export into a password protected Excel file or directly into a password protected Excel file.
- Refer to the safeguarding and privacy policies for data protection.
- Ensure digital back up



## Module One: Facilitation Skills

Where possible, pair households/communities with facilitators that are from their community or speak the local language.

### Facilitation skills

The aim is to facilitate the discussion amongst the family members through prompt and probe questions as indicated in the THM tool outline, not to tell family members what to say or do. In facilitating the session:

- Explain in clear, simple language spoken by the participants.
- The purpose of the discussion and why the sessions are being held.
- The agenda of the meeting and the time it will take.
- The instructions for the THM grid
- As the discussion takes place, listen carefully, be courteous and observant and do not judge or criticise the responses.
- Prompt or probe to understand a response further, to verify or clarify.
- Ensure that members of the group / family can speak for themselves. NB: If there are cases, where it appears difficult for women and / or children to speak, encourage but do not force responses.
- Be sensitive to body language and any tensions to be able to diffuse and calm the discussion through constructive comments.
- Be considerate with the words you use. Show respect for everyone in the household, avoid making the discussions personal and do not apply fault to anyone.
- Be patient.
- Create a positive environment so that participants feel trust and are willing to discuss.
- Thank the participants for their time.

### Facilitation tools

- Box of pens
- Flip chart paper
- Camera / phone with a camera
- Notebooks
- Paper copies of required forms (see annexes)

## Inclusive Facilitation – How to Work with Diverse Participants

### Facilitation tips: People with physical impairment

- Ensure the environment is accessible.
- Offer assistance, but do not insist.
- Allow the person to tell you exactly what help they would like especially if the activity involves moving around.
- Avoid invading a person's space by leaning on or holding onto a wheelchair.
- Never pat the person on the head as this is demeaning and patronizing.
- Conduct conversations at eye level whenever possible.
- Remember that many people who use wheelchairs are quite independent.

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- Incorporate words like “walking” and “running” into conversations as people who use wheelchairs still use the same words.
- Discuss with the person about what they would like to do and the barriers. Do not assume they cannot do something but focus on what they can do.

### Facilitation tips: People with a hearing impairment

- Organize the space so that people are sitting in a U shape. This way people can see each other, which will make it easier for people with hearing impairment to read lips and understand mimics, thereby making it possible to participate more actively in discussions and activities.
- Spend some time giving face-to-face instruction, since group situations can be quite challenging for people with hearing impairment.
- Look at the person (with hearing impairment) while speaking to her/him.
- Speak slowly and clearly, but not too loud.
- Use short, simple, and clear sentences.
- Be consistent in the use of language.
- Use clear mimics and gestures.
- Ask the person (if s/he has an oral language) to repeat what s/he has understood.
- Reduce all unnecessary noise, as multiple sources of sound will make it more difficult for the person to use her/his residual hearing. This is also important if the person is using a hearing aid.
- Be flexible with time, as most people with hearing impairment (both deaf and hard of hearing) will struggle to understand everything that goes on in the group (because of their hearing loss).
- Face covering – veils covering eyes, eyebrows, nose, mouth, and cheeks (worn by facilitators and others), will affect the ability of people with hearing impairment to read lips and understand mimics. NB: If at the time of the discussion people are required to wear masks in public due to COVID 19, discuss with the family who is best able to communicate with the person with a hearing impairment and how.

### Facilitation tips: People with visual impairment

- Ensure appropriate seating arrangements (it is important that people with visual impairment sit in a position where they can see the activity as clearly as possible).
- Effective communication (the facilitator should speak to the group when they arrive, leave or move about, so that visually impaired people know what is happening).
- Facilitators should use auditory or tactile signals, and not just visual signals. For instance, if the facilitator points to something, he / she could consider changing this signal to explain what they are doing.
- If a facilitator or other group member wants to attract the attention of a person with a visual impairment, they should say the person’s name.
- When using visual materials (e.g., showing pictures), the facilitator should explain (or ask another person to explain) verbally what is shown.
- Facilitators should be flexible in terms of the time for an activity.
- A person with a severe visual impairment may need extra time and energy to perform visual tasks, even with visual aids.



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### Facilitation tips: People with intellectual impairment

- If possible, have among the facilitators, staff members already trained in working with people with intellectual impairment.
- Use simple words and sentences when giving instructions. Check that the person has understood.
- Use real objects that the person can feel and handle.
- Do one activity at a time with the person. Make it clear when one activity is finished and another one is starting.
- Break a task down into small steps. The person should start with an activity that s/he can do already before moving on to something that is more difficult. Go back one step if the person encounters problems.
- Try to link the tasks to the person's experience and everyday life (this is important for all people).
- Give extra practice by repeating the task a few times. This will ensure that the person masters the skill and will help increase her/his self-confidence. However, repetitions should not be exaggerated.
- Ask other group members to help their peers with developmental impairments as part of their own social, emotional, and academic development. This can be mutually enriching.
- Be generous with praise (honest praise) and encouragement when the person is successful and masters new activities, as well as when s/he is trying (and working) very hard.
- Motivate the other group members to include the person with developmental impairment in activities.
- Ignore unwelcome behaviour if the person is doing it to get your attention.

## Module Two: Overall Agenda and Schedule of Each Section

The **THM for Gender & Nutrition toolkit** facilitates the identification and adoption of equitable food consumption behaviours at household level. The toolkit is:

- Adaptable and context specific (works in communities in different regions, countries)
- Participatory
- Illiterate friendly
- Address resistance points
- Play to motivating factors
- Relevant to smallholder farming development sector

When using THM for Gender & Nutrition you can utilise three key tools:

1. **THM participatory tool.**

This Ripple Effect tool is used to discuss workloads, roles, access to and control of resources at household level. There is a visual representation of who in the family (men, women, girls and boys) does what and to what extent in proportion to others. The family can then discuss any changes they wish to try and then develop their own action plan. This tool, described in more detail below, has been adapted to focus on food behaviours, access to and control of consumption of food according to gender.

2. **Learning Circles.**

To reinforce the individual household discussions, a learning circle is a regular group level discussion where participants share and learn information, guide their own learning, raise awareness amongst each other and reinforce positive change.

3. **Focus Group Discussions.**

A set of key questions developed to guide discussions in single sex and mixed groups on key themes emerging from the THM household discussions. Full details below.

The THM participatory tool can be used without the learning circles and focus groups discussions to have discussions with a single household or if using the tool with more than one household in a community, learning circles and focus group discussions can be included to compliment and reinforce discussions.

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### Tool and Session Schedule

If you are using all the three tools within your programme follow this session schedule:

<b>Schedule</b>	<b>Tool &amp; Session</b>	<b>Time</b>
During set up	Community entry & identification of participants	Allow one week
First month	General nutrition education for all participants	Two sessions, 1 hour each
	THM round one	3-4 hours
	Focus group discussions	1-2 hours
	Learning circle	1 hour
Second month	Learning circle	1 hour
Third month	THM round two	3-4 hours
	Focus group discussions	1-2 hours
	Learning circle	1 hour
Fourth month	Learning circle	1 hour
Fifth month	THM round three	3-4 hours
	Focus group discussions	1-2 hours
	Learning circle	1 hour
Sixth month	Learning circle	1 hour
	Community feedback	1 hour

Table 1: session schedule for using the THM for Gender & Nutrition toolkit.

## Module Three: Community Entry and Identification of Participants

### Step 1:

Engage with local authorities (including Ministry of Health, Ministry of Agriculture and National Food and Nutrition Commission) and local leaders to ensure understanding and acceptance of the process, for their support and encouragement of community members participating and approval of the process relating to COVID preventive measures.

