



MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT

NATIONAL PARENTING TRAINING MANUAL FOR UGANDA

May 2025



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Labour and Social Development



■ Improved parenting
contributes to achieving
**Sustainable Development
Goals (SDGs) 1, 2, 3, and 16** at a
relatively low cost per family

Dr Robin Nandy - UNICEF _____



FOREWORD ● ● ●

Parenting work remains a priority programme area for the well-being of children and stability of families, as affirmed by the high levels of violence against children (VAC) based on the findings of the 2015 National VAC survey.

In 2020–2021, the ***Parenting Agenda Initiative***, a consortium of agencies and institutions involved in parenting work, conducted Uganda's first mapping study for parenting interventions and initiatives. The findings recommended investment in developing evidence-based parenting interventions and developing guidelines on the delivery modalities to improve parenting programming in Uganda. Following that, the Government of Uganda, through the Ministry of Gender, Labour and Social Development (MGLSD), devoted efforts to developing guidelines and policies to guide parenting work in the country.

The MGLSD desires to harmonize the strategic vision of all stakeholders engaged in developing, funding, implementing and overseeing parenting programmes to deliver and scale out evidence-based parenting interventions in the country. This will improve and streamline the work around parenting and strengthen the family.

The MGLSD and collaborators have thus developed this parenting manual to harmonize the work of the implementers of parenting programmes.

I therefore, call upon all stakeholders, including line ministries, local governments, civil society organizations, the private sector and community volunteers in Uganda, to embrace this manual to support parenting in Uganda

For God and my country!

Hon. Amongi Betty Ongom
Minister, MGLSD

“Parenting work remains a priority programme area for the well-being of children and stability of families”



MESSAGE FROM THE COUNTRY REPRESENTATIVE UNICEF UGANDA

A loving child-parent/caregiver relationship is the first line of defense for children's protection, development, and overall well-being. Within families, children learn and develop cognitive skills, emotional intelligence, worldviews, behaviours, health habits, and crucial social qualities like values, resilience, and empathy. These help to shape them into responsible citizens and productive members of a cohesive society. In Uganda, where families face unique social, economic, and cultural challenges, effective parenting is even more critical to foster a child's holistic development and protect them from harm.

Good parenting is the cornerstone of child development and safety and eventually contributes to social cohesion and stability. Improved parenting contributes to achieving Sustainable Development Goals (SDGs) 1, 2, 3, and 16 at a relatively low cost per family, making it a crucial area for investment. It contributes to good health-related practices, thus keeping children healthy and well nourished. It also helps to keep children safe at home, online, and in educational settings. Conversely, poor parenting skills can contribute to violence against children, poor health practices and risky adolescent behaviours. The effects of these are most damaging in

early childhood, especially for very young children, leading to lifelong consequences including developmental delays.

During the critical transition from childhood to adulthood, adolescents' relationships with parents and caregivers remain essential for their well-being, development, and protection. Parents and caregivers must adapt to meet adolescents' age-specific needs and provide positive influence. Positive parenting programmes are recognized as evidence-based strategies to address violence against children. INSPIRE, a key resource for preventing and responding to violence against children, identifies parental and caregiver support as one of its seven core strategies. Violence against children is not only a critical human and child rights issue, but also a public health concern.

Recognizing the effectiveness of parenting support and the potential of parenting programmes as a universal "vaccine" against violence, abuse, and neglect, UNICEF emphasizes the importance of programme design, staff training, and standardized instruction manuals to ensure high-quality programme implementation. UNICEF Uganda, in collaboration with the Ministry of Gender, Labour, and Social Development and partners, has supported the development of this National Parenting Manual and its accompanying Facilitator Guide provides content for parents, caregivers, and communities to play their vital role of nurturing children in a safe and supportive environment.

The Manual offers practical, evidence-based strategies for enhancing positive parenting across different stages of a child's life and overall wellbeing. Its culturally relevant approach reflects the values, aspirations, and unique challenges of Ugandan families, making it a valuable tool for building stronger, healthier and more protective families and communities across the country.

We express our gratitude to our partners, including local government authorities, academia, civil society organizations, and community leaders, whose collaboration was essential in creating this resource. We are confident that the principles and practices outlined here will empower caregivers, strengthen family bonds, and contribute to the collective effort to help every Ugandan child thrive. UNICEF remains committed to creating safe and protective environments for all children to reach their full potential.

Dr. Robin Nandy
UNICEF Representative to Uganda.



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Developing the National Manual on Parenting in Uganda has been a collaborative process involving consultations and participation of different stakeholders at the national, district and community levels. The Ministry of Gender, Labour and Social Development (MGLSD), therefore, expresses gratitude to all institutions, individuals, experts and communities that made this journey possible. We are grateful for their commitment and dedication during this process.

The MGLSD is also indebted to UNICEF for the financial and technical support, without which this activity would not have been possible. In particular, gratitude goes to Irene Ayot Chono and Maryam Enyiazu from UNICEF for their technical guidance during the development of this manual. We also thank the local governments and non-governmental organizations (NGOs) that sent representatives to the National Training of Trainers workshop. Special thanks go to the Oak Foundation, which funded the Parenting Agenda Initiative – a collaboration of all stakeholders involved in parenting work where the vision to develop the National Standards for Parenting programmes in Uganda and the subsequent National Manual for Parenting originated.

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Finally, we thank the members of the Parenting Agenda Consortium and all other stakeholders consulted during the development of this manual.

Aggrey David Kibenge
Permanent Secretary MGLSD

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GLOSSARY OF TERMS

Adult	An individual who has attained 18 years of age.
Basic needs	The material resources and emotional support necessary for survival and normal mental and physical health, such as food, water, shelter, clothing, protection from environmental threats and love.
Child	An individual under the age of 18 years of age.
Community	A group of people, usually living in an identifiable geographical area, who share a common culture and are arranged in a social structure that gives them some awareness of a common identity.
Culture	This is a way of behaviour, thinking and reactions of individuals to situations put across to them. This behaviour, thinking and reaction is learned from the social environment of the individual.
Equity	Fairness and justice in distributing resources, opportunities, responsibilities and benefits.
Evidence-based practice	A process in which a practitioner combines well-researched interventions with experience, ethics, clients' preferences and culture to guide and inform a solution or service.
Family	A primary social group of two or more people related through blood (by birth, as siblings and extended family ties), marriage, adoption and placement, regardless of whether or not they are living together under the same roof (household).
Family skill set	Skills required for the survival of the family. They include conflict resolution, inter-personal communication, making and keeping friends, reconciliation, teaching a positive work ethic, accountability, family planning, resource-saving culture, economic empowerment, life skills, family protection, resource mobilization and provision for the family.
Family Strengthening Advocates (Family Support Agents – FSAs)	An administrative unit at the lowest level responsible for the protection of the families at the local level.
Gender	This refers to the socially constructed attributes and privileges associated with being male or female, the relationship between women and men and girls and boys. OR, it simply means how society has defined the roles, attitudes, responsibilities and behaviours of men, women, boys and girls.
Gender discrimination	This refers to a situation where an individual or group of people is treated differently because of being male or female.
Gender norms	These are social principles, expectations, beliefs and practices that govern the behaviour of boys, girls, women and men as ascribed in a given society. They restrict identity to what is considered appropriate as per a given society. For example, girls are much more likely to perform household chores than boys in some societies in Uganda.

Gender roles	These are socially determined/constructed roles for men, women, girls and boys and can be affected by factors such as education or economics. These roles originate from culture and they are learned over time. They may change over time and differ from one society to another.
Gender stereotypes	These are generalized assumptions or views of society about characteristics possessed or roles that ought to be performed by men/boys and women/girls. Often, these are negative or wrong and can disadvantage one gender over the other.
Household	A group of people who normally live and eat together in one spatial unit and share domestic functions and activities.
Life skills	Skills required by an individual to function in society while relating in a healthy manner with him/herself, others and the physical environment.
Parenting	The process of developing and utilizing the knowledge and skills appropriate to planning for, creating, giving birth to and rearing and/or providing care for children.
Physical violence	This is using force to cause or attempt to cause physical pain and/or injury on another person. Examples of physical violence include beating, such as slapping, kicking, punching, burning and stabbing, among other harmful acts. Another instance of physical violence that can lead to psychological trauma is female genital mutilation (FGM).
Sex	Sex refers to the biological differences between males and females. Sex is universal (factors are the same around the world). We are born male or female and this does not change.
Sex roles	These are roles assigned to men and women by their genetic/physiological construction. Women and men are born with characteristics and physical/biological body make-up that make them perform these roles.
Sexual violence	This is any sexual act or attempt to obtain sex through physical, psychological, emotional or economically violent means. It includes defilement and sexual harassment directed against a person at home, work, or in a public setting, such as an office or institution. Examples of sexual violence include rape, marital rape, defilement of children (children do not consent, the responsibility is on the adult), child marriage, sex trafficking and forced prostitution.
Social norms	These are shared unwritten standards and rules of behaviour acceptable by a society or a group of people. Social norms can be informal understandings that govern the behaviour of members of a society. They can also be organized into rules and laws. They can be both positive and negative – negative if they cause harm to the affected.
Values	A set of standards shared by community members and shaped by several influences, including ideology, religion, culture, history and political systems.

Note: Some of these terminologies have been adapted for the manual to suit the acceptable understanding in our context of each of the terms being defined. They were drawn from well-known and widely accepted sources such as WHO and UNICEF.

ACRONYMS

CBO	Community-based Organization
CHDC	Child Health Development Centre
CRC	Convention of the Rights of the Child
CRPD	Convention of the Rights of Persons with Disabilities
CSO	Civil Society Organization
ECD	Early Childhood Development
FBO	Faith-based Organization
GBV	Gender-based Violence
GoU	Government of Uganda
ICT	Information and Communication Technologies
IEC	Information, Education and Communication materials
IPV	Intimate Partner Violence
LC1	Local Council One
LGs	Local Governments
MoES	Ministry of Education and Sports
MGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
NCC	National Council for Children
NDP	National Development Plan
NGO	Non-Governmental Organizations
NIRA	National Identification and Registration Authority
OVC	Orphans and Vulnerable Children
SACCOs	Savings and Credit Cooperative Organizations
SDGs	Sustainable Development Goals
SDIP II	Second Social Development Investment Plan
UBOS	Uganda Bureau of Statistics
UDHR	Universal Declaration of Human Rights
UNHS	Uganda National Household Survey
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VHTs	Village Health Teams
VSLA	Village Savings and Loan Association
WHO	World Health Organization

THE NEED FOR THIS MANUAL:

Origins and objectives ...

The behaviour and responsibility of parents has a direct influence on the growth of children. Parenting influences transcend childhood, adolescence and adulthood. A study by Lanjeker et al. (2022) shows that poor parenting before the child starts formal schooling slows her/his brain development. Kim et al. (2021) and Kiviniemi et al. (2020) add that poor parenting may lead to bad behaviour in children, such as being violent, engaging in early sex, taking drugs, or suffering from depression and anxiety. These problems often arise in relationships where parents are harsh, do not positively interact with their children, or have conflicts with each other.

While some parents execute their roles well, others find it difficult due to limited skills and negative perceptions of their roles. Parenting programmes can help parents avoid these behaviours and develop positive parenting approaches. For instance, supporting parents to keep children safe and thriving while at home, in school or learning online is critical for promoting children's well-being. Moreover, better parenting can contribute to Sustainable Development Goals (SDGs) targets. The SDGs emphasize promoting good parenting and safe child upbringing to ensure children's health, education, and well-being, contributing to sustainable development and equality. This is important since Uganda is one of the 32 pathfinding countries that made policy commitments to address violence against children (VAC) through national action plans.

Currently, Uganda has a parenting agenda framework within which parenting, and family-strengthening programmes are conducted by the Ministry of Gender, Labour and Social Development (MGLSD). The Parenting Agenda Initiative was launched in 2019 by the MGLSD in collaboration with Makerere University, Child Health and Development Centre (CHDC) to work with a consortium of agencies undertaking parenting work.

In 2020, the parenting consortium conducted Uganda's first mapping study of parenting interventions and initiatives in the country. The report from this mapping study indicated the absence of standards to guide parenting programmes and variations in how different actors approach the delivery of parenting programmes and recommended an inclusive national standard parenting manual and implementation guide aligned to recognized international standards. The United Nations Children's Fund (UNICEF) supported the MGLSD to strengthen the ongoing standardization of parenting work by funding the development of the National Standards for Parenting Programmes and a National Parenting Manual.

Legal and policy pillars of the manual

This manual aligns with existing national, regional and global legal and policy frameworks, standards, sector-specific guidelines/strategies and initiatives that emphasize the value of responsive parenting in improving children and family outcomes. The SDGs, INSPIRE Framework, Nurturing Care Framework, the Constitution, the National Children Policy and the National Parenting Guidelines all provided benchmarks for this manual's contents, objectives, themes, methods and structure. The frameworks offer significant insights into the duties, roles, responsibilities and priorities surrounding parenting and how these relate to the actions or interventions by the various actors involved in promoting children's rights, well-being and family stability.

INTRODUCTION TO THE MANUAL ...



Parenting is critical in supporting and shaping children's health, educational, emotional and developmental outcomes and the overall family well-being. The importance of parenting is documented globally in a large body of research, for example, WHO, 2023; Siu et al., 2024; Frosch and Schoppe-Sullivan, 2019; and Jeong et al., 2021. Parenting should be supportive, proactive and responsive, promoting children's positive adjustment. On the contrary, neglectful, abusive, rejecting and controlling parenting can result in poor life outcomes.

Optimal parenting includes a connected relationship and interactions to ensure that children are cared for physically (by providing nutritious foods, health care, adequate sleep and a safe environment), cognitively (by offering opportunities to learn, explore and use language), socially (by responding to children with consistent, loving care, teaching right and wrong and enabling them to develop independence safely) and emotionally (by supporting the child's sense of self-worth). Although parenting can be challenging, many parents and caregivers find that understanding children's development and learning and sharing techniques can improve parent-child communication and reduce harsh discipline. Thus, parenting programmes are designed to improve one or more caregiving aspects. This manual also deliberately addresses one of the most persistent gaps in parenting – the limited involvement of fathers. This aspect directly contributes to the growing global and national interests in promoting male engagement to improve ECD and family well-being.

This manual will build the capacity of parenting programme facilitators/trainers. Through sessions, the facilitators/trainers will help parents avoid negative aspects of family life that contribute to poor parenting, child maltreatment and VAC. Well-brought up children will be productive and contribute to national development.

The manual has 14 modules aimed at improving spousal relationships as an essential aspect of effective and positive parenting. It adopts a life course perspective and addresses main parenting pillars in order to improve connectedness or love between a parent and child, prevent harsh parenting, especially corporal punishment. It also aims to raise girls and boys with equality, without discriminating against girls and reduce conflict between parents, especially the use of violence, which in turn leads to family instability and poor parenting.

This manual will be used by training facilitators and not parents themselves. As explained in the section below, facilitators require some skills, knowledge and information to work effectively with this annual.

Using this manual

The primary purpose of this manual is to provide a structure and resources for facilitators to use during the training sessions with parents. The manual provides interactive activities to help participants learn, acquire information, examine their attitudes and practise positive parenting skills.

Facilitators are expected to read this manual and become familiar with it before implementing any activity. Before each session, facilitators should read the instructions on the steps to follow and prepare all relevant materials required for the activity. They should also study the facilitators' notes beforehand to familiarize themselves with the points to raise during the session. The Facilitators' Guide provides further details on how to work with this manual. The manual comprises modules, sessions and activities as described below (see Table 1).

Finally, the manual is focused on parenting, providing comprehensive guidance on raising and caring for children. Throughout the document, the terms 'parent/s' and 'caregiver/s' are frequently used to refer to the individuals responsible for these vital roles. Whether biological parents, guardians, or other caregivers, the manual emphasizes the importance of their roles in the upbringing and care of children.

Table 1: Modules outline

Module	Module goals	Sessions
Introduction to the parenting training programme	To introduce the Uganda National Parenting Programme; help trainees appreciate it; and agree on the training schedule and procedure	Session 1: Introduction to the parenting programme
Module 1: Understanding parenting	To understand what it means to be a good parent and identify how best parents can ensure that their children grow up healthy, safe and become successful adults	Session 1: Understanding parenting Session 2: Elements of good parenting Session 3: Family relationships and how they impact parenting
Module 2: Effective parenting to promote early childhood development	To promote a stimulating and nurturing caregiving environment for early childhood development within the home and communities; and to help children achieve their full developmental potential and well-being	Session 1: Understanding early childhood development Session 2: Understanding child development milestones and birth registration Session 3: Playful parenting
Module 3: Parenting adolescents	To improve parents' skills and knowledge of adolescent development and management so they can comfortably and respectfully support their adolescent children's needs and expectations	Session 1: Understanding the adolescence stage Session 2: The race for your child
Module 4: Parental support for education and learning	To strengthen parents' involvement in their education and schooling; and support informal and life skills learning at home	Session 1: Parental involvement in children's schooling Session 2: Parental support for informal learning
Module 5: Promoting positive social norms to reduce gender-based violence	To support parents examine the relationship between being a man/boy and being a woman/girl and how these can be used to promote non-violent relationships in a family	Session 1: Transforming negative gender norms Session 2: Gender-based violence

Module	Module goals	Sessions
Module 6: Promoting nonviolent parenting and alternative discipline strategies	To explore participants' understanding of parenting violence against children, including those with special needs; and discuss strategies to eliminate violent parenting	Session 1: Achieving discipline and reducing violent parenting Session 2: Alternative discipline strategies
Module 7: Promoting father and male participation in childcare and family life	To strengthen and build fathers'/men's skills, confidence and commitment to reduce male violence; increase participation in family caregiving and support; and train boys to grow up into good men	Session 1: Responsible fatherhood Session 2: Understanding the Concept – 'Head of Family' Session 3: Parenting the boy-child
Module 8: Spousal relationships and family strengthening	To improve marital relationships; promote good parenting; and strengthen family bonds	Session 1: Understanding spousal relationships Session 2: Parenting together Session 3: Openness and transparency among couples
Module 9: Parenting and family health	To consider the critical areas of family care, nutrition and sanitation for the general health and well-being of the family	Session 1: Understanding family health/well-being Session 2: Water, sanitation and hygiene (WASH) Session 3: Family role in maternal health and care Session 4: Understanding signs of mental health in the family
Module 10 Parenting children with disabilities	To improve care for children with disabilities	Session 1: Understanding disabilities Session 2: Categories of caregivers of children with disabilities Session 3: Promoting family-based care for children with disabilities
Module 11: Parenting and spirituality	To support parents to raise children in a manner that ensures they have spiritual perspectives and experiences which cultivate healthy and morally upright behaviours	Session 1: Understanding Spirituality and its importance to children
Module 12: Parenting in the modern times	To enhance parents' skills of recognizing, and positively dealing with modern changes, realities and challenges which may expose children to risk and respond positively to their needs	Session 1: Parenting in the digital era Session 2: Lifestyle, money, drugs and substance abuse
Module 13: Parenting in emergencies	To support parents to positively respond and provide for children's needs during times of emergency caused by natural and man-made disasters, conflict, health, or other crises	Session 1: Common disasters in my area Session 2: Effects of disaster on children Session 2: Building Family resilience Session 4: Key Stakeholders and their roles
Module 14: Closing the training	<ol style="list-style-type: none"> 1) To review the lessons and experiences of attending the programme 2) To discuss how to sustain new parenting skills beyond the programme 3) To officially close the training 	Final session to reflect on participants' experiences and essential lessons learnt since joining the programme and the practices and skills to take forward

INTRODUCTION TO THE PARENTING TRAINING PROGRAMME ...

Facilitation guide and notes

The MGLSD, in collaboration with partners, including UNICEF and CHDC, jointly worked with the Ugandan Parenting Agenda Initiative to review parenting interventions implemented in the country. The gaps identified necessitated the development of this National Manual on Parenting in Uganda, which provides parents and caregivers with skills for raising and supporting children.

Parenting is the process of raising children and providing them with the care and protection necessary to ensure their growth into responsible citizens and attaining their full potential. It includes: interactions, behaviours, emotions, knowledge, beliefs, attitudes and practices associated with the provision of nurturing care. Parenting programmes are a set of activities or services aimed at improving how parents approach and execute their roles, specifically their parenting knowledge, attitudes, skills, behaviours, and practices.

Positive parenting programmes are also recognized today as one of the evidence-based strategies to address violence against children. The INSPIRE framework is one of the evidence-based resources for preventing and responding to violence against children. It recommends parents' and caregivers' support as one of the seven strategies for ending violence against children. Violence against children is not only a critical human rights issue but also a public health concern. Parenting is a crucial influence on children. However, poor parenting skills have also been known to fuel violence against children and adolescent risky behaviours.



Parenting is the process of raising children and providing them with the care and protection necessary to ensure their growth into responsible citizens and attaining their full potential.



Overall goals of the first meeting/session

The first meeting/session aims to introduce the Uganda National Parenting Programme. It helps parents appreciate the programme and agree on the training schedule and procedure.

1 Activity 1: Opening remarks

Introductory session: Introduction to the parenting training programme

Objective: To become familiar with the entire programme and create a supportive environment for the training

Duration: 1 hour

Materials: Flip charts, markers and masking tape

Steps:

1. Welcome and greet all participants.
2. Introduce yourself and other colleagues (you can provide a few minutes for the local leadership to welcome and give remarks at this point).
3. Provide a summary of the importance of implementing the programme (as in the notes above).
4. Explain that the programme promotes the government's efforts to end violence against children and address poor parenting, which affects millions of children and families worldwide.
5. Outline the purpose and objectives of the parenting programme as listed below:
 - The programme will enable parents to acquire knowledge, skills, attitudes, and competencies to raise happy, healthy and well-behaved children.
 - It builds the capacity of parents to avoid violent relationships, which contribute to poor parenting and child maltreatment.
 - The training also aims to improve spousal relationships, which is essential for parenting.
 - The manual consists of 14 modules, each delivered through sessions and activities.
6. Write down the following benefits of attending weekly sessions of the programme. Display the paper where all parents can view it:

- Improved connectedness between parents and their children; and more parental involvement in children's education and good school performance.
- A better appreciation of parenthood and understanding of the behaviour of children of different ages.
- Better and practical skills on how to communicate with children. This helps children develop interpersonal skills and conflict management, reducing antisocial behaviour and attributes.
- Better and positive ways of disciplining children.
- Parental skills to positively influence children and reduce the risks of early sex and its related consequences.
- Improved spousal relationships, which will strengthen the bond between parents and their children.

Invite participants to register and agree on the meeting dates, time and frequency (ensure you have a book to register both men and women separately).

Ask them to mobilize others if the number is small. Encourage them to invite their spouses.

Close the activity by highlighting the following points:

- As parents, we must attend these sessions to strengthen parent-child connectedness or love.
- There is a total of 14 modules. We encourage parents to endeavour to attend at least half of the module sessions.
- Each module session will take 2–3 hours once a week.
- Some sessions will be single sex (men alone and women alone).
- You will be provided with a summary which describes the different modules, purposes and sessions for each to guide decision making.

2 Activity 2: Introduction of participants

Objective: To become familiar with each other and develop trust.

Duration: 20 minutes

Materials: Flip charts and markers, written leading questions and a ball

Steps:

1. Ask participants to pair up with someone they do not know well and ask each other the following questions: (Write them on a flip chart for reference.)

What is your name?

What do you like about parenting?

How many children do you have in your family?

2. Invite participants to stand in a circle and join in a game. Ask each pair to introduce each other following the questions above, e.g. "Her name is Carol; she enjoys playtime with the children and has five children in her care."

Close the activity by highlighting the following points:

- In any learning situation, it is more reassuring to relate with individuals you are familiar with.
- For the rest of the sessions and activities, we can refer to one another by the name we shared with the group.
- Let us always refer to others by name and do so respectfully.

3 Activity 3: Setting ground rules and managing expectations

Objective: To discuss expectations and establish ground rules for the programme.

Duration: 30 minutes

Materials: Flip charts, markers, masking tape

Steps:

1. Divide the participants into 2–3 groups and ask them to write their expectations and set ground rules in about 10 minutes. Ask participants to select two leaders for the group, a chairperson and a secretary, to support the documentation and security of the materials.
2. Encourage the leaders to agree with the group members on the best days and times for holding weekly sessions and report back to the larger group.
3. Give the questions below and ask participants to come up with 3–5 points for each question:
 - What do you want to learn about parenting? (These will be expectations. Clarify those that the programme will be able to achieve and those to be sought from other service providers.)
 - What rules do you want the group to observe to enable you to participate fully in the programme? (These will be the ground rules.)
 - What should the facilitator do to support your learning? (These will guide you during the learning process and commit to respect them.)
4. After the group discussion, invite participants to the plenary and let them share their work. The facilitator may add any of the following rules if the groups have left them out:
 - i. Turning off or switching cell phones onto silent mode;
 - ii. Respecting time – starting on time and ending on time;
 - iii. Being respectful of fellow participants and facilitators;
 - iv. Talking loud enough for all to hear;
 - v. Talking one at a time;
 - vi. Maintaining confidentiality; and
 - vii. Active participation by everyone.
5. Encourage everyone to try to follow these rules. Ensure that someone takes responsibility for the flip chart and encourage the group to select a timekeeper.
6. Tell the participants that for the programme to be beneficial, they should meet the following rules/expectations:
 - Attend all the sessions;
 - Encourage others to attend regularly;
 - Encourage their spouses to enroll;
 - Encourage their spouses to enroll;
 - do home practise when given; and
 - See themselves as the candle of the village to light for others about parenting.

Close the activity by highlighting the following points:

- In this programme, the participants and facilitators are in a teaching-learning relationship in which they learn from one another.
- The facilitator will be guiding the group process of learning.
- The facilitator will be like the midwife who helps the mother to deliver the baby in a healthy state for both the baby and the mother.

1

MODULE 1: UNDERSTANDING PARENTING



Overall goal of the module

To understand what it means to be a good parent and identify how best parents can ensure that their children grow up healthy, safe and become productive adults.

Session 1 Understanding parenting

Session objectives:

1. To explore parents' understanding of a child.
2. To appreciate the importance of having a positive perception of a child.
3. To explore current parenting practices and perceptions of parenting roles.
4. To appreciate what motivates parents to perform their parenting roles.

1 Activity 1: Who is a child?

Duration: 30 minutes

Materials: Flip charts, markers, manual, attendance register, masking tape, pictures and illustration materials

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Divide participants into 2-3 groups and let them respond to the following questions:
 - Who is a child?
 - What behaviours of children make parents treat them positively?
 - What behaviours of children make parents treat them negatively?
3. After the group discussion, let participants come together and share their views with the whole group. (They can identify 3-4 important answers to each question.)
4. Ask participants to reflect on the number of children poorly treated in their communities compared to those treated positively. (Probe for implications on relationship with parents/caregivers, what the children may become later in life.)

Close the activity by highlighting the following points:

- It is important to note that a child is a person and a human being like you and me.
- Perceptions of children and childhood have roots in our culture and tradition, but how a caregiver perceives her/his child shapes the care the child is given.
- Like you and me, children have needs and great potential, but they depend on you to achieve those needs.
- We must appreciate that everyone under 18 years of age in Uganda is still a child who needs our love and care.
- Treating children negatively because of 'bad' behaviours can only worsen the situation.
- Remember that parents are primarily responsible for treating all the children with dignity and raising them well despite some bad behaviours.

2 Activity 2: Who is a parent?

Duration: 40 minutes

Materials: Flip charts, markers, manual, attendance register and masking tape, pictures and illustration materials

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Divide participants into 2–3 groups and assign each group 2–3 questions to respond to from the following:
 - Who is a parent?
 - What are the different types of parents you know? (Some examples are: single parents, teenage/young parents, married parents, foster parents and absent parents.) Probe for more examples.
 - Considering your community, discuss the roles the different types of parents play in raising their children and why.
 - Comment on the common parenting practices and challenges you see among single and teenage/young parents. Explain why.
3. After the group discussion, invite participants to come together and share their views.
4. Present to the participants the illustrations of parents helping children through the first stages of early learning and ask the following questions:
 - What do we see in the pictures? Does this happen in our community?
 - What messages do these pictures give about the role of parents as the first teachers to their children?
 - Why is it important for parents to be the first educators of their children? How does it benefit parents? How does it benefit children?

Close the activity by highlighting the following points:

- All parents, whether biological or not, are responsible for training the children under their care.
- Parents who play their role in training their children have significant input in a child's upbringing at home through their relationship with that child.
- Where both mother and father are alive, the parenting role encompasses their active and positive involvement.
- As a child's first teachers, parents are uniquely positioned to influence early learning in many ways, including playing, working together and storytelling.

3 Activity 3: What is parenting?

Duration: 40 minutes

Materials: Flip charts, markers, manual, attendance register, masking tape, pictures and illustration materials

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Invite parents to form three groups and let each group respond to 2–3 questions from the following:
 - What is parenting?
 - What motivates fathers to carry out their parenting roles?
 - What motivates mothers to carry out their parenting roles?
3. Ask parents to return to the plenary and share their responses.
4. Ask them to summarize the take-away messages from this activity.

Close the activity by highlighting the following points:

- A Children raised with proper care by their parents are more likely to be more productive than neglected children.
- Parents have a significant role in the upbringing of their children. This can include the formation of values, skills and knowledge; providing for the children; and supporting their education.
- Both male and female parents play an important role in their children's lives regardless of their income or education status.

Session 2 Elements of good parenting

Session objectives:

1. To help parents reflect on how they perform their roles.
2. To reflect on what good and bad parenting is.

1 Activity 1: If you were living in a glass house

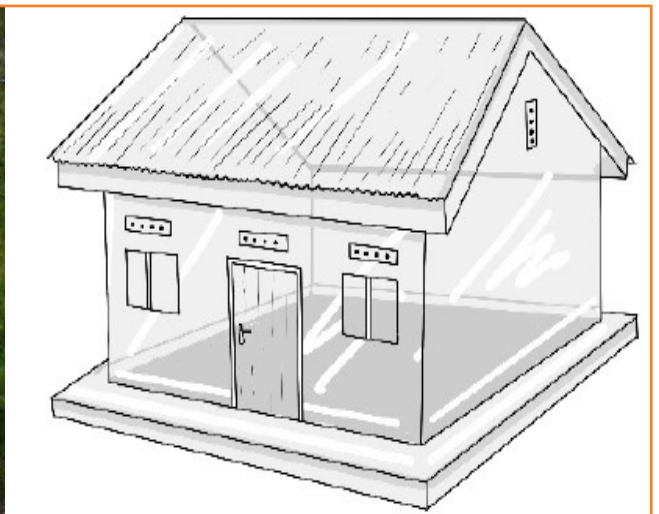
Duration: 40 minutes

Materials: Flip charts, markers, manual, attendance register, masking tape, pictures and illustration materials

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Distribute posters of a glass house and ask 1–2 parents to discuss what they see and how they relate to it.
3. Divide participants into two groups and ask them to discuss the following questions:
 - What parenting practices and relationships with children would you change if you were living in a glass house like that one, where the public could see you?
 - What is going on in the house?
 - What would you change about your relationship with your spouse if you lived in a glass house where the public could see you?
4. Invite participants to return to the plenary after 15 minutes and share their discussion. (Ask them to clarify why it is important to change those practices.)

5. Ask participants to explain how those changes would benefit them and their children.
6. Ask participants to identify the challenges that prevent them from making those changes.
7. Ask some participants to volunteer to role-play the good vs. bad parents.
8. After the role play, ask the participants to reflect on the message in the role play and explain what it teaches them about their parenting practices. Clarify to the participants that successful parenting is measured against at least seven primary dimensions or indicators, including:
 - parental bonding or connection and expression of love,
 - provision and protection,
 - regulation or behavioural control,
 - role modelling,
 - spiritual and cultural guidance,
 - sensitivity or respect for joint decision making between adolescents and parents, and
 - gender socialization.
9. Distribute the illustrations for the different measures/ indicators of parenting and ask parents to identify the common and challenging indicators to fulfil.



Close the activity by highlighting the following points:

- This exercise and comparison with the glass house has helped us reflect on our roles as parents.
- Some parenting practices, relationships and behaviour towards our children and spouses can be very harsh, cold and only characterized by fault finding or anger neglect, which is very unfortunate.
- Sometimes, we believe that since our homes are private spaces, it does not matter how we treat our children and/or partners since no outsider sees what we are doing.
- Some parents pretend to be good to their children or spouse only when someone external to the family sees them, e.g. when a visitor is around.
- But it is important to remember that parents have a significant responsibility to ensure that their household is safe, and their relationship is good. It is the duty of parents to love, protect and make their children and spouses feel safe and secure at home.