### Step 2:

Together with local leaders and self-help group leaders, the facilitator will identify the families to participate. On receiving information about the research from self-help group leaders, families can volunteer to participate.

### Criteria:

- Families that are / were actively participating in your organisations project, engaged in improved healthcare, agriculture and WASH activities and therefore know your organisation
- Logistics of location so that it is feasible for the facilitator and reporter to reach all households
- Willingness and interest to participate in line with Covid preventative protocols
- Availability of all family members to take part in 3 household discussions (father, mother, children, members of the family with a disability) and 1 family member to participate in a monthly learning circle.
- Willing to discuss openly and calmly about family dynamics around food consumption and behaviours and open to different ideas
- Understand that there is no financial or material gain
- Willing to sign a consent form to participate

### Module Four: THM Participatory Tool (Step by Step)

This Ripple Effect tool is used to discuss workloads, roles, access to and control of resources at household level. There is a visual representation of who in the family (men, women, girls and boys) does what and to what extent in proportion to others. The family can then discuss any changes they wish to try and then develop their own action plan.

This tool, described in more detail below, has been adapted to focus on food behaviours (such as maternal eating practices, infant and child feeding behaviours), access to and control of consumption of food according to gender.

Discussions will take place three times with members of each household at their home using the THM grid (sample annex 1) conducted by the project facilitators.

#### **Objectives:**

- To visualize food behaviours according to gender (who eats which food, when food is consumed and who has control over food resources in a household)
- To stimulate discussion on WHY food behaviours, differ amongst family members (beliefs and barriers)
- To prompt household action planning if a family chooses to make any changes
- To identify what made the change happen (triggers)

Conduct three rounds of THM discussions per household. Refer to the facilitation skills, inclusive facilitation techniques and note taking guidelines before following the methodology.

#### **Round 1 Set-Up**

**Time:** 3-4 hours depending on the level of understanding of household members and facilitation skill.

**Target groups:** All household members

**Medium of instruction:** Local language. Speak slowly and clearly so everyone can understand. Use sign language if required to ensure everyone is included.

**Training site:** For THM training the training site will be in the village with the selected household from the group members. Take into consideration the safety, access to bathrooms and accessibility of the selected places to ensure that people with different disability can participate in the training as well.

#### **Materials needed:**

- Consent form (including ethics statement)
- Box of pens (so that a household member can take one from the box to sign the consent form and keep it, so minimising multiple contact of objects)
- Prepared grid drawn on a flip chart paper to leave with the family

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- Pack of beans (in case there are not enough small stones in the compound) or locally available materials such as gravel or seed
- Camera / phone to take a picture of the completed grid (not the family members)
- Notebook to record the discussions
- Flipchart paper and pen to draw / write a family action plan (the family keeps the pen to minimise multiple contact of objects)

### Methodology:

A participatory training methodology will be used based on adult learning principles.

- Introduction – the facilitator explains the purpose of the discussion and the objectives and outcomes of the project through reading through the ethics statement and consent form. If in agreement, a family member signs the consent form, and the discussion continues.
- The facilitator prepares in advance the grid on a flip chart paper. See photograph below and completed example in Annex 1). Remember to read out and repeat the headings where people are illiterate or use drawings.
- As a household unit, each family member can place 15 beans or small stones across the columns for men, women, girls, boys according to, for example, if they eat meat daily and how much. For example, a person may put 6 beans in the column for 'man', 0 in the column for 'woman' and 2 in the column for 'girl' meaning that the woman does not eat meat on a daily basis, the man and girl do but the man eats more. Each person does it as opinions vary. A child might think the father eats meat every day, whereas the father does not think so.

### Note taking guidelines for the THM discussions

- Dedicate one facilitator/staff member to note taking only.
- When the THM grid is complete **write the number of beans / stones in each box and take a photo** (but with no people in it). **Use a code / sign / letter on the grid** so that you can identify which family it belongs to (for comparison after the next discussion).
- As the family are discussing the WHY and WHAT IF questions, note down the responses.
- Write what you hear, not a summary, or 'they disagreed', not from your own knowledge and experience.
- Note who is speaking. The woman said, boy, girl, etc and if the person has any specific needs (elderly grandmother, teenage mother, person with a disability)
- As the reporter, do not judge, criticise, or disagree with the responses.
- If the response is not clear, ask to repeat or explain.
- Note down your observations. If it appears difficult for the woman / children to speak, note it down.

### Note examples from comments made during a THM session:

It is traditional that the mother cooks and prepares food because she is owner of the kitchen not the husband

"The man eats more meat because he is the head of the house"

"When the food is brought, the children are the priorities "

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Decide if you can note down in the language used and translate into English when recording the notes, or whether you are able to write your notes directly in English without losing nuance, meaning or detail.

### Facilitator note:

If you are using this tool with multiple families and want to analyse the results you will need to adjust the number of beans to 15 per food type, distributed across the family members by the household. This is to allow for households to be grouped in terms of composition and averages to be calculated for each food type.

	Men	Women	Young men	Girls	Boys
Meat/Chicken	4	3	3	3	2+1
Veggies	4	3	3	3	3
Fishing	4	3	3	3	3
Fruit	4	3	3	3	3
Milk	6	-	3	3	3
Eggs	4	3	3	3	2+1
Beans	3	3	3	3	3
D.Total	29	17	20	20	20 (19)
1					
2					
3					
Frequency	3	3	3	3	3
Decide		1			
Buy		1	1		
Pay	1	1	1		
Prepare		1	1		
Eats first	1				
Eats last		1	1	1	1
Access + Control	Pay, Buy, Eat first	Decide, Buy, Prep	Buy, Prep	Eat last	Eat last

Example of a THM grid on flipchart paper.

See Annex 1 for a full example of a completed grid from a THM session where each family member is given 15 beans.

### Facilitator note:

The facilitators DO NOT TOUCH the beans / stones / pens. The household are a unit but as a COVID preventive measure, this avoids household intermingling (facilitator / family members) through touching objects.

## Round 1 Guiding questions: Why and What if?

The questions below are a list of illustrative questions. These questions are applicable based on the household dynamics. Adapt questions based on the specific context of the household taking part in the THM discussion.

### WHY?

When each family member has placed their stones per row in the section ask:

- “What do you eat daily?” elicit some ideas of WHY this is



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- Why do some members of the family eat meat / vegetables / staples / fruit / milk / eggs and some not?
- Follow up with further WHY questions as people respond to understand the influencing beliefs / attitudes / norms
- Encourage different family members to speak

When each family member has placed their stones in the section ask:

- “How often do you eat?” elicit some ideas of WHY this is?
- Why do some members of the family eat more often / less?

**The facilitator notes down the responses. See guidance on page 18.**

### WHAT IF?

- What if the children do not eat vegetables?
- What if dad does not eat any meat?
- What if mum is pregnant and she eats once a day?

#### **Facilitator note:**

Relate these questions to the responses in the grid. The above is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the ‘what if’ questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

### Access and Control

#### WHY?

- When has each family member placed their stones per row in the section “Access and Control?” elicit some ideas of WHY this is.
- Why does Dad pay for the food?
- Why does Mum decide what to eat and buy the food?
- Why do Mum and Daughter prepare the food?
- Why does Dad eat first?
- Why does Mum eat last?

#### WHAT IF?

- A woman is pregnant?
- A woman is lactating / nursing?