Home practice activity

When you go home, try to implement some of the changes you discussed during the session and share your experience with the group in the next session.

Session 3 Family relationships and how they impact parenting

Session objectives:

1. To help parents reflect on the essential relationships in the family.
2. To develop a shared understanding of what a family is and appreciate the key functions of a family, particularly in shaping the child's personality.

1 Activity 1: Review of home practice activity

Duration: 15 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experience of trying to implement some of the changes you discussed during the last session.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: 2-5 years and 3 months

Duration: 40 minutes

Materials: Flip charts, markers, pictures/illustration materials, attendance register and the manual

Steps:

1. Welcome participants to the activity and explain its purpose.

2. Tell participants that we will do an exercise of reflection on two scenarios called "50 years vs. three months."
3. Ask participants to close their eyes momentarily and reflect on the following statement/scenario.

Scenario 1:

Supposing you learned you still have 50 years or more to live, with wealth and good health. What would you do with those years? How would you live your life? What would you do for your family members such as the children? Allow people a minute or two to reflect quietly and then ask 3–5 participants to state what they would do. Probe to see if they will identify things, such as accumulating property, buildings/houses, land; getting more children; and acquiring more education. Record responses on a flip chart.

Scenario 2:

Supposing you know you have only three more months to live in your current status, what would you do? How would you live your life? Allow participants to reflect. Invite 3–4 people to share. Probe to see if they identify things, such as talking to their children daily, caring more for their children/family, praying to God, being good to everyone, repenting and asking for forgiveness and writing a will. Record responses from about 5–7 participants on a flip chart.

4. Ask the participants the following:
 - Comment on the two sets of responses from the two scenarios. Ask for any differences in the two sets.
 - Which of the two sets of achievements is more important to you?
 - Which relationships are the most important to you?
 - What is the best way to live? How are you living now?
 - Ask if there are some things, they will change regarding how they live now.



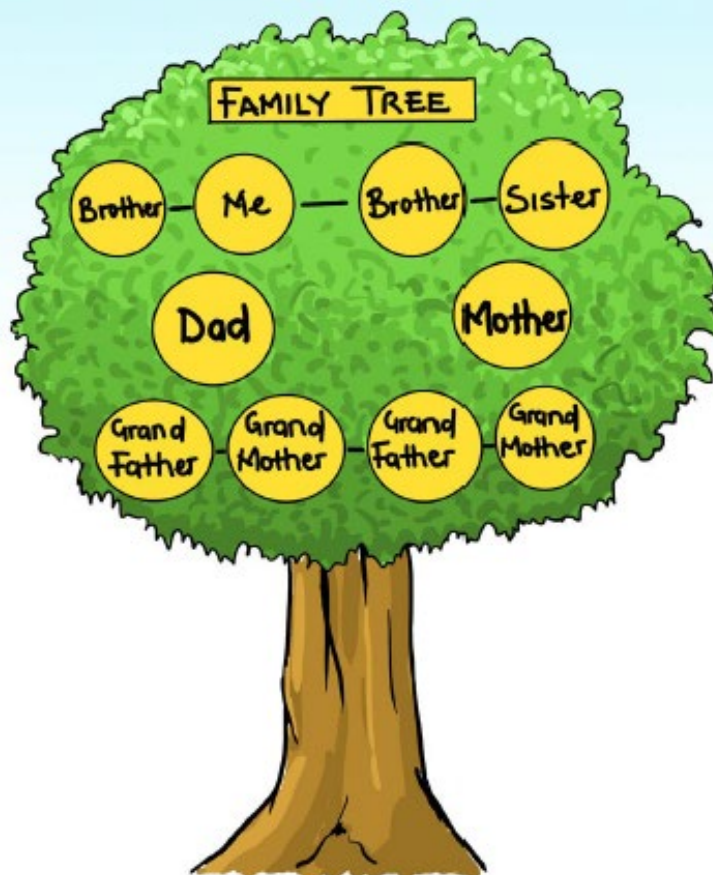
3 Activity 2: What is a family?

Duration: 30 minutes

Materials: Flip charts, markers and masking tape, pictures/illustration materials

Steps:

1. Provide an overview of the objective of the activity and explain its purpose.
2. Explain that:
 - Uganda has many people, many distinct cultures and rules governing how people interact and live.
 - In Uganda, family is shaped by culture, society and religion. It is essential to agree on the definition of a family, appreciate the importance of ties to ancestry and consider the best strategies for highlighting the key elements that have helped Ugandan families remain strong.
3. Invite participants to form 2–3 groups. Assign 2–3 questions per group and ask them to answer the following questions:
 - What is a family?
 - What are the types of families in your community?
 - Why is a family important to us in Uganda?
4. Invite the participants back to the plenary after 10 minutes for the presentation.
5. Highlight that a family is a basic unit of society in which children are raised and learn about values and how to live with others. We learn about culture, our history, religion, love and sharing, behaviour and working together.
6. Present the illustration of the family tree and ask 1–3 people to comment. You can continue and explain that some families consist of a husband (a man), wife (a woman) and children. However, most families have an extended family component, which consists of grandparents, uncles, cousins, nephews, nieces and aunts.



Close the activity by highlighting the following points:

- In Uganda, a family consists of a mother, a father and children.
- The modern family structure has undergone several changes, now more centred on the nucleus. However, in order to keep the family unit healthy and withstand the conflicts between traditional and religious beliefs and modern values, parents (mothers and fathers) must uphold the family's basic values.

Home practice activity

When you get home, practice three important lessons you have learned about caring for your spouse and children. Share your testimony with the group in the next session.



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Overall goal of the module

To understand what it means to be a good parent and identify how best parents can ensure that their children grow up healthy, safe and become productive adults.

Session 1 Understanding early childhood development

Session objectives:

1. To provide an overview of what early childhood development is.
2. To appreciate the various components of early childhood development

1 Activity 1: Review of home practice activity

Duration: 15 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experience of practicing three important lessons about caring for their spouses and children.
3. Encourage participants to continue doing home practice activities.

2 Activity 2: What is early childhood development and why is it important?

Duration: 20 minutes

Materials: Flip charts, markers, masking tape and illustration materials (pictures)

Steps

1. Welcome participants to the activity and explain its purpose.
2. Inform participants that today, the discussion will focus on understanding what early childhood development is and that you will start by giving a brief overview presentation. (If you prefer, you can prepare your notes on the flip chart in advance.)
3. Early childhood development refers to a period from when a mother is pregnant (conception) to when the child is eight years old.
4. Early childhood development refers to the knowledge, abilities and important milestones every child is expected to reach by age eight.
5. This period is considered the most critical stage of a person's life and development.
6. The family and the home environment provide a crucial context for early childhood development.
7. State that this period is so critical in the life of the child for the following reasons:
8. The early moments of children's lives matter – and their impact can last a lifetime. Events in the first few years of life – and even before birth – play a vital role in shaping health, education, social and economic outcomes for their entire life.
9. Early childhood development is critical to a child's cognitive, social, emotional and physical development.
10. A baby's brain development begins during pregnancy and is influenced by a pregnant woman's health, nutrition and environment. The period from pregnancy to age three is the most critical when the brain grows faster than at any other time; 80 per cent of a baby's brain is formed by this age. For healthy brain development in these years, children need a safe, secure and loving environment, with the right nutrition and stimulation from their parents or caregivers.
11. This is a window of opportunity to lay a foundation of health and well-being whose benefits last a lifetime – and are carried into the next generation.
12. They also establish a foundation for building human capital, that is, the value of people's skills and knowledge, since healthy and socially adjusted children are more likely to grow into socially and economically productive adults.
13. Early childhood offers a critical window of opportunity to shape children's holistic development and build a strong foundation for their future.
14. Invite participants to comment on these issues, for not more than five minutes.
15. Close by appreciating their views and emphasizing that the module will discuss these issues in detail.

3 Activity 3: Components of early childhood development

Duration: 30 minutes

Materials: Flip charts, markers, masking tape, illustration materials (pictures)

Steps:

1. Welcome participants to another activity and explain its purpose.
2. State that the activity is about the components of early childhood development and go ahead to provide the following information:
3. **Care of the mother both during pregnancy and after childbirth:** This includes parents' actions, such as: (i) the mother attending antenatal care eight times during the pregnancy with support from her spouse and family, (ii) having a birth preparedness plan, (iii) delivering in a health facility under skilled birth attendance, (v) attending postnatal care after birth, and (iv) promoting adequate child spacing in the family for optimal growth of a child.
4. **Immunization and growth monitoring:** This involves attending immunization services and monitoring the growth and development of the child. Children should get all the recommended immunizations before their first birthday and within five years to protect and prevent the child from getting dangerous childhood diseases.
5. **Adequate nutrition:** This includes parents' actions, such as (i) the mother having a balanced diet during pregnancy and after birth, (ii) exclusively breastfeeding the child for six months, and (iii) introducing complementary food for the baby at seven months and family foods when the child is two years old.

6. **Responsive care giving/parenting:** This includes parents' actions, such as (i) supporting the mother to have enough rest during pregnancy and child-birth, (ii) promoting bonding and attachment of the child with both parents throughout the early childhood period through showing love, affection, caring, playing, etc., and (iii) seeking support when necessary to promote mental health and well-being when parenting a child.
7. **Safety and security:** This includes parents' actions, such as (i) notifying the birth of their child and getting a birth registration which includes naming the child, (ii) ensuring good hygienic practices at home by providing clean and safe water, (iii) clean and safe environment, including play spaces, (iv) prevention of violence in the home by parents and family, and (v) seeking social services.
8. **Opportunities for early learning:** This includes parents' actions, such as (i) use of safe age-appropriate common household materials to promote playful learning at home, (ii) use of local language in the child's daily care to strengthen mother tongue, positive cultural and spiritual values, (iii) playing with the child, reading and storytelling to support her/his learning, and (iv) preparing the child for pre-primary education.
9. **Invite comments from the participants.** Some parents may share their experiences and efforts in accessing or providing these early childhood development services. If participants need further information, inform them that the next activities will cover more detail.

Close the activity and allow participants to take a short break as you prepare to change over to another activity.

4 Activity 4: Care for mother and baby during pregnancy



Duration: 30 minutes

Materials: Flip charts, markers, masking tape, illustration materials (pictures)

Steps:

1. Welcome participants to the activity.
2. Provide a picture illustrating different scenarios: an unhealthy-looking pregnant woman, on her own, and a healthy pregnant woman with her husband who have gone together to the health centre.
3. Ask participants to discuss one picture at a time by

responding to the following questions:

4. What do we see in the pictures?
5. What is so special about pregnancy?
6. What are the social, emotional and physical needs of a pregnant woman and her unborn baby?
7. What do you understand by birth preparedness? How can a pregnant woman be supported to be ready to give birth?
8. Looking at the pictures, what lessons can we draw from the couple?

Close the activity by highlighting the following points:

- Every pregnancy is special.
- All pregnant women need at least eight antenatal care visits to help ensure a safe and healthy pregnancy.
- It is estimated that for every 100,000 women who give birth in Uganda, 336 die due to pregnancy- and birth-related causes. The number of children dying is even higher; and those who survive usually face many health problems, including diarrhoea, pneumonia and malnutrition.
- Pregnant women and their families need to be able to recognize the signs of labour and the warning signs of pregnancy complications.
- They need to have plans and resources for obtaining skilled care for the birth and immediate help if problems arise.

5 Activity 5: Father's support during pregnancy and childhood

Duration: 40 minutes

Materials: Flip charts, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Tell participants that maternal care is closely linked to the role of fathers in pregnancy and care for newborns. Although pregnancy is a joyful experience, it is also a stressful time for many couples. So, couples need to be patient and talk openly to avoid conflicts.
3. Ask participants to reflect on and discuss how men, as partners and fathers, can play important roles in promoting the mother's and child's physical and emotional well-being during pregnancy. (Allow 3–5 responses.)
4. After the reflections, emphasize that during pregnancy, it is vital that the mother lives in a physically and emotionally safe environment and eats a balanced diet.
5. Encourage participants to implement some of the discussion's practical ideas to be supportive and ensure proper care for the mother and the baby's growth.
 - Tell participants that once children are not loved and cared for, it may result in future problems, such as low self-esteem and desperately seeking love from someone else outside the family. This can expose the child to sexual and gender-based violence.
 - Read the story of an involved father, below, to the group.
 - Ask participants to explain what they understand by father involvement in maternal and childcare and give examples from their communities. Allow 3–5 answers.

Story of a father involved in childcare

Mr Ssemakula from Kirowoza Village is married with four children. Whenever his wife is pregnant, Mr Ssemakula supports her by accompanying her to the health centre on his bicycle and he stays with her throughout the visit. When the nurse gives his wife medication, Mr Ssemakula reminds his wife to take it on time. Mr Ssemakula supports his wife in getting nutritious meals and helps with home chores such as cleaning the house and utensils. Whenever the wife delivers, he takes turns with his wife to carry the crying baby. In his compound, he usually carries the older children on the bicycle; plays football and generally spends time with them. They do not have much money, but the family seems happy and healthy. At weekends, the family works together on the farm.

6. Ask participants to form two groups and discuss the questions below:
 - What changes do women go through when pregnant?
 - According to the story, what does Mr Ssemakula do when his wife is pregnant?
7. After 10 minutes, ask participants to return to the larger group and present what they discussed.
8. After the presentation, lead a plenary discussion using the questions below:
 - What lessons do we learn from the story?
 - What factors may prevent men's involvement in domestic work?
9. Emphasize to participants that male involvement in maternal and child health is a practice in which fathers and male community members actively care for women and support their families to access better health services. So, men have a significant role to play in ensuring that their family is healthy from the start.

Close the activity by highlighting the following points:

- Women undergo many changes during pregnancy and sometimes tire more easily; so, they need help.
- It is important that fathers participate actively during pregnancy by talking about how the baby in the womb feels, accompanying the mother to pre- natal check-ups, planning for the child's birth and helping with household chores, such as cooking, washing, etc.
- Fathers should remember that poor maternal care can affect both mother's and baby's general health and well-being and lead to mental health problems.
- The involvement of fathers/husbands in maternal care is one important step to prevent any lifelong health problems for both mother and child. So, fathers/husbands should always play their roles and seek help where they have challenges because the family's well-being depends on them.

Session 2

Understanding child development milestones and birth registration

Session objectives:

1. To improve parents' understanding of key developmental milestones for children 0–8 years old and the key roles of a parent at each stage.
2. To understand the importance of birth registration and know where and how to get one's child registered.

Figure 1: Image of a Ugandan birth certificate

1 Activity 1: Developmental stages for children aged 0–8 years

Duration: 40 minutes

Materials: Flip charts, markers, illustrations, table summarizing developmental stages

Steps:

1. Provide an overview of the activity and explain its purpose.
2. Illustrate the different stages of child development and invite 1–2 people to comment on their interpretation of the picture.



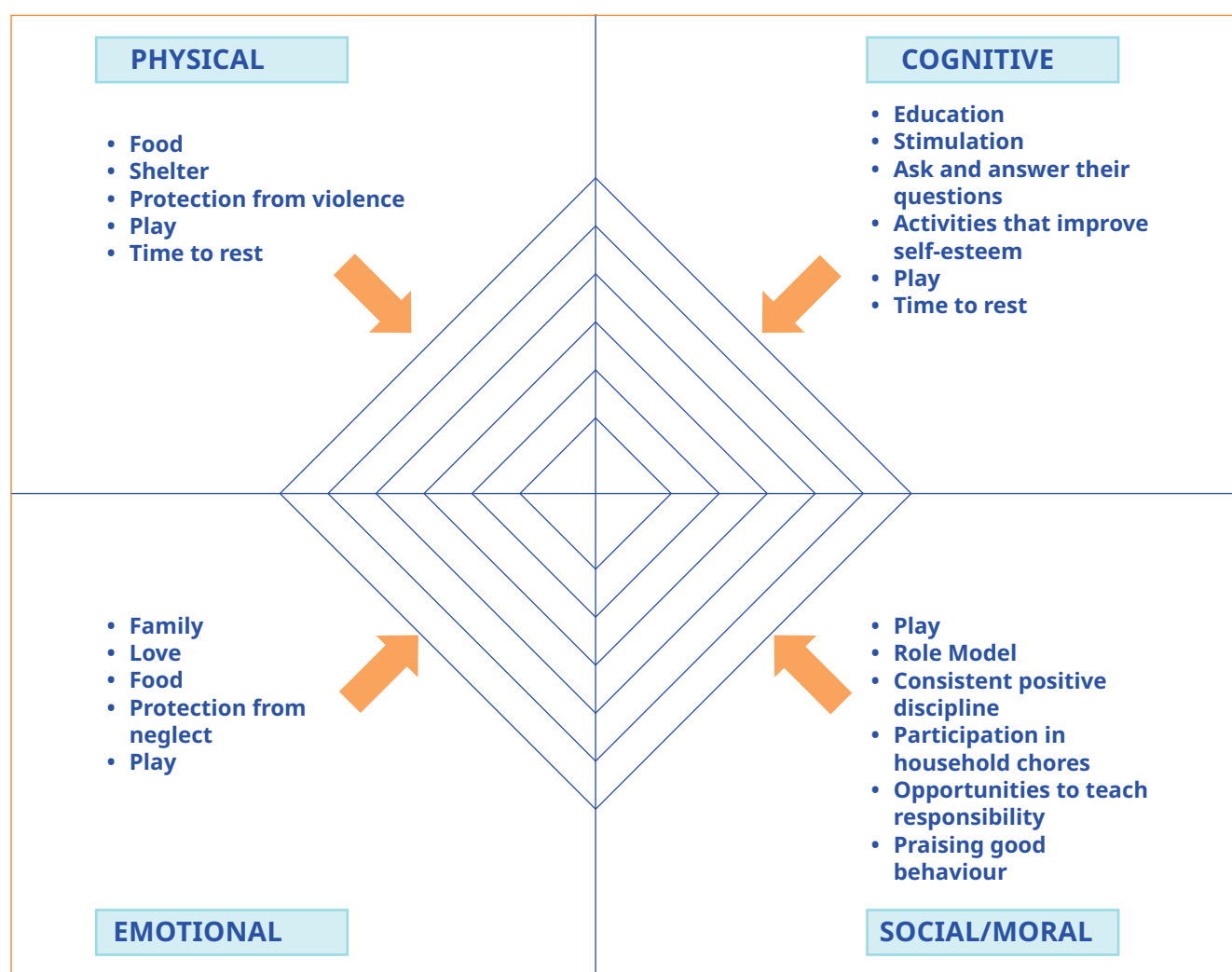
3. Ask participants to divide into three groups and assign an age bracket to each group. (They will be referred to as 0–3 years, 4–6 years and 7–8 years.)
4. Ask each group to discuss the developmental features of their assigned age groups according to Table 2 below:

Table 2: Age groups

Group 1: 0–3 years	Group 2: 4–6 years	Group 3: 7–8 years
Physical	Physical	Physical
Emotional	Emotional	Emotional
Social	Social	Social
Cognitive	Cognitive	Cognitive

5. Allow 20 minutes for the group work and invite participants to return to the plenary and share their findings. (Each group will discuss the development features of their assigned age group according to the four aspects.)
6. As they present, observe if cross-cutting needs, such as food, play and rest are mentioned. Fit the needs they mention in Figure 2 below:
 - Add them using Figure 2 and the notes below:

Figure 2: Developmental features and associated needs



- Parents should focus on all four main areas proportionally for balanced child development.
- Physical development – proper nutrition, shelter, play, protection from violence.
- Cognitive development/thinking – stimulation, colorful pictures, education, interactive play, good nutrition, time for rest.
- Feelings/emotional development – supportive family, love, feeling secure, protection from neglect and emotional abuse.
- Moral/social (religious and cultural) development – positive role models, positive and consistent discipline in a loving context (praising good behaviour, explaining why bad behaviour is wrong, and giving positive remarks by name. (see Facilitator's Guide for more notes.)
- If a child does not grow up in a loving and supportive environment, or if she/he grows up in a situation of neglect and emotional abuse, then her/his emotional, social and moral development will be less advanced than that of a child who has better opportunities.
- Explain that the younger the child, the less developed she/he will be in all of these areas. However, if she/he is growing up in a supportive, safe and loving environment, she/he will be on track for overall balanced development.

Close the activity by highlighting what children at different stages need from their parents (see Figure 3).

Figure 3: Children's needs from parents at different stages



2 Activity 2: Birth registration

Duration: 30 minutes

Materials: Flip charts, markers and scenario cards

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Ask the participants if they have registered the birth of their children. (Invite 2–3 participants to share.)
3. Ask the participants to listen to the following scenario:
4. Invite 2–3 participants to comment on whether this scenario is common in their community.
5. Use the questions below to continue with the discussion:
 - What is birth registration?
 - What are the benefits of birth registration?
 - What are the challenges that stop parents from registering their children? How can these be addressed?

Scenario:

Nalumansi was in Labour and went to the nearest clinic in her neighborhood, where she safely delivered a healthy baby. Her friend visited a few weeks later and asked if Nalumansi and the husband had registered their baby, to which she replied that they had not. The friend explained that birth registration was important and linked to school enrolment. However, Nalumansi's husband believes that men have all the wisdom and declined to take the wife's advice on birth registration. He got angry and walked away.

Close the activity by highlighting the following points:

- Birth registration is the first step in securing legal identity for a child and supports access, entitlements and service provision for the child.
- When a child is born in Uganda, the government should record her/his name and details at a health facility and local administration, for example, at a sub-county.
- Birth registration is mandatory and should be done within the first few months after birth.
- Every child has the right to be registered at birth so that they are part of our nation from the start to support national planning.
- Birth registration is an important source of statistics for the country.
- Upon registration, the child is issued with a birth certificate.
- Parents should take full responsibility to register the birth of their children.
- You can contact the local council, health centre or the National Identification and Registration Authority (NIRA) for more information about the registration of children.

Session 3 Playful parenting

Session objectives:

1. To appreciate what playful parenting is.
2. To appreciate the importance of play to children.
3. To integrate learning into the everyday playful activities of children.

1 Activity 1: Playful parenting

Duration: 30 minutes

Materials: Markers, flip charts, illustration pictures

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Explain to the participants that they will discuss the topic of playful parenting.
3. Ask participants to recall the times they had opportunities to play while growing up. Ask 2–3 participants to share using the questions below:
 - What play activities were they?
 - How do you feel remembering those moments?
 - What do you think were some of the benefits to you from playing?
4. Ask participants what they find to be the main pre-occupation of every child on a daily basis. What do most young children think about doing when they wake up? If it does not seem clear, state that they should think about the one thing children typically like doing at any opportunity.
5. After about 30 seconds, ask participants to share their thoughts. Invite others to comment.
6. Explain that parents often find it challenging to get children to learn responsibility or to be involved in basic self-care tasks, such as dressing up alone, eating alone, cleaning up after eating, etc. On the other hand, every time a child is asked to do these things, she/he is not keen. She/he seems not to find these activities fun enough. She/he resists doing them; or if she/he does, she/he often quickly turns the instruction into an opportunity to play and rarely completes it or takes her/his time to complete the task, much to the annoyance of parents. The concept of responsibility does not seem to make sense to them. And yes, it may not, but play is! As a result, many parents tend to beat or punish such a child for disobedience or failure to learn. Ask participants to go into two groups and discuss the following questions:
 - What is the value of play to a child? Invite 1–2 people to comment if the statement is true to most parents in their community.
 - How can parents use play as an opportunity to help children of 2–5 years to learn basic self-care tasks? Examples may include toilet manners, clearing their toys/play materials from the house after playing, clearing their litter after playing, brushing their teeth, bathing, or social skills and behaviour such as greeting adults, helping, caring for others, compassion, etc.
7. Invite participants back to present their views. Pay attention and ensure to highlight the following, if not mentioned:
 - Value of play: A child discovers the world around them and learns through play.
 - How parents can turn playful opportunities into learning opportunities: Parents can increase their child's eagerness to appreciate and learn everyday activities and tasks easily if these tasks have a playful component.
8. Ask participants to discuss/demonstrate how they can make the following everyday self-care activities and household tasks fun, exciting and opportunities to learn responsibilities by young children. Examples may include:
 - brushing teeth
 - toilet manners
 - clearing their plate/cup after eating
 - bed-wetting
 - doing homework and keeping their books safe
 - greeting adults
9. Ask participants what the value of play is to a child. How does play help children to learn?

Close the activity by highlighting the following points:

- Playing is critical in the child's development and learning.
- The primary role of the parent/caregiver should be to support the child in learning new skills and responsibilities through play.
- Remember that the concept 'responsibility' does not always make sense to children, but play does!
- Parents who try to make their children learn through play will be less stressed and will not resort to physical punishments or other harsh discipline strategies.
- Parents/ caregivers can apply the same principles to older children – it works!

2 Activity 2: Interactive play

Duration: 50 minutes

Materials: Flip charts, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Invite participants to stand up in a particular corner and explain that we will learn about the importance of play.
3. Introduce papers/ flip leaves (Do you Agree, Disagree and Not sure).
4. Explain that you will read a statement and participants will walk to the paper/flip leaf they believe identifies with their response to the statement.
5. Start by reading each statement below and asking the participants to move to the different locations:
 - Children can play after they finish their house chores and school-related activities. Do you Agree, Disagree, or Not Sure? Explain your answer.
 - Parents need to know all the games children play and manage their play to enable learning. Do you Agree, Disagree, or Not Sure? Explain your answer.
 - Play is the way children learn and develop important skills. Do you Agree, Disagree, or Not Sure? Explain your answer.
 - Parents need to plan for their children's time to play just like they plan for their education and feeding. Do you Agree, Disagree, or Not Sure? Explain your answer.
6. Divide the participants into three small groups and ask them to discuss what children learn or how they develop through the following activities: (Give two scenarios per group.)

Storytelling;

- singing, dancing and making music;
 - games and sports activities;
 - painting, drawing and colouring;
 - free play (child-driven play); and
 - interactive play with friends.
- Ask participants to comment on the illustration below.



7. Explain that:

Play promotes every aspect of children's development, namely:

- **Physically** – becoming fitter, stronger and more coordinated;
- **Intellectually** – hearing and using language, counting, being creative, developing their imagination;
- **Socially** – making friends, taking turns, cooperating, problem-solving and working as a team; and
- **Emotionally** – having fun and letting off steam, expressing and managing difficult feelings, learning limits and calming down.

- In play, there are games that focus on the child's interests, those that require cooperation and those between two or more children, i.e. games that focus on the child. Parents need to provide a supportive environment.
- When children play, learning occurs that we may not realize. Learning in play is integrated, powerful and largely invisible to the untrained eye. Much of this learning happens without direct teaching. It is important to the child.

This learning has a central value in childhood and long-term development benefits.

3 Activity 3: Parent/Caregiver and child attachment

Duration: 40 minutes

Materials: Flip charts, paper and pens

Steps:

1. Welcome participants and inform them that you will discuss 'Attachment' and why it is vital for parents/caregivers and child relationships.
2. Ask participants if they can share ideas on what 'Attachment' means in childcare. Allow 2–3 parents/caregivers to share.
3. Explain that the quality of relationships that children and their parents/caregivers have depends on the level of attachment they develop early in life:
 - Parents/caregivers who are warm, available emotionally and attentive create secure attachment.
 - Parents/caregivers who are inconsistent, cold or confusing increase levels of anxiety, producing insecure attachments.
4. What do participants think is the benefit of parental connectedness/ attachment to the child? Let participants go into two groups and assign one group to discuss the benefits to the child and the other, benefits to the parent.
5. Ask participants to reflect on the following questions and lead a discussion in plenary (see facilitator notes).
 - What do parents/caregivers tend to do that usually causes children to be 'distant' from them?
 - How can parents/caregivers ensure children are 'close or connected' with them?
 - What environment must parents/caregivers create to enable secure attachment?
6. Continue the discussion by asking participants to mention all possible playful attachment-based activities that enhance connection with their children and how that particular activity can enhance connectedness/ attachment. Examples may include:
 - playful copycat (or mirroring the child);
 - back rides;
 - tickling a child;
 - two parents swinging the child, one holding the legs and the other holding the hands;
 - massaging of a child or child massaging her/his parent;
 - hair brushing for a child by a parent/caregiver;
 - storytelling or reading, telling of legends/traditional folk stories, singing for or with the child; and
 - playing some games with child, e.g. football, netball, board games, etc.
7. Divide participants into pairs or groups of three and ask them to try the attachment-based activities above as appropriate. They should avoid intrusive ones that may result in inappropriate body contact if the groups are comprised of mixed sexes or if there are age gaps. Where it is not possible to do the activity, ask participants to discuss how they would feel about doing these activities with a child in their care.
8. After trying out the activities, ask participants to share how they felt doing them and whether they can identify any similar (culturally relevant) attachment-based activities.

Close the activity by highlighting the following points:

- Children develop different attachment styles/strategies depending on their caregiving experience.
- Parents/caregivers who are warm, available emotionally and attentive create secure attachment.
- Parents/caregivers who are inconsistent, cold or confusing increase anxiety levels, producing insecure attachments.
- Even though stronger attachments are established early in the child's life, it is not too late for parents/caregivers who may feel they missed this important relationship with their child. Now is the time to try out something. The important thing now is to be consistent with the specific activities that bring the parent/caregiver children close and minimize those that widen the gap.

Home practice activity

Tell the participants thus:

- When you get home, practice some playful parenting activities that allow you to bond with your children.
- Share with the group in the next session how this activity made you feel about your relationship with your child.



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Overall goal of the module

To improve parents' skills and knowledge of adolescent development and management so they can comfortably and respectfully support their adolescent children's needs and expectations.

Session 1 Understanding the adolescence stage**Session objectives:**

1. To improve parents' knowledge of adolescent body changes and communication skills to meet their needs more effectively.
2. To help parents discuss ways to ensure children's personal safety.
3. Identify ways to protect children from sexual abuse or pressure to use drugs and alcohol.

1 Activity 1: Review of home practice

Duration: 15 minutes

Materials: Flip charts, masking tape and markers

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experience of practicing some playful parenting activities that allow them to bond with their children.
3. Encourage participants to continue doing home practice activities.

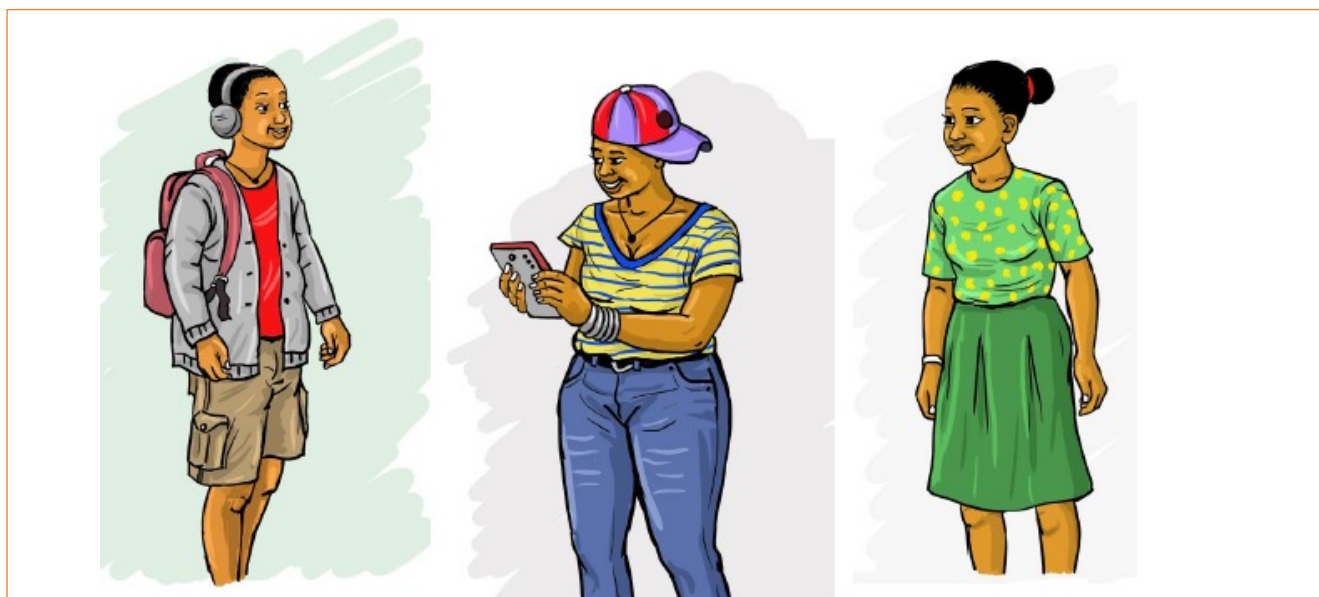
2 Activity 2: Understanding adolescence

Duration: 1 hour

Materials: Flip charts, illustrations, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Ask participants to reflect on the time when they were adolescents. Some participants may feel it is too long ago and may not recall the experiences, but still encourage them to. Let them answer the following questions (allow up to three responses per question):
 - How did it feel to be an adolescent?
 - What body changes did you experience?
 - What were the things you liked and liked doing most?
 - What were the things you did not like?
3. Inform participants that adolescence is marked by intense body changes, resulting from puberty and psychosocial development that influence nutritional requirements.
4. Lead a plenary discussion about adolescents' different body changes and nutritional requirements.
5. Explain that the relationships between nutrition, growth and development are essential in the lives of all children and adolescents. Eating, growing and developing are different aspects which are interactive, interdependent and inseparable.
6. Ask participants to form 2–3 groups and give them the illustrations of adolescents to respond to the following questions:



- Do you think it is normal for adolescents to act like the ones in the pictures above? Why? Are there parents who see this as a problem? Why/Why not?
 - Inform participants that adolescence is a stage of discovery and that it is normal for young people to want to explore and try out many things. Parents/caregivers need to provide guidance and understand the young people.
 - What are the nutritional needs of both adolescent girls and boys?
 - What do you think are the health and social implications to girls and boys if their nutritional needs are not properly met at this stage?
 - What are some of the best ways parents/caregivers can meet the nutritional needs of adolescents during the critical stage?
7. Invite participants to the plenary and let them share their responses.
 8. Explain that adolescence is the transition period between childhood and adulthood, characterized by intense body changes resulting from puberty and by impulses of emotional, mental and social development. All these changes are part of a continuous and dynamic process involving favorable or unfavorable influences from the social context. The process ends with complete physical growth and sexual maturation, personality development, economic independence and integration of the individual within her/his social group.