**Facilitator note:**

Relate these questions to the responses in the grid. As above, this is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the 'what if' questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

For analysis, it is important to note whether the person speaking is the grandfather / grandmother, mother / father, boy / girl, if anyone is pregnant, a teenage mum, a family member has a disability as we are looking at family dynamics.

As part of the discussion, elicit responses to the question:

**How do you feel?**

- If you don't have any meat / vegetables / staples / fruit / milk
- If you miss a meal?
- If you need to wait to eat?

**Facilitator note:**

Referring to the facilitator skills, remain aware of body language and mood and ready to diffuse a situation if one member of the family is feeling 'accused' or defensive. In the process of the THM discussions, talking about feelings can be helpful as family members may be so used to a 'traditional norm', they may not have considered how another person actually feels about it. Never direct a question to any participating person. A technique you can use is to depersonalise the scenario – 'what if a person misses a meal, how would they feel?' to avoid tension.

**Action Planning:**

- At the end of the discussion, the household members can see a visual representation of what they have discussed.
- Elicit from the family members if they have any questions or comments.
- Elicit from the family members what they feel the challenges and solutions are to ensuring each family member has a diverse and nutritious diet.
- Elicit from the family members if there is anything they would like to now do or change because of the discussions.
- Ask a family member to draw or write any actions they would like to take.
- Do not tell the family what to do, even if they have one idea, which is OK.
- **Take a photo of the grid with the family ID code and the number of beans written on the grid and leave the grid with the family.**
- **Take a photo of the action plan with the family ID code and leave the action plan with the family.**

## Transformative Household Methodology for Gender & Nutrition

### Round 2 Set-Up

**Time:** 3-4 hours depending on the level of understanding of household members and facilitation skill.

**Target groups:** All household members

**Medium of instruction:** Local language. Speak slowly and clearly so everyone can understand. Use sign language if required to ensure everyone is included.

**Training site:** For THM training the training site will be in the village with the selected household from the group members. Take into consideration the safety, access to bathrooms and accessibility of the selected places to ensure that people with different disability can participate in the training as well.

#### Materials needed:

- Consent form (including ethics statement)
- Box of pens (so that a household member can take one from the box to sign the consent form and keep it, so minimising multiple contact of objects)
- Prepared grid drawn on a flip chart paper to leave with the family
- Pack of beans (in case there are not enough small stones in the compound) or locally available materials such as gravel or seed
- Camera / phone to take a picture of the completed grid (not the family members)
- Notebook to record the discussions
- Flipchart paper and pen to draw / write a family action plan (the family keeps the pen to minimise multiple contact of objects)

#### Methodology:

A participatory training methodology will be used based on adult learning principles.

- The facilitator prepares in advance the grid on a flip chart paper. See photograph on page 19 and completed example in Annex 1. Remember to read out and repeat the headings where people are illiterate or use drawings.
- As a household unit, each family member can place 15 beans or small stones across the columns for men, women, girls, boys according to, for example, if they eat meat daily and how much. For example, a person may put 6 beans in the column for 'man', 0 in the column for 'woman' and 2 in the column for 'girl' meaning that the woman does not eat meat on a daily basis, the man and girl do but the man eats more. Each person does it as opinions vary. A child might think the father eats meat every day, whereas the father does not think so.
- **If you are using this tool with multiple families and want to analyse the results you will need to adjust the number of beans to 15 per food type, distributed across the family members by the household. This is to allow for households to be grouped in terms of composition and averages to be calculated for each food type.**

**Facilitator note:**

If COVID protocols are in place, the facilitators DO NOT TOUCH the beans / stones / pens. The household are a unit but as a COVID preventive measure, this avoids household intermingling (facilitator / family members) through touching objects.

### Round 2 Guiding questions

Repeat the THM grid discussions including the 'Why and What if?' questions. Relate these questions to the responses in the grid.

### Round 1 Guiding questions: Why and What if?

**WHY?**

When each family member has placed their stones per row in the section ask:

- "What do you eat daily?" elicit some ideas of WHY this is
- Why do some members of the family eat meat / vegetables / staples / fruit / milk / eggs and some not?
- Follow up with further WHY questions as people respond to understand the influencing beliefs / attitudes / norms
- Encourage different family members to speak

When each family member has placed their stones in the section ask:

- "How often do you eat?" elicit some ideas of WHY this is?
- Why do some members of the family eat more often / less?

**The facilitator notes down the responses. See guidance on page 18.**

**WHAT IF?**

- What if the children do not eat vegetables?
- What if dad does not eat any meat?
- What if mum is pregnant and she eats once a day?

**Facilitator note:**

Relate these questions to the responses in the grid. The above is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the 'what if' questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

### Access and Control

**WHY?**

- When each family member has placed their stones per row in the section "Access and Control?" elicit some ideas of WHY this is.

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- Why does Dad pay for the food?
- Why does Mum decide what to eat and buy the food?
- Why do Mum and Daughter prepare the food?
- Why does Dad eat first?
- Why does Mum eat last?

### WHAT IF?

- A woman is pregnant?
- A woman is lactating / nursing?

#### **Facilitator note:**

Relate these questions to the responses in the grid. As above, this is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the 'what if' questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

For analysis, it is important to note whether the person speaking is the grandfather / grandmother, mother / father, boy / girl, if anyone is pregnant, a teenage mum, a family member has a disability as we are looking at family dynamics.

As part of the discussion, elicit responses to the question:

#### **How do you feel?**

- If you don't have any meat / vegetables / staples / fruit / milk
- If you miss a meal?
- If you need to wait to eat?

#### **Facilitator note:**

Referring to the facilitator skills, remain aware of body language and mood and ready to diffuse a situation if one member of the family is feeling 'accused' or defensive. In the process of the THM discussions, talking about feelings can be helpful as family members may be so used to a 'traditional norm', they may not have considered how another person actually feels about it. Never direct a question to any participating person. A technique you can use is to depersonalise the scenario – 'what if a person misses a meal, how would they feel?' to avoid tension.

#### **Key questions:**

In your family, a) have you made any changes b) if so, why c) if not why not, in the following:

- What you eat
- How much
- How often
- Who decides what to eat

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- Who buys the food
- Who pays for the food
- Who prepares the food
- Who eats first / last

Relating to food in your family, has anything happened that you do not like?  
(Unintended consequences)

### Action planning:

- At the end of the discussion, the household members can see a visual representation of what they have discussed.
- Elicit from the family members if they have any questions or comments
- Elicit from the family members if there is anything they would like to now do or change because of the discussions
- Ask a family member to add / change their existing action plan if they wish
- Do not tell the family what to do, even if they have one idea, which is OK.
- **Take a photo of the grid with the family ID code and the number of beans written on the grid and leave the grid with the family.**
- **Take a photo of the action plan with the family ID code and leave the action plan with the family.**

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### Round 3 Set-Up

**Time:** 3-4 hours depending on the level of understanding of household members and facilitation skill.

**Target groups:** All household members.

**Medium of instruction:** Local language. Speak slowly and clearly so everyone can understand. Use sign language if required to ensure everyone is included.

**Training site:** For THM training the training site will be in the village with the selected household from the group members. Take into consideration the safety, access to bathrooms and accessibility of the selected places to ensure that people with different disability can participate in the training as well.

#### Materials needed:

- Consent form (including ethics statement)
- Box of pens (so that a household member can take one from the box to sign the consent form and keep it, so minimising multiple contact of objects)
- Prepared grid drawn on a flip chart paper to leave with the family
- Pack of beans (in case there are not enough small stones in the compound) or locally available materials such as gravel or seed
- Camera / phone to take a picture of the completed grid (not the family members)
- Notebook to record the discussions
- Flipchart paper and pen to draw / write a family action plan (the family keeps the pen to minimise multiple contact of objects)
- Print outs of annex 1, 2, 3, 4 and 5

#### Methodology:

A participatory training methodology will be used based on adult learning principles.

- The facilitator prepares in advance the grid on a flip chart paper. See photograph on page 19 and completed example in Annex 1. Remember to read out and repeat the headings where people are illiterate or use drawings.
- As a household unit, each family member can place 15 beans or small stones across the columns for men, women, girls, boys according to, for example, if they eat meat daily and how much. For example, a person may put 6 beans in the column for 'man', 0 in the column for 'woman' and 2 in the column for 'girl' meaning that the woman does not eat meat on a daily basis, the man and girl do but the man eats more. Each person does it as opinions vary. A child might think the father eats meat every day, whereas the father does not think so.
- **If you are using this tool with multiple families and want to analyse the results you will need to adjust the number of beans to 15 per food type, distributed across the family members by the household. This is to allow for households to be grouped in terms of composition and averages to be calculated for each food type.**



**Facilitator note:**

The facilitators DO NOT TOUCH the beans / stones / pens. The household are a unit but as a COVID preventive measure, this avoids household intermingling (facilitator / family members) through touching objects.

**Round 3 Guiding questions:**

Repeat the THM grid discussions including the 'Why and What if?' questions. Relate these questions to the responses in the grid.

**Round 1 Guiding questions: Why and What if?****WHY?**

When each family member has placed their stones per row in the section ask:

- "What do you eat daily?" elicit some ideas of WHY this is
- Why do some members of the family eat meat / vegetables / staples / fruit / milk / eggs and some not?
- Follow up with further WHY questions as people respond to understand the influencing beliefs / attitudes / norms
- Encourage different family members to speak

When each family member has placed their stones in the section ask:

- "How often do you eat?" elicit some ideas of WHY this is?
- Why do some members of the family eat more often / less?

**The facilitator notes down the responses. See guidance on page 18.**

**WHAT IF?**

- What if the children do not eat vegetables?
- What if dad does not eat any meat?
- What if mum is pregnant and she eats once a day?

**Facilitator note:**

Relate these questions to the responses in the grid. The above is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the 'what if' questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

**Access and Control****WHY?**

- When each family member has placed their stones per row in the section "Access and Control?" elicit some ideas of WHY this is.
- Why does Dad pay for the food?

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- Why does Mum decide what to eat and buy the food?
- Why do Mum and Daughter prepare the food?
- Why does Dad eat first?
- Why does Mum eat last?

### WHAT IF?

- A woman is pregnant?
- A woman is lactating / nursing?

#### **Facilitator note:**

Relate these questions to the responses in the grid. As above, this is to understand beliefs, attitudes and norms. It is not at this point to start nutrition training on the benefits of good nutrition, consequences of poor nutrition. Reference the feedback loop above, the 'what if' questions can feed into the learning circles where there is opportunity to share nutrition knowledge.

**The facilitator notes down the responses. See guidance on page 18.**

For analysis, it is important to note whether the person speaking is the grandfather / grandmother, mother / father, boy / girl, if anyone is pregnant, a teenage mum, a family member has a disability as we are looking at family dynamics.

As part of the discussion, elicit responses to the question:

#### **How do you feel?**

- If you don't have any meat / vegetables / staples / fruit / milk
- If you miss a meal?
- If you need to wait to eat?

#### **Facilitator note:**

Referring to the facilitator skills, remain aware of body language and mood and ready to diffuse a situation if one member of the family is feeling 'accused' or defensive. In the process of the THM discussions, talking about feelings can be helpful as family members may be so used to a 'traditional norm', they may not have considered how another person actually feels about it. Never direct a question to any participating person. A technique you can use is to depersonalise the scenario – 'what if a person misses a meal, how would they feel?' to avoid tension.

#### **Key questions:**

In your family, a) have you made any changes b) if so, why c) if not why not, in the following:

- What you eat
- How much
- How often
- Who decides what to eat
- Who buys the food

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- Who pays for the food
- Who prepares the food
- Who eats first / last
- How does this change throughout the year?
- Relating to food in your family, has anything happened that you do not like? (Unintended consequences)



*Group transformative household methodology session in Ethiopia*

### Action Planning:

- At the end of the discussion, the household members can see a visual representation of what they have discussed.
- Elicit from the family members if they have any questions or comments.
- Elicit from the family members what they feel the challenges and solutions are to ensuring each family member has a diverse and nutritious diet.
- Elicit from the family members if there is anything they would like to now do or change because of the discussions.
- Ask a family member to draw or write any actions they would like to take.
- Do not tell the family what to do, even if they have one idea, which is OK.
- **Take a photo of the grid with the family ID code and the number of beans written on the grid and leave the grid with the family.**
- **Take a photo of the action plan with the family ID code and leave the action plan with the family.**

### Round 3 Final discussion:

At the end of round 3 discussions, explain the next steps to the families:

- If they are part of a number of households utilising the tool: the ideas recorded in the discussions of all families will be collated
- We hope the discussions have helped you to understand how your family manages food, and it's benefit for everyone in the family to ensure all household members, always have adequate food, based on their needs. If we understand

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why there are differences, and what makes people change, this will help to plan in the future.

- Representatives of some families will be invited to a meeting to hear about the results of the discussions.
- We hope that you can use your action plans to benefit your family and that you have found the process useful.
- Thank you for giving your time and sharing your ideas, which we hope will help other families in the future.

## Module Five: Focus Group Discussions (Step by Step)

A set of key questions developed to guide discussions in single sex and mixed groups on key themes emerging from the THM household discussions. Full details below.

### Objectives:

- After each round of THM discussions, the project facilitators will conduct a Focus Group Discussion (see guided questions below).

**Time:** One hour per focus group depending on the level of understanding of group members and facilitation skill.

**Composition of the groups:** Representatives of households taking part in the research. Two groups of women, two groups of men, and two mixed groups. Six to eight participants per group.

**Medium of instruction:** Local language. Speak slowly and clearly so everyone can understand. Use sign language if required to ensure everyone is included.

**Schedule and Location:** The Focus Group Discussions take place after each round of THM discussions at household level (x3). The meeting takes place outside in a compound, adhering to physical distancing rules and Government guidance. Take into consideration the safety, access to bathrooms and accessibility of the selected places to ensure that people with different disability can participate in the focus group as well.

### Materials needed:

- Consent form (including ethics statement)
- Box of pens (so that group members can take one from the box to sign the consent form and keep it, so minimising multiple contact of objects)
- Notebook to record the discussions
- Flipchart paper and pen to draw / write if needed
- Print outs of annex 6, 7, 8 and 9

### Methodology:

- The facilitator reads the purpose of the meeting from the consent form and asks the leader of the group to sign the consent form (taking the pen from the box and keeping it) on behalf of the group.
- The facilitator guides the discussion using the following key questions and the facilitator notes the responses.
- Reference the facilitation skills used during the THM discussions.

### Note taking guidelines for the Focus Group Discussion:

- Write the responses to each of the questions asked, not a summary
- Write what you hear, not a summary, or 'they disagreed', not from your own knowledge and experience.
- Note who is speaking. The woman said, boy, girl, etc and if the person has any specific needs (elderly grandmother, teenage mother, person with a disability)
- As the reporter, do not judge, criticise, or disagree with the responses.