Close the activity by highlighting the following points:

- Adolescence begins with puberty and continues through the transition in social roles to independence (like completing education, starting work, beginning a relationship or starting a family).
- This stage involves rapid growth and development, but it is different for every child, even if they may be the same age.
- Boys and girls also develop differently – girls typically reach physical maturity in their mid-teens, while boys mature a couple of years later.
- Adolescence is not only about physical growth but also involves brain, cognitive (or mental), emotional and social development.
- As adolescents develop, they often need secure and trusting relationships, healthy foods and good nutrition, good hygiene and sanitation habits, a safe space to grow and learn, access to education and health and psychosocial services.
- Health and behaviours that start in adolescence can have lifelong consequences.

Handout 1: Adolescents and body changes

Homes can be a safe haven, providing essential support for adolescents as they experience profound physiological, sexual, cognitive, social and emotional changes.

Physical changes for boys aged 10-19 years:

- Growth spurts occur.
- Muscles enlarge.
- Voice deepens.
- Acne develops.
- Sperm matures and wet dreams begin.
- Genitals enlarge.
- Hair grows around the genitals, under arms and on the chest.

Emotional changes for boys aged 10-19 years:

- They challenge rules and test limits.
- Feelings contribute to behaviours but do not control them and can analyse potential consequences.
- They compare own development to peers; and they become concerned with self-image.
- They may have a girlfriend and want to experiment or act on sexual desire.
- Peers influence leisure activities, appearance, substance use and initial sexual behaviours.

Physical changes for girls aged 10-19 years:

- They grow taller and bigger (often before boys).
- Breasts begin to enlarge.
- Hips widen.
- Acne develops.
- Ovaries mature; menstruation begins and they are able to become pregnant.
- Hair grows around genitals and under arms.

Emotional changes for girls aged 10-19 years:

- They experience mood swings, with behaviour driven by feelings.
- They are confused about emotional changes; and they are preoccupied with physical appearance.
- Their self-esteem is determined by others.
- They compare their development to peers; and they determine self-image.
- They may challenge rules and test limits of gender norms; they desire more control over life.
- There is increased interest in sex; and they are more aware of own sexuality.
- Their desire to be loved may influence decision making in sexual relationships.
- Peers influence leisure activities, appearance, substance use and initial sexual behaviour.
- They seek acceptance by fostering relationships with peers.



3 Activity 3: Communicating with adolescents and building a relationship of trust

Duration: 40 minutes

Materials: Flip charts, illustrations, masking tape and markers.

Steps:

1. Welcome the participants to the activity and explain its purpose.
2. Present the illustration below to prompt discussions.



3. What do we see?
 - Is this common in our homes and communities? Why/Why not?
 - What are some of the best ways to get adolescents to appreciate what you want to communicate? You can refer to the pictures above that show parents and adolescents sharing their best moments.
 - What are parents/caregivers' most important topics to discuss with their adolescent children?
4. Invite some participants to role-play some of the best ways to communicate important issues with adolescents.
 - Discuss how they should approach the topics. Probe for sexuality, dress code, friendships, health, academic expectations, emotional challenges and personal freedom.

Close the activity by highlighting the following points:

- Young adolescents may be particularly vulnerable while their competencies for self-management are still developing as they move beyond their families.
- As parents/caregivers, we must understand and support our adolescent children to successfully go through this critical stage and remain firm in our family and religious beliefs and values.

4 Activity 4: Accepting adolescent perceptions and emotions

Duration: 60 minutes

Materials: Flip charts, illustrations, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Invite participants to listen to the story of Carol below.

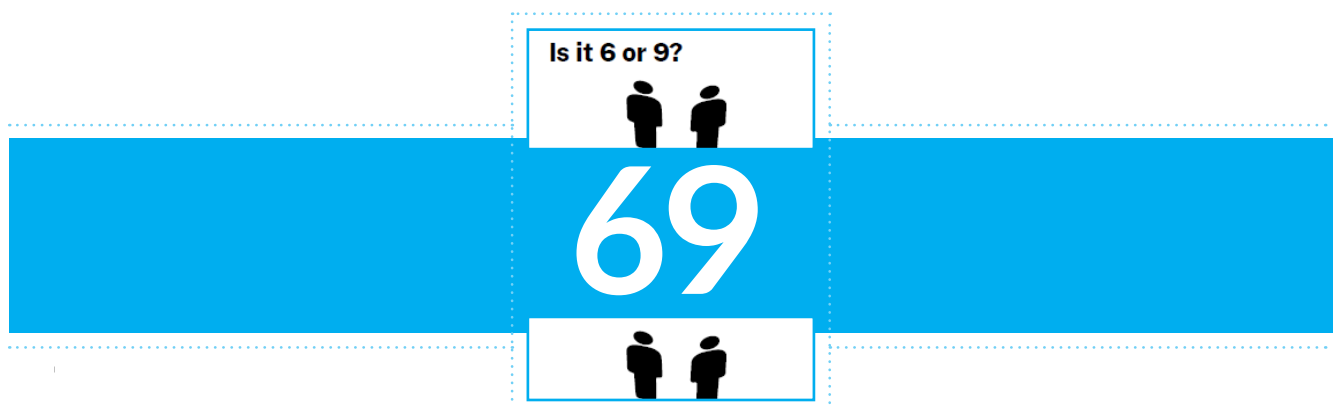
Carol, the 16-year-old girl

Carol is 16 years old and she is in Senior Two. She looks fully grown and feels very beautiful. For a couple of weeks, Carol has received notes and love messages from Patrick, who describes her beauty and how lovely and perfect they can look together. When Carol receives these messages, she smiles; feels very proud of her beauty and looks forward to receiving more. She tells her friends the thrills she feels about Patrick's messages. Carol feels like a grown woman, on top of the world and even thinks she is wasting time in school when she remembers Patrick's promises.

On the other hand, her mother is very bitter about the way she walks, dresses up and her current appearance. The school administration has rules forbidding boy-girl relationships, including writing and receiving love letters. They often tell girls they are trash to discourage such relationships.

A social worker attached to the school found out about Carol and Patrick's relationship. She made initial plans to resolve this.

3. Is this a common scenario in our communities? Why/Why not?
4. Draw number 69 on a flip chart and put it on the floor.



5. Introduce a card/flip chart with number 6 and place it on the floor. Divide the participants into two groups and ask them to come closer. One group should stand at the bottom of the figure to clearly see number 6. Let the other group stand at the top of number 6 (on the other side) so they can see it as number 9. Do not disclose this fact to them. Simply ask them to stand in those two positions. Now, ask both groups simultaneously to shout out what number they are seeing. Ensure they shout out their response loudest. Ask them again and again. Ensure that there is no agreement with each to maintain their position.
6. Now remove that flip chart and replace it with the one bearing numbers 6 and 9 joined together to form an excellent 69. The groups should not move.
7. Ask the groups what number they are seeing. Confirm that they are all saying it is the number 69. Ask them repeatedly and ensure there is an agreement that the number is 69.
8. Ask them to discuss lessons they can draw from the experience of moving from one side of number 6 to the other regarding how to resolve issues of perception with adolescents.
9. Use the points below to supplement their views.
 - Now, tell them that in some families, it is very common for parents to argue with adolescents over issues regarding how they see things.
 - Unfortunately, the main problem lies with the tendency of parents to see things only from their point of view. Even when the adolescents say, 'please listen to me or see my side.' When we take our position and keep seeing things only from our point of view, we will never agree, negatively affecting our adolescents and our relationships with them.

Close activity by highlighting the following points:

- Parents and children often tend to see things from different points of view and this is mainly because they are different. They have different expectations and experience and desire for different things in life.
- As parents, therefore, we should understand our adolescent children and try to see things or issues from their perspective.
- It is important to understand the generational gap and changing world.

Home practice activity

- Parents/caregivers with school-going children should identify two unmet school needs of the children and learn to fulfil them during the week to encourage them to achieve at school. Those needs should not be financial in nature.
- Bid farewell to the participants and thank them for working together as parents/caregivers.

Session 2 The race for your child

Session objectives:

1. To help parents appreciate the nature of the global moral conflict and the child's position in it; and encourage parents to reflect on how best to protect their adolescent children from global challenges.

1 Activity1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experience of sitting with their adolescent children and discuss how they want to be talked to by their parents. If some participants had problems, ask others to share.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: The race

Duration: 1 hour

Materials: Flip charts, markers, mock materials

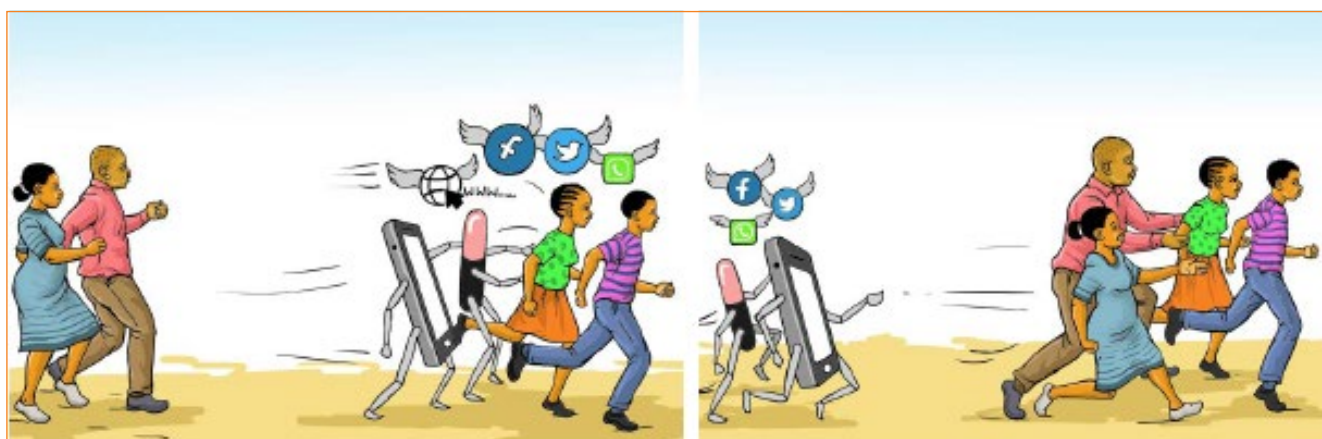
Steps:

1. Welcome the participants to the activity and explain its purpose.
2. Explain to participants the objective of the activity.
3. Inform participants that they are going to race (compete). Identify at least six volunteers; five will be 'runners' and the sixth will be 'the child.' Allocate roles to the five runners: a parent, a drug dealer, a bar owner, a peer and a sex abuser. Let every participant in the session know about these identities.
4. Arrange a track for running and stage 'the child' at one end of the track and the runners at the starting line. Instruct each of the runners privately that they are in a competition and their role is to run as fast as possible to gain first access to 'the child' in order to influence them. This means that once they reach 'the child', they can take over 'the child' and convince/

influence her/him to accept what they are offering – money, drugs, sexual offers, alcohol. Ensure you have prepared all the mock materials that represent these things – money, water in a bottle for waragi, wrapped flour or leaves for drugs. Tell the one running as a parent that in this mock exercise, she/he should run slowly so she/he reach ‘the child’ last.

5. Invite other participants to watch and cheer the runners.
6. When the race is over and there is a winner or winners, ask the participants to come back together for a group discussion.
7. Ask the runners to share what their experience was.
8. Ask the runners to share how they felt about being in the race.

- For those who reached ‘the child’ before the ‘parent’ – how did they feel winning the ‘parent’?
 - For the ‘parent’ – how did she/he feel losing?
9. Ask ‘the child’ to share their experience of being targeted by many competing runners (influences).
 10. After hearing the participants’ experiences, explain to them that the world is in a race for their children today. Explain that the world in which our children live and grow up has many negative social influences that could ruin them.
 11. Ask participants to mention the things that are competing with them for their children.
 12. Ask participants why children are the prime target in this moral conflict (allow at least three responses).
 13. Present the illustration to the participants and ask them to comment.



Questions:

- What do you see?
- Does it happen?

14. On a flip chart, display a list of ‘who is in the race for our children’ and ask parents to study the list and share what they think and know about them (see illustrated list in Table 3 below):

Table 3: Who is racing for a child?

1.	Homosexuals/lesbians
2.	Pornographers
3.	Drug traffickers and dealers
4.	Rapists and defilers
5.	Sugar daddies and sugar mummies
6	Witchdoctors for child sacrifices and ritualists
.7.	Comprehensive sexuality education

15. Ask participants to reflect on the dangers to their children if they fail to win this race.
14. Ask participants to discuss and give examples of what

they will do to protect their children and win this race for them. Write the list on a flip chart.

Close the activity by highlighting the following points:

As parents/caregivers:

1. How do we reach our child first?
2. What positive things can we do to get there before all the others in the race?
3. These are some of the things that can guide us to reach our children before the others in the race:
 - Love your child.
 - Accept the child unconditionally.
 - Show care and concern while balancing love with discipline.
 - Show that the child matters to you and do not give up.
 - Communicate with your Child.
 - Talk with, not at or down to (make time to converse).
 - Be approachable and engage emotionally.
 - Listen, listen, listen!
 - Equip your child with values based on truth.
 - Love the mother/father of your child.
4. There are principles that we can live by as parents/caregivers to help us always stay ahead in the race. They include:
 - Always have the attitude of a runner – focused on the finishing line.
 - Give the race your best.
 - If we approach the race with a lazy, casual attitude, the prize will go to someone else – the wrong people.
 - As a parent/caregiver, always be ready to wrestle the competitor – and bring them down. Sun Tzu wrote: “If you know your enemy and know yourself, you need not fear the result of a hundred battles. If you know yourself and not your enemy, for every victory, you will also suffer defeat. If you know neither, you will succumb in every battle.”
 - As a parent/caregiver, always have the attitude of ‘I am going to run the race and win it no matter the inconvenience and the price.’

3 Activity 3: Helping children to stay safe from sexual, drug and alcohol abuse

Duration: 40 minutes

Materials: Flip charts, masking tape, markers and a clay pot and a clay cup

Steps:

1. Welcome the participants to the activity and explain its purpose.
2. Show participants a very beautiful, breakable clay pot or cup.