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- If the response is not clear, ask to repeat or explain.
- Note down your observations. If it appears difficult for the woman / children to speak, note it down.

### Round 1:

- Why do different family members (men, women, girls and boys, elderly, young mothers, people / children with disabilities) eat different food types (meat, milk, vegetables, etc)?
  - What are the beliefs behind this?
  - What are the consequences?
  - Who makes these decisions?
- Why do different family members (men, women, girls and boys, elderly, young mothers, people / children with disabilities, extended family, adopted children, dependents) eat more or less, first or last?
  - What are the beliefs behind this?
  - What are the consequences?
  - Who makes these decisions?
- Following the recent discussions, have you made any changes in your family about what and how you eat? (For example, sharing food, sharing different types of food, making sure each family has access to meat and dairy, sharing chores for food preparation, etc)
  - Why do you think this happened (motivating factors)?
  - What do you think is different now? (Both positive and negative)
  - What else do you hope will change in the future?
- Some of the common beliefs / barriers / triggers stated in the THM discussions include.....X,Y,Z – open discussion for comments and / or dig deeper into one of the more frequently mentioned themes.
- Do you have any comments, questions, or recommendations?
- How do your neighbours and community react to your new lifestyle? Is it positive or negative? And how are you handling the reaction? (this question will capture reactions from community members who have not been exposed to the THM discussions)
- Do you have a plan to share this with your neighbours? And if yes, how? (this question contributes to scaling up of the THM tool within a community)

Thank you for your time and participation.

Explain the next steps: they will continue with the monthly learning circles and take part in another household discussion.

### Round 2:

- There have now been 2 discussions with your family. Can you share a) if you have made any changes b) if so why, what made it happen? C) if not why not, what are the barriers, in the following:
  - What you eat
  - How much
  - How often



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- Who decides what to eat
- Who buys the food
- Who pays for the food
- Who prepares the food
- Who eats first / last
- Some of the common beliefs / barriers / triggers stated in the THM discussions include.....X,Y,Z – open discussion for comments and / or dig deeper into one of the more frequently mentioned themes.
- Relating to food in your family, has anything happened that you do not like? (Unintended consequences)
- What kinds of actions do you have in your family action plan?
- Do you have any comments, questions or recommendations?
- How do your neighbours and community react to your new lifestyle? Is it positive or negative? And how are you handling the reaction? (this question will capture reactions from community members who have not been exposed to the THM discussions)
- Do you have a plan to share this with your neighbours? And if yes, how? (this question contributes to scaling up of the THM tool within a community).

Thank you for your time and participation.

Explain the next steps: they will continue with the monthly learning circles and take part in another household discussion.

### Round 3:

- There have now been 3 discussions with your family. Can you share a) if you have made any changes b) if so why, what made it happen? C) if not why not, what are the barriers?
- What benefits or challenges do you anticipate from working to eat more equitably?
- Do you feel everyone can eat equitably? Why or why not?
- What do you think are the benefits of every member of the household eating equitably / fairly?
- What are the challenges of every member of the household eating equitably / fairly?
- Some of the common beliefs / barriers / triggers stated in the THM discussions include.....X,Y,Z – open discussion for comments and / or dig deeper into one of the more frequently mentioned themes.
- Relating to food in your family, has anything happened that you do not like? (Unintended consequences)
- What kinds of actions do you have in your family action plan?
- Do you have any comments, questions or recommendations?
- How do your neighbours and community react to your new lifestyle? Is it positive or negative? And how are you handling the reaction? (this question will capture reactions from community members who have not been exposed to the THM discussions)
- Do you have a plan to share this with your neighbours? And if yes, how? (this question contributes to scaling up of the THM tool within a community)



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Thank you for your time and participation.

### Explain the next steps to the community:

- The ideas recorded in the discussions of all the families will be collated.
- We hope to understand more how families manage food, and if some members of the family may need to be eating more or different foods for good health and nutrition. If we understand why there are differences, and what makes people change, this will help to plan in the future.
- We will share this knowledge with organisations and make recommendations of how we can do our work better so that family members can eat what they need and improve their health and nutrition.
- Representatives of some families will be invited to a meeting to hear about the results of the discussions.
- We hope that you can use your action plans to benefit your family and that you have found the process useful.

Thank you for giving your time and sharing your ideas, which we hope will help other families in the future.



*Family tending to their kitchen garden together in Ethiopia*

### Module Six: Learning Circles (Step by Step)

To reinforce the individual household discussions, a learning circle is a regular group level discussion where participants share and learn information, guide their own learning, raise awareness amongst each other and reinforce positive change.

#### **Objectives:**

- To share knowledge, experiences and ideas relating to food, consumption, access and control, gender
- To guide learning according to the needs and interests of the group
- To provide peer support and mutual reinforcement

**Time:** 1-2 hours depending on the level of understanding of group members and facilitation skill.

**Composition of the groups:** One member of each participating household, with a maximum of 10 people per learning circle. The family decides who will take part in the learning circle. The facilitator will encourage both men and women and different age groups to take part.

The facilitators attend the meetings, but leadership is through the peer elected Nutrition Inclusion Champion. The election of the Nutrition Inclusion Champion is included in the methodology.

**Medium of instruction:** Local language. Speak slowly and clearly so everyone can understand. Use sign language if required to ensure everyone is included.

**Schedule and location:** The group meets on a monthly basis and chooses a convenient day and time (maximum 2 hours). Location is at the home of one of the households and can rotate. Take into consideration the safety of the site and access to bathrooms. Take consideration of any members with a disability so that they can access the meeting point.

#### **Materials needed:**

- Consent form (including ethics statement)
- Box of pens (so that group members can take one from the box to sign the consent form and keep it, so minimising multiple contact of objects)
- Notebook to record the discussions.
- Flipchart paper and pen to draw / write if needed.
- Print outs of annex 10 and annex 11

#### **Methodology:**

1. Representatives of participants set up learning circles which are to meet on a monthly basis.
2. The group elects their facilitator / nutrition champion and chose which topics they wished to discuss.

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3. Topic examples:
  - Gender and nutrition, Self-reliance and nutrition, Hygiene and nutrition, Budgeting and nutrition, Malnutrition, Types of food to eat, Food preservation, Farming and nutrition, What work should different household members do?, How to treat and feed visitors, How to take care of and feed children.

The group elects a leader, a **Nutrition Inclusion Champion**, who will:

- Facilitate the discussions.
- Ensure that all members are actively participating.
- Guide the group in choosing their learning topics for each monthly meeting.
- Link with the facilitator to support knowledge input. For example, inviting a government nutrition worker to speak to the group, inviting a gender awareness speaker.
- Get feedback from the group about any changes they are making, challenges they are facing relating to food and nutrition consumption.
- The group may wish to develop their own action plan.

## Feedback Loop with Learning Circles

Following rounds 2 and 3 of the THM sessions add a feedback loop to the months learning circle.

Note some of the most common beliefs, barriers and triggers, as key questions in the Focus Group Discussion and for discussion in the Learning Circles.

1. Use the same reporting templates as for the THM sessions, annex 3, 4, and 5. (grid, photo, narrative per individual family and summary)
2. In addition, report on the question:
  - a. Relating to food in your family, has anything happened that you do not like? (Unintended consequences)
3. Complete the action planning section in more detail, covering the following key questions around societal support.

In your family:

- What changes seem to be easiest to make?
- What changes are approved of by your family and peers?

## Module Seven: Reporting

Each tool has its own reporting process.