3. Tell them to imagine that this pot or cup represents their life, something very precious.
4. Ask a few participants to take the pot one after the other and express how best they can care for their lives. Encourage them to use words, movements and actions demonstrating that they care to handle their pot/cup very well.
5. Allow about five people to try out. Some of the things participants could say are:
 - This is my life. I will not compromise it for anything.
 - This is my only life.
 - I am a strong person and I cherish my life.
 - My life is so beautiful.
6. After the participants have handled the breakable pot or cup, pick the cup/pot and handle it carelessly while tossing it up in the air and talking about negative behaviours, such as: I don't care even if I smoke; I don't care even if I engage in early sex; alcohol consumption is not harmful to me.
7. Drop the pot or cup and let it break into pieces.
8. In a plenary, ask the participants to share their feelings before the pot/cup broke and after the pot or cup got broken. Write these on two separate flip charts.
9. Ask participants to form 2–3 groups and discuss the following questions:
 - What are the consequences of not caring for your life?
 - What can parents tell their children to help reduce the risk of sexual and drug abuse? (Obtain at least five responses.)
 - How can we use the illustration or pot experience to support our children with information to prevent sexual and drug abuse?
10. As participants are working in their groups, try to mend the broken pot/cup.
11. When the participants finish their discussion, let them present their views in the plenary (5–10 minutes).
12. Now, present the mended pot or cup to the participants and let them discuss it. Ask if the mended one is as treasured and valued as the intact one (before it broke).
13. Tell them that the mended pot can still be useful after repair but needs a lot of commitment and more hard work to make it look nice.

Close activity by highlighting the following points:

- Inform participants that like this pot/cup, children need to be cared for and protected from abuse of any kind, including sexual abuse, alcohol and drug abuse activities, so they are not destroyed like the beautiful pot or cup. We can do this by giving children wise counsel, supporting them when they report risk, showing them that no one loves them more than we do, not being abusive and encouraging them to care for themselves. But sometimes, children may suffer abuse or may have engaged in early sex. They may get pregnant or engage in drug abuse willingly while at home or staying with someone else. As parents of such children, we need to encourage and support them to overcome this challenge. We should encourage them to stop if they are doing so willingly and positively encourage the abused, reassuring them that all is not lost. This will help them to be more careful to avoid risks and work hard to change their destiny.
- Life is a precious gift that should be treasured. It is upon each one of us to let our children know that life is a gift to be treasured.
- Every choice has its consequences which may be positive or negative. Therefore, children must learn to make the best decisions in each situation. Parents/caregivers have a role to help their children make the right choices about sexual activities and drug use by:
 - Providing accurate information on sexuality that is age-friendly.
 - Guiding children on how best to take care of their lives, just like we have experienced with the pot or cup protected from abuse of any kind, including sexual, alcohol and drug abuse. drug use activities so that thare not destroyed like the beautiful pot

4 Activity 4: Supporting adolescents to explore realistic goals and dreams

Duration: 1 hour

Materials: Flip charts, markers, story cards

Steps

1. Welcome the participants to the activity and explain its purpose.
2. Give the scenario below to the participants to study.

Breaking boundaries: Namutebi's journey to success

Namutebi was a brilliant child in school and performed well to join university. Her parents are doctors. They expected her to be a doctor; but she wanted to be a businesswoman. Her mother was so hurt by this decision. She told her that she would not talk to her again if she did not study to be a doctor. Namutebi refused to be blackmailed. She went to university to study business for three years. In the process, she kept her distance from her mother. When she was about to finish her studies, her father visited her. He gave her Shs100,000 and told her it was his contribution to her business if she was serious. She used the money to start a small cosmetics business. The business picked up and flourished. Today, she is a successful businesswoman who has started many other businesses that have thrived. She looks after her parents.

1. Have you heard similar stories in your community before? Why/Why not?
2. If you were Namutebi's mother/father, what would you have done differently?
3. What key lessons do we draw from the scenario?
4. And what are the best ways for parents to respond to adolescents' ambitions?
5. Testimony sharing: Allow some participants to share their experiences as parents of adolescents. In their testimonies, they should show how they struggled to let their children make choices in different life issues, such as clothes to put on, subject choices to partake in and how it affected their relationship with their children.
6. Let the other members advise on how those parents could have done differently.
7. Invite the participants to discuss: How do you help your children decide what they want to do? As they generate ideas, write down the points on the flip chart. Probe for the following: exposure, literature, choice of school, straight one-on-one discussions, listen and discuss, support, supervision levels.

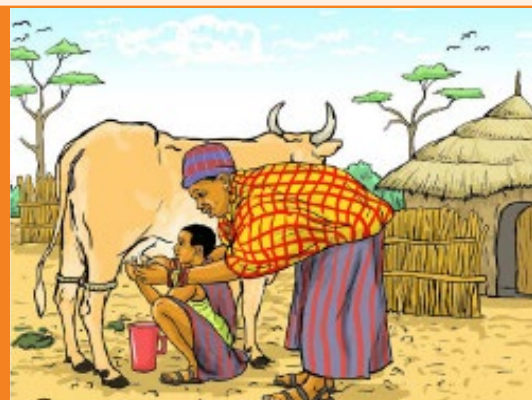
Close activity by highlighting the following points:

- Getting an adolescent child to talk about her/his future can be challenging, but setting goals often helps provide direction and motivation.
- Know your children's passion as a basis for you to support them.
- It is important to note that you are the authority in your child's life. You may need to be firm to bring them up in harmony.
- Your adolescent children must make mistakes and you may not always agree. Therefore, you need to separate the actions or behaviour from the person and love them more.
- Always endeavour to understand the needs they are trying to meet through their behaviour and support them.
- Always remember that it is your job as a parent to support your adolescent child until she/he succeeds.

Home practice activity

- When you get home, sit down with your adolescent children, and invite them to share their dreams, aspirations and fears. Guide on what you think is realistic without dictating. In the next session, share your experience with the rest of the group.

MODULE 4: PARENTAL SUPPORT FOR EDUCATION AND LEARNING



Overall goal of the module

To strengthen parents' involvement in their children's education and support informal and life skills learning at home.

Session 1 Parental involvement in children's schooling

Session objectives:

1. To identify strategies by which parents can participate in their children's education.
2. To understand the importance of parent-teacher interactions in a child's education.
3. To enable parents to reflect on their relationship with their child and how it impacts learning and life skills development

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals
3. Encourage participants to continue making changes and doing home practice activities.

to share their experience of sitting with their adolescent children and allowing them to share their dreams, aspirations, and fears. Share how they are supporting their adolescent children to navigate through life.

2 Activity 2: The purpose of education

Duration: 45 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. In a plenary, ask participants: Why do parents take children to school? Write their responses on a flip chart. Allow 15 minutes for this activity.
2. Divide the participants into 2–3 groups and let each group discuss: Why do parents take children to school? Allow 15 minutes for this. During the discussion, emphasize that what parents believe as the purpose of education often affects the choice of school, provision of school necessities and allocation of time for household chores, study and play, among others.

Close activity by highlighting the following points:

- Every parent wants her/his child to become a successful and caring adult, thus taking them to school.
- Children actively and genuinely supported by parents in their education tend to do better in school.
- How parents perceive the purpose of education affects the choices of schools for their children, what they provide for children while in school and how they allocate time for household chores, study and play.
- If parents believe the purpose is to shape children's values, they will focus more on what their children are becoming as human beings rather than just their exam results or promotion to the next class.

3 Activity 3: How parents can effectively support children at school

Duration: 45 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Read the story of Amit or ask any willing participant to volunteer to read it aloud to the group.

Silent cries: *Amit's journey to being heard*

Amit was a 12-year-old girl in Primary Five in a school in Luwero District. Her parents were both very busy and did not have time to take her to school. Her mother, Mrs Mukasa, worked hard in her gardens and her father, Mr Mukasa, worked as a shopkeeper in a nearby trading centre. Because they were busy parents, they hired a boda-boda rider to help them transport Amit to and from school every day. But Amit was uncomfortable with this man because his conversation was often about sex.

Amit's teacher, Dinah, observed that Amit had become quiet and stopped participating in class. The teacher decided to write a letter to Amit's mother, but she did not reply. After about a week, Teacher Dinah attempted to reach Amit's father on the phone, but he neither answered nor returned her call. Both Amit's parents had already missed three teacher-parent meetings. When the teacher asked Amit what was happening, she cried. Teacher Dinah then decided to go out and find Amit's mother.

She was fortunate to locate her parents at church after two weeks. She informed them of the changes she had seen in Amit and advised the parents to be more involved in their daughter's life. Despite a lengthy conversation, Mr Mukasa insisted that his wife was responsible for visiting Amit's school.

When Mrs Mukasa returned home from church, she called Amit to discuss the teacher's concerns. Amit told her mother about her school experiences and how the boda-boda man talks to her. She said he made her feel so uncomfortable and afraid. As much as Amit wanted to tell her parents, they are hardly at home and she also does not know how to talk to them about such things. She then told her mother that she had been planning to leave school.

Taking a deep breath and with teary eyes, Mrs Mukasa pledged in silence to spend more time with her child and to encourage her father to do the same. Every Sunday evening, the two parents spent time with Amit and did fun things together. Amit discovered how fun her parents were and she felt loved. They stopped sending her to school by boda-boda and took turns to walk with her. She became a happier child and her performance improved significantly, attracting Teacher Dinah's attention.

Close activity by highlighting the following points:

- Parents and teachers influence children's behaviour and personalities. It is, therefore, crucial for parents to work together with teachers to support children.
- This relationship should be intentional, especially on the part of parents, because life skills building should start from home and teachers/schools can reinforce it.
- Parents should appreciate that all children can develop their gifts, including in school, provided parents demonstrate their faith in them. Parents must evaluate their choices and ensure that they are in the best interest of children.
- What parents believe about the purpose of education often determines the schools they send their children to, what they give them while in school and how they schedule time for housework, homework and play, among others.
- Parents will pay more attention to what their children are becoming as people rather than merely their exam results or moving up to a different class if they believe the goal is to mould their children's values.

Session 2 Parental Support for Informal learning

Session objectives:

1. To enable participants to recognize that learning can occur in any context and at any time.
2. To explore the importance of teacher-parent interaction in a child's education.

1 Activity 1: Promoting informal learning

Duration: 40 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Provide the illustration below and ask participants to comment on what they see in the pictures.



- Does it happen in our community? Why/Why not?
- 3. Invite participants to share their experiences of doing things similar to those in the pictures and what they think their children learn from them.
- 4. Ask participants to sit in 2–3 groups and respond to the following questions:
 - Identify different things parents can do to support their children's life skills building and informal learning.
 - Why should parents support informal learning?
 - Are there differences in life skills building for boys and girls in your family and community? Why/Why not?
- How do you overcome the obstacles to encouraging informal learning among school-going children?
- 5. Invite participants to share their views in a plenary and ask others to comment.
- 6. Inform participants that while learning is a lifelong process, parents are children's first and most influential teachers. Parental involvement in their children's social and emotional well-being provides opportunities for shared experiences and informal learning in their home and community environment.

Close activity by highlighting the following points:

- Parents are the first and lifetime teachers of children.
- In most cultures where family and clan are important, there seems to be a tendency to emphasize values, such as obedience, respect, hard work and devotion towards the family, relatives and elders. Parents should adopt positive ways of promoting these values.
- Informal learning is an aspect of family upbringing, which adult family members provide at home to help form children's identities and shape their norms and beliefs for the continuity of the family. Parents should ensure that informal learning is reinforced consciously to build life skills in their children.

Home practice activity

- When you get home, come up with home-based activities you can do with your children to develop and master practical life skills beyond what they learn from school. Prepare to share your experience with your group in the next session.

MODULE 5: PROMOTING POSITIVE SOCIAL NORMS TO REDUCE GENDER-BASED VIOLENCE



Overall goal of the module

To support parents examine the relationship between being a man/boy and being a woman/girl and how these can be used to promote nonviolent relationships within a family.

Session 1 Transforming negative gender norms

Session objectives:

1. To reflect upon how gender norms are perceived.
2. To reflect upon how gender norms can harm both women and men, girls and boys.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share the home-based activities they tried, to support their children to strengthen their life skills beyond what they learn from school.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Sex, gender roles and attitudes towards men and women

Duration: 2–3 hours

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Explain to the participants that they will clarify some perceptions around gender roles.
3. Invite participants to read or listen to the statements and provide their responses with justification for the answer.
4. Start to read the words as below and provide 2–5 opportunities for participants to explain their response:
 - Whose birth is received with more joy? Why/Why not?
 - Which babies are normally considered more beautiful, gentle and peaceful? Why/Why not?
 - Which persons are said to be having a low voice? Why/Why not?
5. Which persons are expected to kneel before elders and men in some communities, such as in Buganda, when listening, greeting, welcoming, talking and asking for something? Why/Why not?
- Which type of persons in some communities, such as in Karamoja, is expected to build houses? And in your community? Why/Why not?
- Which persons ask for and share the bride price? Why/Why not?
5. Inform participants that cultures train all children, boys and girls, to be respectful. In communities where all children are treated equally, there are higher chances of them not experiencing gender-based violence. Use Table 4 below and some of the facilitator's notes to explain the differences between gender and sex.

Table 4: Differences between sex and gender

Sex	Gender
Natural	Man-made
Biological	Socio-cultural
Visible differences in the genitalia or genital organs	Invisible but exhibited as masculine or feminine qualities/behaviour patterns values
Relate to differences in procreative or reproductive functions	Relate to responsibilities, functions or roles performed
Cannot be changed	Can be changed
Remain the same everywhere, thus constant	Change from time to time with the place, culture, race, generation and even family
In-born in an individual/organism	Learnt from the surroundings of the individual

6. Pick two volunteers and assign each one a flip chart on which to draw a sizeable box with space for writing outside it. Ask the person to draw a sizeable picture of a woman inside her box and the other person to draw a sizeable picture of a man inside his respective box.

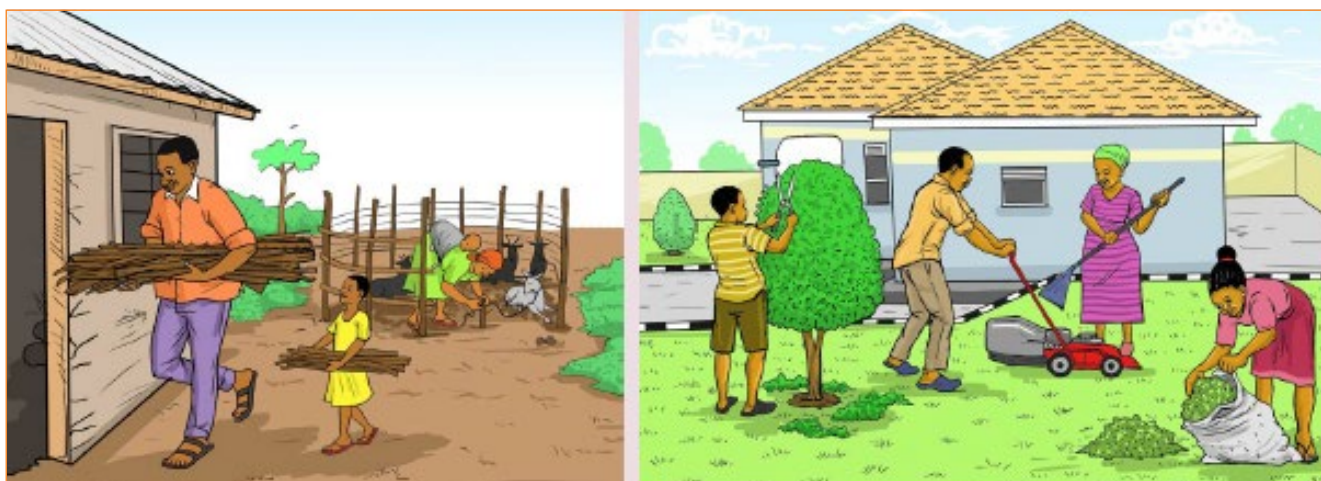
Figure 5: Gender box



7. Ask the group what comes to mind when they hear “being a man” or “being a woman.” Write the responses beside each picture inside the box as demonstrated above.
 - Ensure some of the following words are included for men: father, decision maker, breadwinner, provider, strong, courageous, violent and leader, among others. And for women: mother, weak, carer, among others.
 - Also, ensure some biological traits, such as beard, penis, vagina, breasts, pregnancy and birth, are included.
 - Ask participants to reflect on the responses and identify the natural/biological and social/learned characteristics in each box. Challenge participants to appreciate characteristics that men and women share.
8. Ask the questions below:
 - What attributes can a woman take from the man and woman’s box that can make her a better wife and mother? Write these outside the woman’s box. Write all the biological/natural characteristics outside as well.
 - What attributes can a man take from the woman and man’s box that can make him a better husband and father? Write these outside the man’s box. Write all the biological/natural characteristics outside as well.
 - What have you learnt from this activity? Include things outside the boxes that both men and women can do for the well-being of their families.