### **THM discussions:**

For each of the 3 rounds of discussions you will have the following outputs:

- THM grid in a word format + photo per household (annex 1)
- Narrative report of the discussions per household (annex 3)
- Summary report of the discussions per household (annex 2 and 4)
- For all 3 rounds an Excel summary of the discussions where responses are grouped into themes and can be filtered by gender
- Summary of household action planning and triggers

The facilitators complete the reports and can then share with other organisational staff to support with data cleaning and analysis.

### **Focus Group Discussions:**

- Narrative report of each focus group discussion (6) after each round of THM discussions (3) (annex 8)
- Summary report of all 6 discussions after each round (annex 9)

The facilitators complete the reports and can then share with other organisational staff to support with data cleaning and analysis.

### **Learning Circles:**

- Tracking template of schedules, location, and topics discussed by the learning circles (annex 10)
- Summary report of learning circles (annex 11)

The facilitators complete the tracking template and summary report.

### **Activity plans:**

The action plan is formed from listening to the activities discussed and assigning a responsible person and implementation timeline.

Actions plans will be left with the family so that they can implement the changes.

#### **Example:**

At household level the action plan could be that a father will help with washing clothes. The time or frequency could be 2 days in a week.

During focus group discussions the members will list actives that came out as action and assign a responsible person and time to implement.

### **Community feedback:**

After finishing the training, it is important to ask the household members the following questions:

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- What did you feel about the exercise?
- What did you learn?
- Give us your suggestion for improvement?

Write down the answers and include in your report.

## Module Eight: How to Conduct the Analysis

You can use the information collected to explore various questions. The original THM tools are based on a discussion with one family type, namely man, woman, boy, girl. However, households are less homogenous, multi-generational, complex, and dynamic. Using these tools for quantitative data has less rigour because of the fluidity of family situations. The qualitative data collected through the discussion element of the tool is more consistent.

### Quantitative Data - THM bean data

#### Key Questions:

- A comparative % amongst men, women, young mothers, grandparents, girls, and boys of daily intake of food type diversity (meat, vegetables, dairy, staples, milk)
- A comparative % amongst men, women, young mothers, grandparents, girls, and boys of daily frequency of eating (once, twice a day)
- A comparative % amongst men, women, young mothers, grandparents, girls, and boys of access to and control of food (payment, purchase, decision making, preparation, family status in when to eat)

Adapt these key questions to the project context you are working in, for example if you are working with specific ages groups such as infants or adolescents.

#### A single household:

1. For a single household compare the changes in bean allocation to family members for each food type, from round one, two and three of the THM discussions. You will then be able to see if there have been any increases or decreases in each family members access to each food type.
2. Then compare the daily frequency of eating and members access to and control of food for each round to see if there are any changes.

#### More than one household:

1. If you are working with several households, you can group households depending on membership construction. We noted four key variations as to membership construction and grouped households into family 'types' as follows:
  - A. Type A: mum / dad / boys / girls
  - B. Type B: both grandparents, young mother, boys, and girls
  - C. Type C: man, woman, young mother, boys, and girls
  - D. Type D: grandmother, boys, and girls



### **Analysis note:**

You may find differing constructions within households in your programme. The tool was adapted to hear the voice of the older generation and younger, teenage mums and visualise any power dynamics. For example, who has control in the household amongst the female members of a family (mother / mother-in-law / grandma). This is of interest in a programming scenario where young mothers participate in nutrition training but do not have control in the household, as the grandma / mother-in-law does.

2. Once you have grouped into household types you can calculate averages for each food type for each category of person in the household type.
3. Do this for each round of THM so that you have a grid of averages for each round and then create visual graphs so that any changes can be picked out.
4. The food types can be placed into food groups: protein, carbohydrate, dairy and fruit and vegetables so that average intake of each food group can be calculated. The change over the THM discussions towards equitable consumption can then be calculated.
5. Calculate the average % bean share for each category of person in the household type and create a graph to visualise any changes. This is the % of the total number of beans possible (if one family member ate all of the share of each food group), which is  $15 \times$  the number of food groups ( $15 \times 7 = 105$ )
6. Then compare the daily frequency of eating and members access to and control of food for each round to see if there are any changes.

### **Analysis note:**

Household membership was more fluid over the research project timeframe than was anticipated. You may find that you are unable to take averages for some household types.

## **Qualitative Data - discussion comments**

### **Key Questions:**

- What are the beliefs behind the family food behaviours?
- What are the barriers to equitable consumption?
- What are the triggers / motivating factors for change to more equitable food diversity, frequency, access and control?

Comments collected during the THM discussions, learning circles and focus group discussions can be grouped according to the theme of Access and Control, Payment and Purchase, Preparation, Eating First, whether they were stated by a male or female and whether they were a positive or negative belief or tradition.

Using your narrative reports, code the comments using the following system (or adapt to your needs):

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Comment theme	Belief / Barrier / Feeling / Unintended consequence / Trigger for change / Change / Future action
Tone of comment	Positive / Negative
Gender	Male / Female
Category	Access & control / Eats first / Food levels / Payment & purchase / Preparation

Table 2: Comment coding system

### **Analysis note:**

Categorizing into positive or negative for analysis is subjective on the part of the reporter and depends on whose perspective. The parameter is, therefore, positive, or negative relating to the possibility of equitable consumption of diverse and nutritious food.

Coding the comments will allow you to group similar comments and draw out common themes over each round of discussions. Create a table of comments for each THM, focus group and learning circle. Many statements are repeated amongst family members and different households. In selecting common statements, we can build a picture of prevalent beliefs and traditions affecting equitable diverse and nutritious food consumption.



### Module Nine: How to Use the Information/Next Steps

Adapting THM to give a nutrition focus works to increase equitable food consumption. Within Ripple Effect, this research can be used as evidence for the importance of using participatory tools at household level. Participatory tools give the space for families to discuss their gender dynamics and decide on any actions they wish to take.

The results also add to Ripple Effect's evidence base on how our projects impact family nutrition, strengthening our funding proposals and ability to secure future funds to deliver further nutrition focused programmes.

The THM for Gender & Nutrition methodology could also be readapted and used as a research tool, in community assessments to add to the understanding of why certain areas have more cases of malnutrition than others. The THM for Gender & Nutrition methodology could therefore be added to Ripple Effect's suite of community assessment tools that staff can choose from based on a community's specific context.

We have learnt that the THM is versatile and could be readapted to other areas of gender analysis, such as Sexual Reproductive Health Rights (SRHR). These tools can also complement other clinical programmes improving nutrition by adding a focus on the importance of dialogue, gender and inclusion into learning and development. These learning and adaptations can be used across all of Ripple Effect's six country programmes and in programmes where Ripple Effect is partnering with other organisations.

- Proactively take into account the gender dynamics in developing and implementing nutrition programmes
- Use participatory tools at household level to open up discussion and encourage action planning
- Involve different family members. They have different opinions, roles and influences and the process encourages the family to come together
- Train facilitators for sensitive discussions, to avoid conflict, remain objective and non-judgmental and who can guide discussion to enable the family to make their own decisions

Significant change can be evidenced using the THM tools. However, change is not easy and making changes relating to tradition and culture takes courage, sensitivity and takes time.

We are sharing the THM for Gender & Nutrition toolkit to raise awareness and encourage the use of participatory tools at household level to give the space for families to discuss their gender dynamics and decide on any actions they wish to take. These tools can complement other clinical programs improving nutrition by adding the importance of dialogue into learning and development.

## ANNEXES

### Annex 1: Example of a completed grid following a THM discussion

Food behaviours	Men	Women (could be pregnant, lactating mothers)	Girls (could be teenage / young mothers)	Boys
	<b>Note if anyone has a disability and what kind or any elderly grandparents</b>			
<b>What do you eat daily?</b>				
Each family member has 15 beans or small stones and allocates them across the columns for men, women, girls, boys according to how much they eat of meat, vegetables, staples, etc.				
Meat	Xxxxxxxx (8)	xxx	xx	xx
Vegetables	Xxxxxx (6)	xxx	xxx	xxx
Staples (rice, nshema)	Xxxxx (5)	xxxx	xxx	xxx
Fruit	Xx (2)	xx	xx	xxx
Milk			xxx	Xxxxxxx (7)
Eggs	Xx	xx	xx	xx
Other?				
<b>Diversity total</b>	<b>22</b>	<b>14</b>	<b>15</b>	<b>20</b>
<b>How often do you eat?</b>				
Once				
Twice		x	x	x
3 times	x			
<b>Frequency</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>
Who decides what you eat?		x		
Who buys what you eat?		x		
Who pays for what you eat?	x			
Who prepares what you eat?		x	x	
Who eats first?	x			
Who eats last?		x		
<b>Access and Control</b>	Dad pays for food and eats first	Mum decides what to eat, buys food, prepares food and eats last	Daughter prepares food	No input but eats

Table 3: Example of a completed grid from a THM discussion

Annex 2: Example facilitator notes summary

Facilitator Note

Example summary:

**Dad:** Eats meat, vegetables, and staples daily, eats 3 times a day, pays for food and eats first

**Mum:** Eats vegetables and staples on a daily basis, eats 2 times a day, decides what to eat, buys food, prepares food and eats last

**Daughter:** Eats vegetables, staples, and fruit on a daily basis, eats 2 times a day and prepares food

**Son:** Eats meat, vegetables, staples, fruit and milk daily, eats 2 times a day.

NB: From this example, we can see that:

- The woman decides what to eat, buys and prepares food
- The children have no control over what they eat and when
- It depends on the resources the man has or allocates to pay for food

This information (anonymous) is part of the feedback loop with the learning circles.

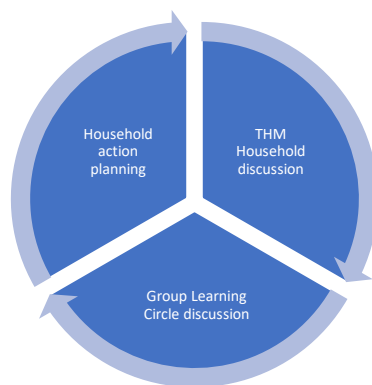


Figure 1: Diagram of the learning circle feedback loop

- In the household discussion there is a visual representation of what, when and how people eat.
- In the learning circles, there is discussion, for example on the importance of knowledge on nutritional values and preparation for the man (as he allocates resources), the woman (as she decides what to eat, buys, and prepares food and the children are dependent on her for their nutrition).
- This may then influence the action planning which is part of the household discussion.

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### Annex 3: Narrative template for THM discussions

<b>Round 1</b>	
<b>Name / Code and location of household</b>	
<b>Date</b>	
<b>Name of facilitator and intern</b>	
Responses during discussions – to be completed <b>DURING</b> the discussion	Summary to be completed <b>AFTER</b> the discussion and in reviewing / analysing the responses on the left
<p><b>NB: Note the gender of the person who is responding (M = man, W = woman, etc)</b></p> <p><b>Diversity and Frequency of food consumption</b></p> <p>WHY questions</p> <p>WHAT IF questions</p> <p><b>Access and Control</b></p> <p>WHY questions</p> <p>WHAT IF questions</p> <p><b>Feelings</b></p> <p><b>Action Planning</b></p>	<p>What beliefs / traditions / cultures did the family mention? If someone says “it’s the tradition”, we are trying to understand why they think it is tradition (WHY questions).</p> <p><b>NB: Note the gender of the person who stated the belief</b></p> <p>What barriers / challenges to eating equitably did the family mention? <b>NB: Note the gender of the person who stated the barrier</b></p> <p>What are the triggers? What makes people change?</p> <p><b>NB: Note the gender of the person who stated the barrier</b></p>

Table 4: Narrative template for THM discussions

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### Annex 4: Summary template for each round of THM discussions

To note, for analysis, it is important to note whether the person speaking is the grandfather /grandmother, mother / father, boy/girl, if anyone is pregnant, a teenage mum, a family member has a disability as we are looking at family dynamics

Key questions	Themes
What beliefs / traditions / cultures did the family mention <b>NB: Note the gender of the person who stated the belief</b>	Group the beliefs / traditions /cultures from the 50 families into themes and according to male/female. If many people say the same thing, it is not necessary to write it every time but indicate how many people said it.  Theme 1: Write the examples in this theme Men Women  Theme 2: Men Women  Etc
What barriers / challenges to eating equitably did the family mention <b>NB: Note the gender of the person who stated the barrier</b>	Group the barriers / challenges from the 50 families into themes and according to male/female. If many people say the same thing, it is not necessary to write it every time but indicate how many people said it.  Theme 1: Write the examples in this theme Men Women  Theme 2: Men Women  Etc
What are the triggers / what makes people change?	Group the triggers for change from the 50 families into themes and according to male/female.
What kinds of feelings did people express?	Group the feelings expressed from the 50 families into themes and according to male/female.
What are the actions for change people have identified?	Group the actions for change from the 50 families into themes and according to male/female.

Table 5: Summary template to use for each round of the THM discussions

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### Annex 5: Summary Template of changes within households

Round 1		Round 2		Round 3	
Changes / Evidence of change	Triggers	Changes / Evidence of change	Triggers	Changes / Evidence of change	Triggers

Table 6: Template to summarise changes made within households

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### Annex 6: Example of a consent form for focus group discussions

**This is an example of a type of consent form that could be used if necessary for your programme**

Good morning/Good afternoon. How are you today? My name is ..... I am here on behalf of Ripple Effect, an organization that works to improve the wellbeing of vulnerable people in Zambia.

#### **Purpose**

We are conducting this study to find out information that will help Ripple Effect plan and provide services to improve the wellbeing of children and vulnerable adults.

We have requested you to participate in our study exploring the connection between gender and food and nutrition in Zambian households.

The study will be conducted through 3 participatory activities at household level and at group level in monthly learning circles. This activity is a Focus Group Discussion. It will take approximately 1 hour. We are holding discussions with 6 different groups.

#### **Benefits**

There are no material benefits you are getting as a result of your participation in the study, but we hope that the discussions you have with your families and learning circle members contribute to your family's wellbeing and that the issues you raise and suggestions you give will be taken up by Ripple Effect to ensure that it works better to protect children and vulnerable adults.

#### **Potential risks**

There is no major risk that you will be exposed to, but some questions may make you uncomfortable.

#### **Voluntary participation**

Kindly note that taking part in this study is up to you and no one will be upset if you don't want to participate. Even if you agree to participate, but half way through the discussion you change your mind, nobody will be upset. You can ask me to stop the discussion at any time. It is also okay if you do not want to answer any particular question you find uncomfortable.

#### **Confidentiality and privacy**

Data collected from this study will be used to write a research report for Ripple Effect, and will be used to design projects. These results may inform the development of further research on the subject. It may also be used to create academic publications.