Emphasize the following:

- To have a happy family, women and men need to move out of their boxes and acquire the attributes that make them better. They need to be aware that some positive attributes are shared or are in the box of the opposite sex. However, care should be taken not to use this as an opportunity to exploit others. The difference between men and women is only in their natural or biological make-up.
9. Present the pictures below and ask participants the following questions:



- What do you see?
- How do the illustrations relate to the attributes of being a woman or being a man?
- What attributes make a happy family with happy children?

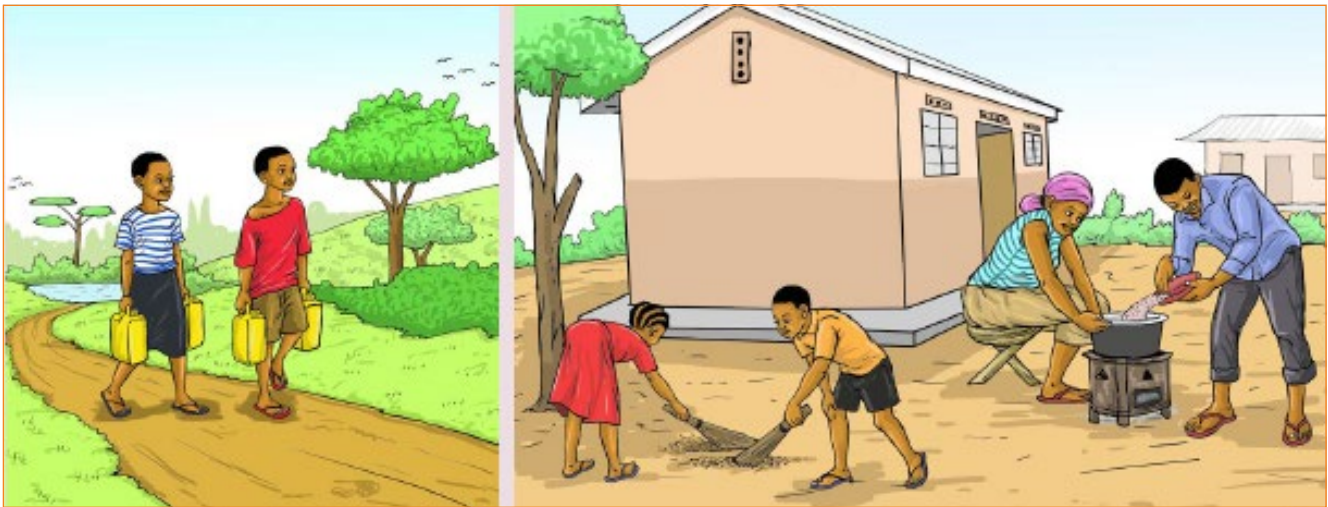
Close activity by highlighting the following points:

- Men and women are born with many similarities, but as they grow, their families and society define appropriate behaviour and attitudes for them.
- For most of us, play time is often used unconsciously, depending on what we consider appropriate for boys/girls. This makes the foundation of how boys and girls are.
- We need to learn attributes that make us better fathers and mothers.
- Although sex roles do not change, gender roles can change over time.
- There is less tension, aggression and more love and respect in homes where male and female gender roles are shared and where the distinctions and similarities between men and women are valued.

3 Activity 3: Treating boys and girls equally

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Invite four people to prepare a role play of a family with a girl- and a boy-child.
3. Where the parent is giving roles in the house to the girl, the boy is served food and later walks away to the trading centre, only to return later with a swollen leg after a fight.
4. Use the following questions to start a discussion on the role play:
 - What did you see and hear?
 - Does it happen in your community?
 - How do we relate the role play to the way norms dictate how boys and girls are raised?
5. Ask participants to identify tasks and roles that they think can only be performed by girls and those done by only boys. Use probing questions to enable them to realize that all activities can be done by either gender if supported.
6. Hang up the pictures below, ask parents to study them and answer the following questions:



- What do you see in the pictures?
- What are the benefits of assigning girls and boys equal tasks or roles accordingly to their age in a home?
- In what other aspects of caregiving or family life should parents treat boys and girls equally?

Close activity by highlighting the following points:

- While there may be some differences in the needs of boys and girls, both require equal attention and chances to develop their unique skills.
- Both boys and girls should play roles in their families. The corresponding duties ought to be distributed evenly.
- Girls and boys learn shared responsibility when both men and women share the task of parenting through role modelling.

Home practice activity

- When you get home, tell your family about the four pictures of children and parents sharing work and discuss what you want to borrow from them as a family to make your life and home better. Prepare to share your experience during the next session.

Session 2 Gender-based violence (GBV)

Session objectives:

1. To identify the various forms, causes and factors contributing to GBV in families and communities.
2. To promote effective ways of preventing and responding to GBV.
3. To promote reflection and increase awareness about gender differences in terms of caregiving and caring relationships.
4. To increase awareness of gendered power differences in family relationships and how they are reinforced by society.

1 Activity1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals

to share their experiences of things they tried out, getting involved in housework with family members to make life better for everyone at home.

3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Types and causes of GBV

Duration: 1 hour

Materials: Flip charts, markers and illustrations

1. Welcome participants to the activity and explain its purpose.
2. In a plenary, ask participants what they understand by GBV. Write the responses on a flip chart. This could include definitions such as: Violence directed against a person because of her/his gender (being a woman or man) or violence that affects persons of a particular gender (woman or man) disproportionately.
3. Ask participants to mention the common types of GBV in their area. If not mentioned, provide the four forms given here and write them on a flip chart (physical, psychological/emotional, sexual and economic).
4. Divide participants into 2–4 groups and ask them to:
 - Discuss common GBV related to sexuality. If not mentioned, discuss issues such as FGM, forced and arranged marriages, honour killing and treating girls as property.
 - List and discuss the causes of the different kinds/forms of violence.
5. After 10 minutes, invite participants to present their work to the plenary. If not mentioned, probe for the following: relationship difficulties, financial problems, work demands, drugs and alcohol, job insecurity and physical threats, history of violent victimization, history of early aggressive behaviour, poor behaviour control and high emotional distress.
6. Show the illustration below and allow 2–4 people to comment.



- What do we see?
- How does what we see relate to violence and its prevention?
- What lessons do we draw from the illustrations?

Close activity by highlighting the following points:

- Violence is deeply rooted in how we are raised and socialized as boys and girls.
- Violence is also linked to the power and privileges men and boys often enjoy.
- However, there are also situations where girls and women promote violent relationships when they have power and privileges or accept being victims.
- It is important to remember how boys and girls play and that underlying messages about inequality are not being communicated to children.
- Families can be far better and happier if men and women appreciate their differences and similarities. In such families, there is less stress and violence and greater love and respect, especially for fathers.

3 Activity 3: Effects of GBV

Duration: 1 hour

Materials: Flip charts, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Ask participants to identify the effects of GBV on boys, girls, women and men in families. Look at each category separately. Some effects can be: child neglect, failure to provide necessities, commercial or other exploitation of children, fear, anxiety and depression, conduct problems, cognitive delays and schooling difficulties, child maltreatment, alcohol use, sexually risky behaviour, violent conduct and persistent anti-social behaviour.
3. Explain that by understanding the effects of GBV, we can develop plans for preventing and eliminating GBV in our homes and communities.
4. Invite six participants to role-play based on Sandra's story below. Allow ample time for rehearsals and presentation.
 - What have you seen and heard in the community that relates to the role play? Check if anyone has a similar story.
 - What do we learn from this?

Sandra's ordeal

Sandra is 16 years old and in Senior Two. Her parents fight over small things each time the father returns home drunk. The mother could not take it any longer because local councils were also tired of discussing their family issues. She had been to hospital three times after being beaten. She decided to separate and went with the little children back to her parent's home.

Her father could not provide for the children. He failed to pay school fees and in the meantime, Sandra got pregnant. After giving birth, a friend linked her to a job in one of the restaurants in the nearest town. She was unaware the friend wanted her to join a commercial sex activity. The first time, over five men, raped her and she ended up unconscious in hospital. She tested positive to HIV and got into the business of being a sex worker. Now, she has no time for her children and hardly returns to the village.

Close activity by highlighting the following points:

Depending on the form of violence, the effects/consequences of GBV can be categorized as medical/health, physical, psychological/emotional and social.

- **Medical/health effects:** These are the grave and sometimes life-threatening consequences affecting the health of the victims of GBV. Examples include sickness, death, physical injury, disease, temporary or permanent disability, drug and alcohol dependency, miscarriages and other reproductive health disorders.
- **Psychological/emotional effects:** Almost every type or form of GBV psychologically or emotionally affects the victim. Examples of psychological/ emotional effects of GBV include: sorrow, anxiety, anger, fear, self-hate, self-blame, depression and post-traumatic stress.
- **Social effects:** Social effects/consequences relate to how a person relates with the rest of society after she/he has experienced GBV. Conflict within and between families or communities, rejection by family and society at large, loss of ability to meaningfully function in society, for instance, due to loss of income, loss of spouse or family support and income, which can result in inability to provide for children are a few examples of the social effects of GBV. It causes family dissolution and might cause victims and survivors to become isolated. As a result, the justice actors in districts should develop GBV reaction mechanisms that aim to address each of its effects.
- **Alcoholism:** Alcoholism impairs a person's capacity for self-control and allows them to act on their feelings even when doing so would be risky or illegal. For example, being intoxicated can cause a man who was taught that women should be submissive to attack his wife when she talks back to him.
- **Unemployment:** This typically exposes unemployed men to mockery and verbal abuse for failing to support their families financially, which causes anger and finally results in physical violence.
- **Poverty:** Poverty is a contributing factor where people lack resources, such as material possessions or source of income that can enable them to meet their basic needs. An example is when parents marry off their underage daughters in exchange for cows to be used as a source of milk for daily survival.
- **Ignorance of human rights:** People who are unaware of human rights, such as the rights of women, gender equality, children's rights, the right to education, freedom of association and expression, are less likely to understand the legal, social and health consequences of harmful cultural practices that constitute GBV. Many of them are also ignorant about human rights, particularly those that pertain to the rights of women and girls. As a result, many people continue to practice GBV in the name of culture and expect no consequences.

4 Activity 4: The daily activities timetable for women and men

Duration: 45 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Inform participants what the activity is and its purpose.
2. Ask participants to draw a table on a flip chart similar to Table 5 below.

Table 5: Structure of daily activity timetable for women and men

Time of day	Women's activity	Men's activity	Girls' activity	Boys activity
5 a.m.				
6 a.m.				
7 a.m.				
8 a.m.				
9 a.m.				
10 a.m.				
11 a.m.				
12 p.m.				
1 p.m.				
2 p.m.				
3 p.m.				
4 p.m.				
5 p.m.				
6 p.m.				
7 p.m.				
8 p.m.				
9 p.m.				
10 p.m.				
11 p.m.				

3. Invite them to list all activities that women and men do during those hours of the day and write them in the table. Where a specific sex category does not have any activity at that time, the row/section is filled with the word FREE.
4. After filling the table, invite participants to comment on (i) who does the most activities (ii) the most tedious work in the household (iii) who has more free time and (iv) who does the heaviest work.
5. Ask participants to discuss what they feel about women and girls doing the most domestic roles and caregiving work.
6. How does it affect women and girls?
7. How does it affect relationships between women and men?
8. What can men do to reduce women's heavy workload in the household? What can men do to increase their involvement in domestic caregiving work?

Close activity by highlighting the following points:

- Close the activity by highlighting the following points:
- We have seen that within families, there is a clear distinction of roles and activities for women, men, boys and girls.
- Generally, women and girls tend to carry the heaviest burden of domestic work and work longer hours than men.
- This workload can affect women's health, exhaust them and undermine their efficiency in other roles.
- This sometimes results in conflict and fights between family members.
- Men can do a lot to improve this situation by deliberately increasing their involvement in family caregiving roles.

5 Activity 5: Persons and things

Duration: 40 minutes

Materials: Flip charts and markers

Steps:

1. Thank participants for their rich information in the previous activity and have an energizer.
2. Tell participants that the name of this activity is **Persons and things**.
3. Invite six volunteers to step forward and perform the roles of things or objects (three) and the others (three) to perform the roles of **persons** or **human beings**.
4. Read the following directions to the group:
 - **Things:** You cannot think, feel, or make decisions. You have to do what the 'Persons' tell you to do. You must ask the 'Persons' for permission to move or do something.
 - **Persons:** You can think, feel and make decisions. Furthermore, you can tell the 'Things' what to do.
5. **Observers:** You just observe everything that happens in silence.
6. Assign each 'Person' a 'Thing' and tell them that they can do whatever they want with those things by assigning roles and duties (within the space of the room and those acceptable in the community). If the 'Persons' are not sure what to do, you can give an example. Give the group five minutes for the 'Persons' and 'Things' to carry out their designated roles.
7. Finally, ask the participants to return to their places and use the questions below to facilitate a discussion. You can ask participants to exchange roles and ask those who were 'Things' to be 'Persons' and vice-versa. It is important, however, that the participants do not

use this role reversal as an opportunity for those who were formerly 'Things' to take 'vengeance' on those who had previously been 'Persons'.

Discussion questions (go through all the questions if time allows):

For the 'Things':

- How did your 'Persons' treat you?
- What did you feel?
- Did you feel powerless? Why/Why not?

For the 'Persons':

- How did you treat your 'Things'?
- How did it feel to treat someone this way?
- Did it make you feel powerful? Why/Why not?
- Why did the 'Things' obey the instructions given by the 'Persons'?
- In your daily lives, do others treat you like 'Things'? Who? Why?
- In your daily lives, do you treat others like 'Things'? Who? Why?

For the 'Observers':

- How did you feel not doing anything?
- In our daily lives, are we 'Observers' of situations in which some people treat others like things?
- Do we intervene? Why/Why not?
- What are the consequences of a relationship where one person might treat another person like a thing?
- What did you learn from this activity?

Close activity by highlighting the following points:

- There are many types of relationships in which one person might have more power over the other.
- The major feature of men's and women's social status in our society is that men are dominant and privileged in virtually all aspects of life.
- Abuse of power can make individuals vulnerable to GBV and mistreatment, negatively affecting family relationships.
- Men will still be respected as men if they commit to using their power positively by supporting and protecting their families from abuse.
- Men can choose to build a culture of respect in their families. They can use their leadership role to love, support and advise their wives and children. This can benefit them because they gain more respect in their homes and in the community.
- Power imbalances in these relationships can lead one person to treat another person like a 'thing'. Such a scenario leads to the oppression of the powerless and might also lead to resistance and further violence in families and communities.
- We must create opportunities in families and communities where we share power with every family member—for example, having open discussions on issues affecting every family member, such as finances and family expenditure.

Home practice activity

- When you get home, reflect on the topic, "Persons and Things" and together with your family, identify when you treated your family members as things and agree on how to work together to improve. Prepare to share your experiences in the next group meeting.

MODULE 6: PROMOTING NONVIOLENT PARENTING AND ALTERNATIVE DISCIPLINE STRATEGIES



Overall goal of the module

To explore participants' understanding of preventing violence against children, including those with special needs and discuss strategies to eliminate violent parenting.

Session 1 Achieving discipline and reducing violent parenting

Session objective:

1. To enable participants to promote positive disciplining strategies in their homes and communities as one of the commitments for preventing violence.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their reflections and experiences of treating family members as humans, not things. What adjustments are they making?
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Types and causes of violent parenting

Duration: 1 hour

Materials: Flip charts and markers, illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. In the plenary, ask participants to share their understanding of violent parenting. Give an opportunity to 3–5 people to respond.
3. Ask each group to discuss the types of parental violence/violent parenting that children in the following age groups face at home.
4. After 15 minutes, ask participants to get back to the plenary and share their responses with the larger group. Invite members to contribute and give some feedback.

Table 6: Age and ability categories

0 – 3years	4 – 6 years	7 – 8 years	9 – 13 Years	14 – Young adult	Special needs
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5. Provide participants with illustrations of families that live in a nonviolent environment.
6. Use the following questions to facilitate a discussion:
 - What do we see?
 - Does it happen in our community? Why/Why not?
 - What can caregivers and parents (mothers and fathers) do to live in nonviolent environments?