The information we get from you will not be accessed by anyone outside the study and Ripple Effect project teams and the records will be kept in a locked place. Although your views may be used in the report, your personal details will not be included. Your identity will not be revealed to anyone other than the person facilitating the session. You are free to withdraw from the study at any time if you feel uncomfortable or unwilling to participate, and you do not have to specify a reason.

#### **COVID-19**

To be able to hold the meeting, you and your family and the facilitator and intern MUST adhere to Government guidelines and the Standard Operating Procedures to prevent

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and protect against the transmission of COVID 19. This means that we will keep our distance, wash our hands, and wear our masks.

**Questions**

You can ask any questions that you have about the study before we start. If you have a question later that you didn't think of now, you can call me on ..... or call our office on Telephone Number .....and the Country Contact Person will explain more about this study to you.

I have read or received explanation on the content of this Consent Form and I have been encouraged to ask questions. I have received answers to all the questions.

**I agree to participate in this discussion? YES ----- (Elicit signature) NO-----  
(Thank the respondent and terminate the discussion)**

**Location**

\_\_\_\_\_ **Date** \_\_\_\_\_  
Signature/Thumbprint of Consenting Participant Printed Name of  
Consenting Participant

**I will now write your names on the attached registration sheet as a confirmation of acceptance to participate in the discussion.**



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**Annex 7: Registration sheet for focus group discussion participants**

**Date.....Number of participants.....**

<b>Names of participants</b>	<b>Male</b>	<b>Female</b>	<b>Disability</b>	<b>Age range (use country specific ranges)</b>	<b>Signature/Thumbprint</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

*Table 7: Registration sheet for focus group discussion participants*

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### Annex 8: Focus group discussion reporting template

**Discussion 1** - To link with the attendance sheet and consent forms below  
**Indicate in the left-hand column if responses are from men or women**  
**Use country specific age ranges**

M/F	Age range	Name and Location of the group	
		<b>Date</b>	
		<b>Focus Group Discussion 1</b>	
		Why do different family members (men, women, girls and boys, people / children with disabilities) eat different food types	
		Beliefs?	
		Consequences?	
		Why do different family members (men, women, girls and boys, people / children with disabilities) eat more or less, first or last?	
		Beliefs?	
		Consequences?	
		What changes have you made in your family about what and how you eat and what motivated this?	
		What do you think is different now? (Both positive and negative)	
		Comments on discussion of key themes from the THM discussions	
		Comments, questions or recommendations?	

Table 8: Focus group discussion reporting template for discussion one

**Discussion 2** - To link with the attendance sheet and consent forms below  
**Indicate in the left-hand column if responses are from men or women**  
**Use country specific age ranges**

M/F	Age range	Name and Location of the group	
		<b>Date</b>	
		<b>Focus Group Discussion 2</b>	

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M/F	Age range	Name and Location of the group	
		What changes have you made in your family about what and how you eat and what motivated this?	
		Change / why you did it	
		If you have not made any changes, why is this and what are the barriers?	
		Why?  Barriers	
		Comments on discussion of key themes from the THM discussions	
		Relating to food in your family, has anything happened that you do not like? (Unintended consequences)	
		What kinds of actions do you have in your family action plan?	
		Comments, questions or recommendations?	

Table 9: Focus group discussion reporting template for discussion two

**Discussion 3** - To link with the attendance sheet and consent forms below  
**Indicate in the left-hand column if responses are from men or women**  
**Use country specific age ranges**

M/F	Age range	Name and Location of the group	
		<b>Date</b>	
		<b>Focus Group Discussion 3</b>	
		What changes have you made in your family about what and how you eat and what motivated this?	
		Change / why you did it	
		If you have not made any changes, why is this and what are the barriers?	
		Why?  Barriers	

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M/F	Age range	Name and Location of the group	
		What do you think are the benefits of every member of the household eating equitably / fairly?	
		What are the challenges of every member of the household eating equitably / fairly?	
		Comments on discussion of key themes from the THM discussions	
		Relating to food in your family, has anything happened that you do not like? (Unintended consequences)	
		What kinds of actions do you have in your family action plan?	
		Comments, questions, or recommendations?	

Table 10: Focus group discussion reporting template for discussion three

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### Annex 9: Focus group discussions summary template

Key questions	Themes
<p>What beliefs / traditions / cultures did the group mention <b>NB: Note the gender of the person who stated the belief</b></p>	<p>Group the beliefs / traditions /cultures from the 6 Focus Group Discussions into themes and according to male/female. If many people say the same thing, it is not necessary to write it every time but indicate how many people said it.</p> <p>Theme 1: Write the examples in this theme Men Women</p> <p>Theme 2: Men Women</p> <p>Etc</p>
<p>What are the consequences of eating equitably or not? <b>NB: Note the gender of the person</b></p>	<p>Group the consequences from the 6 Focus Group Discussions into themes and according to male/female. If many people say the same thing, it is not necessary to write it every time but indicate how many people said it.</p> <p>Theme 1: Write the examples in this theme Men Women</p> <p>Theme 2: Men Women</p> <p>Etc</p>
<p>What changes have people made?</p>	<p>Group the changes from the 6 Focus Group Discussions into themes and according to male/female.</p>
<p>What are the triggers / what makes people change?</p>	<p>Group the triggers for change from the 6 Focus Group Discussions into themes and according to male/female.</p>
<p>What if there is no change at all, why is this?</p>	<p>Group the reasons for no change from the 6 Focus Group Discussions into themes and according to male/female.</p>
<p>What are the barriers to change?</p>	<p>Group the barriers to change from the 6 Focus Group Discussions into themes and according to male/female.</p>

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Key questions	Themes
What do you think are the benefits of every member of the household eating equitably / fairly?	Group the benefits of eating equitably from the 6 Focus Group Discussions into themes and according to male/female.
What are the challenges of every member of the household eating equitably / fairly?	Group the challenges to eating equitably from the 6 Focus Group Discussions into themes and according to male/female.
Comments on discussion of key themes from the THM discussions	Themes
Relating to food in your family, has anything happened that you do not like? (Unintended consequences)	List
What are the actions for change people have identified in their plans?	Group the actions for change from the 6 Focus Group Discussions into themes and according to male/female.
Comments, questions, or recommendations?	Group the recommendations from the 6 Focus Group Discussions into themes

Table 11: Focus group discussions summary template

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### Annex 10: Learning circle tracking template

	Nov 20	Dec 20	Jan 21	Feb 21	March 21	April 21	May 21	June 21	July 21
<b>Learning Circle 1 – Name of Nutrition Inclusion Champion</b>	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location
<b>Learning Circle 2 – Name of Nutrition Inclusion Champion</b>	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location
<b>Learning Circle 3 – Name of Nutrition Inclusion Champion</b>	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location
<b>Learning Circle 4 – Name of Nutrition Inclusion Champion</b>	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location
<b>Learning Circle 5 – Name of Nutrition Inclusion Champion</b>	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location	Topic Date and Location

Table 12: Learning circle tracking template



## Transformative Household Methodology for Gender & Nutrition

### Annex 11: Learning circle reporting template

<b>Location of Learning Circle</b>	
<b>Date</b>	
<b>Name of Nutrition Inclusion Champion</b>	
<b>Key themes and topics discussed</b>	
<b>Summarise the most common beliefs, barriers and triggers shared by participants (feedback from the THM household discussions)</b>	
<b>Feedback from the group about any changes they are making, challenges they are facing relating to food and nutrition consumption</b>	
<b>If the group develops an action plan, what are the key actions?</b>	

Table 13: Learning circle reporting template