Close activity by highlighting the following points:

- Culture, religion, education, gender of a child and age are some of the factors that perpetuate unequal relations which can translate into violence.
- As parents and caregivers, we need to promote responsive caregiving, especially for infants and adolescents by providing opportunities to respond, observe and show love as we guide our children.
- The more we strengthen the quality of parent-child interactions, the better the relationships.
- We need to continue mobilizing and sensitizing community members to change attitudes, norms, behaviours and practices that hinder positive parent-child relationships to ensure that all children are respected as human beings just like adults.
- Prevention of violence should start at the family level by the parents/caregivers to provide children with a safe environment which enables them to learn positive ways of relating with others and are supported to grow to their full potential.
- It is important to keep both girls and boys in school to address some traditional and social norms that promote violent parenting.

3 Activity 3: Types and causes of violent parenting

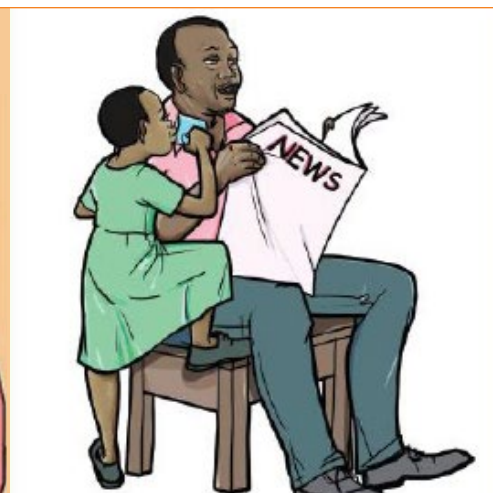
Duration: 1 hour and 15 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Divide participants into 2–4 groups.
3. Provide each group with a picture illustrating one parenting style (strict caregiving/authoritarian, firm caregiving/authoritative, permissive caregiving and indifferent/uninvolved caregiving).

Permissive

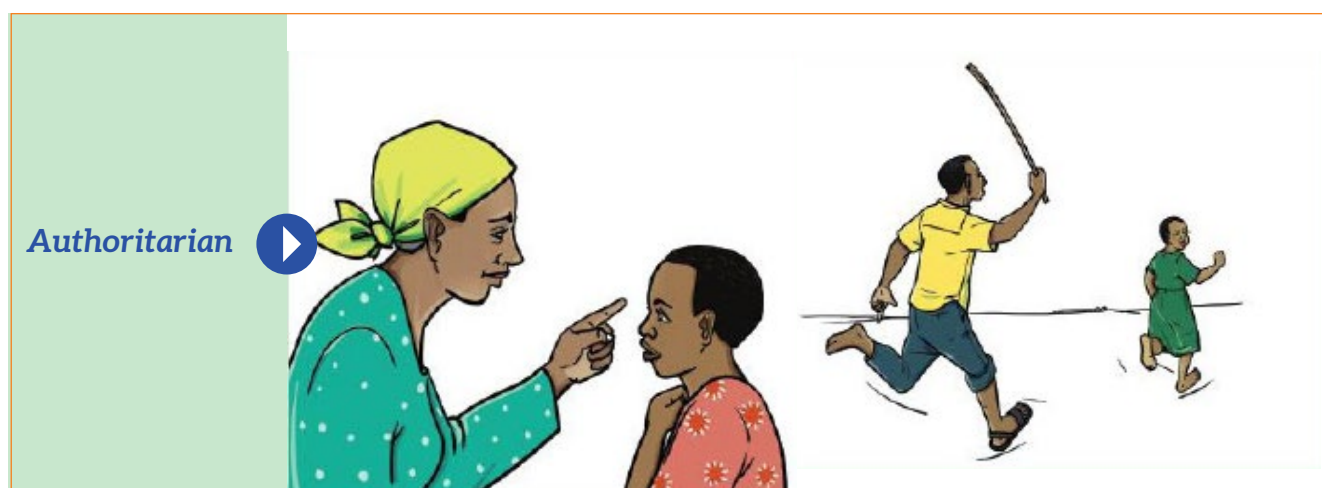


Uninvolved



*Authoritative/
Firm*





1. Ask participants to discuss the benefits and limitations of each parenting style on children's behaviour. Participants fill their responses in a table similar to Table 7 below.

Table 7: Benefits and limitations of different parenting styles

Parenting style	Benefits	Limitations
Authoritative		
Authoritarian		
Permissive		
Uninvolved		

1. Ask participants to sit quietly and close their eyes. Read out the reflection piece slowly and clearly.
3. Imagine the time when you were growing up. As a child, you made mistakes. What did your parents do when you made a mistake? Were they harsh or did they correct you with kindness? How did that make you feel? Did you wish they would do things differently? Were you able to communicate these feelings? Think about how you discipline your own infants. Do you allow them to learn through play as a disciplining measure or otherwise?
3. Ask 3–5 participants to share their reflections and allow the group to learn from one another's experiences. Let participants share how best they discipline their children in emotional and cognitive well-being in a responsive way.
3. Explain that there are seven elements of parenting and the two main parenting principles should be provided in the same measure. These are:
 - attachment/love
 - respect
 - positive discipline
 - regulation
 - autonomy
 - independence
 - gender socialization
4. Explain these elements requires two important parenting principles of love and discipline
Explain that for parents to make use of the principles, they need to understand the four parenting styles and emphasize that a firm parenting style is the best. However, once in a while, depending on the age and circumstances, a parent may borrow another style for a short time. For instance, if a child is 3–4 years old, a parent needs to be strict at times to ensure that the child masters the routine, limits and family expectations. You also need to allow children to learn through play because it is the most important thing in their lives.
As children continue to grow, for instance, when they are adolescents, you need to borrow other parenting styles for a short time when they misbehave. This will help you calm down, apply a firm style and resolve the issue without violence.
5. Give participants the following briefs on each parenting style:
 - The authoritative/firm parenting style is a style where parents support their children but set firm limits for them. Firm parents show high levels of warmth and control. They control the children's behaviour by explaining rules, discussing and reasoning together. They listen to their children's viewpoints but do not always accept them and promote respectful behaviour among children.
 - The authoritarian/controlling parenting style is identified by high levels of control and demands on the child, poor relationships and very strict commands,

coupled with low levels of love and care. These parents engage in low levels of communication with their children. This style promotes rebellion among children.

- The permissive/laissez-faire parenting style is characterized by excess love and warmth, with low levels of control. Parents do not exert control over their

children's behaviour or set limits and do not monitor their activities.

- The uninvolved/indifferent parenting style is identified by low control and poor relationships. Parents are not interested in their children and make few demands on them.

Close activity by highlighting the following points:

- In everyday life, parents tend to draw from the different parenting styles but while a parent may have a dominant style, she/he needs to be flexible and apply different styles to different circumstances and age groups. A parent may be permissive to a toddler and firm with an adolescent.
- The authoritative/firm style is considered the best because it promotes bonding and attachment between parents and their children while ensuring proper discipline.
- Parents should learn to communicate clear expectations and limits and to keep their anger in check while communicating their disappointments.
- Children, especially adolescents, learn to solve problems and plan with the possible consequences in mind.
- Parents become role models – their behaviours and attitudes provide examples of how to behave in relation to many areas/aspects of daily life, including health.

Table 8: Outcomes of different parenting styles

Parenting Style	Positive outcomes for children	Negative outcomes for children
Authoritarian/Strict	<ul style="list-style-type: none"> • Obedient • Do well at school 	<ul style="list-style-type: none"> • Unhappy and fearful • Have low self-esteem • Have problems relating to people • Cannot cope with frustration
Authoritative/Firm	<ul style="list-style-type: none"> • Behave well • Do well at school • Lively and feel secure • Self-confident • Able to control their emotions • Can relate well with other people in the home and outside 	<ul style="list-style-type: none"> • Sometimes, children can be misunderstood as being proud
Permissive/Laissez-faire	<ul style="list-style-type: none"> • More resourceful than kids raised by uninvolved or authoritarian parents 	<ul style="list-style-type: none"> • Cannot control their emotions • Often rebellious to law and family • Likely to have problems with authority • Tend to have problems at school
Uninvolved/Indifferent	<ul style="list-style-type: none"> • Survive on their own but can be dangerous 	<ul style="list-style-type: none"> • Unhappy • Have problems controlling themselves • Have low self-esteem • Lack confidence • Have problems at school

Note to facilitator: Share the information in the table during the discussion. Add other points that parents mentioned but there is no need to discuss each point.

4 Activity 4: Positive and sensitive interaction with children

Duration: 1 hour

Materials: Flip charts, masking tape, markers and pictures

Facilitation guide and notes: *The difference between punishment and discipline*

Parents should learn to communicate clear expectations and limits and to keep their anger in check while communicating their disappointments.

Discipline

1. Discipline is about guidance and keeping children safe. Children need to learn how to manage their feelings and actions so that they can learn and get along with others as they grow in all aspects of life.
2. Discipline is also about helping children learn the values that are important to the family and community.
3. Children learn to make good choices because they want to do the right thing, not just to avoid punishment. This teaches them self-discipline.
4. Discipline teaches a child how to act and commonly brings about results such as teaching responsibility and cooperation/collaboration.

Physical/emotional punishment

1. Punishment is the imposing of a negative or unpleasant force on a child in response to a behaviour considered to be wrong.
2. Punishment is taking action against a child as payback for undesirable behaviour.
3. Punishment usually grows out of anger and has the

intention of releasing out anger by hurting another.

4. There are many differing views about whether it is alright to beat children. Some parents believe beating causes no harm because it happened to them and they turned out just fine. It is important to remember, things done in anger often have more negative results than the positives.

Highlight the following points:

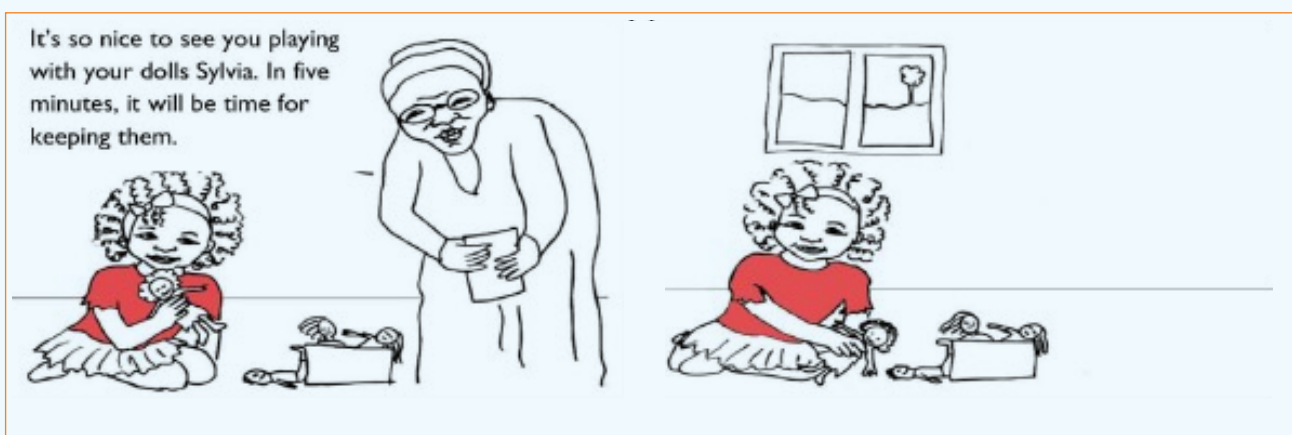
1. Spending special time with a child builds the parent-child relationship.
2. It helps the parent to know the challenges that the child could be experiencing.
3. Use a soft humble and respectful tone.
4. Provide the child time to play.
5. Give the child time to end the play/game.
6. Take time to explain the reason for ending the game and the next activity.
7. It is important to reward the child and (tell her/him why) during an activity.
8. Praise the child when you mean it.
9. The warning helps the child to understand limits and promote respectful behaviour.

Steps:

1. Ask participants to form 2–3 groups.
2. Provide each group with pictures illustrating the different ways parents interact with children.

Picture 1

Sylvia is playing with her dolls while seated



Facilitation guide and notes: *What the facilitator needs to know about Moses and the father:*

1. The father shows respect by acknowledging the act of keeping quiet during the game.
2. If the father had not paid attention to his game, the child would not have known the importance of playing quietly.
3. The child would make noise to attract the attention of the father.
4. Ask participants to discuss the questions below the picture (Sylvia and the grandmother). Allow 10 minutes for this.
5. Ask one volunteer in each group to read the text in the picture (Moses and the father). Allow 5 minutes for this and then return to plenary and present key points. Allow 10 minutes for this.
6. Ask participants to discuss the questions below the picture (Moses and the father). Allow 10 minutes for this.
7. Ask participants to return to plenary and share lessons learnt.

About Picture 2:

1. How does the father encourage Moses to play quietly?
2. What might have happened if he had ignored Moses?
3. Ask one volunteer in each group to read the text in the picture (Sylvia and the grandmother). Allow five minutes for this.

Close activity by highlighting the following points:

- Parents should be interested in their children's play and spend some special time with them.
- Parents should praise their children more because praise encourages a child to put in more effort and be helpful.
- Pay attention to the behaviour you want to promote and encourage.
- Do not combine praise with criticism.

Home practice activity

- When you get home, reflect on the topic. Ask your spouse and children to openly and freely tell you what they like and dislike about your parenting styles. Invite them to suggest what and how you could change. Share the outcome of the discussion in the next group meeting.

Session 2 Alternative discipline strategies

Session objective:

1. To discuss different ways of encouraging alternative disciplining techniques.

1 Activity 1: Review of home practice

Duration: 15 minutes

Materials: Flip charts and markers

Steps

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their feedback on their discussion with their families on their parenting styles. What adjustments are they making?
3. Encourage participants to continue making changes and doing home practice.

2 Activity 2: Alternative and positive ways of disciplining children

Duration: 1 hour

Materials: Flip charts, markers and illustrations

Steps:

1. Provide an overview of the objective of the activity and explain its purpose.
2. Ask participants to take a minute and think about their childhood and remember one time they were appreciated and supported by their parents.
3. Give them about five minutes to think about the following questions and ask 3–5 participants to share.
 - How did you feel being appreciated and supported?
 - Did it motivate you to learn and keep doing better? Why/Why not?
4. Explain that they will now explore the positive disci-

pline methods for children.

5. Invite participants to role-play the following scenarios and get feedback from the larger group on appropriate behaviour and communication by the parent.

What would you do if...:

- Your 13-year-old daughter disrespected you in front of your neighbour?
 - Your 17-year-old son got into a fight at school with his teacher and was expelled?
 - You discovered that your 15-year-old daughter had a boyfriend and she did not tell you?
6. Provide the following illustrations to participants and ask them to study the picture.



7. Use the questions below to guide the discussion:
 - Why is it difficult for parents to act the way the parents in the picture act?
 - What have you learnt from the picture?
8. Explain that when children are naughty and behave inappropriately or appear to have behavioural problems, parents/caregivers get concerned and may apply strong measures to try and change what appears to be bad behaviours. In doing so, they turn to punishment, not discipline. Discuss the positive disciplining techniques in the activity section and give relevant examples for the different ages.
9. Ask participants to list some other ways parents can discipline their children without using painful means. Let participants focus on the age groups of: months–3 years, 4–7 years, 8–10 years and older children in the discussions.

Close activity by highlighting the following points:

- **Withholding privileges:** Something the child values such as playing with friends, but not food and other basic needs. Children should know that a privilege is earned through good behaviour. This method is most effective with adolescents, but make sure the privilege is related to the behaviour for it to be effective.
- **Grounding:** Not allowing the child to leave a certain space/room. This method is most effective with children of seven years and below.
- **Reward good behaviour:** Praise the child and celebrate good behaviour; ignore negative attention-seeking behaviour. When children know what is expected, praised and encouraged, they try to please you. However, do not ignore the negative behaviour of adolescents.
- **Consequences:** Let the child face the consequences of negative/undesired behaviour. For example, when she/he breaks a toy, ensure there are no more toys to play with for a period of time. But let the consequence be implementable looking at the time frame (not forever) because some parents end up withdrawing the consequences.
- **Time out or cool down:** Sending a child to a corner and/or giving her/him a seat and asking her/him to spend five minutes cooling down until she/he is calm and reflect on her/his actions. This method is effective with younger children.
- **Teach children values:** Show good behaviour and monitor your child. Stop undesired behaviour and show the alternative behaviour by talking to them about it. Talk to your children about why you want them to do something, not just because you say so. They will learn what is important to your family, such as listening to each other and speaking respectfully. This method can be used with all ages.
- **Delaying to discipline:** Learn to be patient and let go of frustrations/anger accumulated elsewhere. Harsh punishment often happens due to excessive anger. But time heals and delaying to punish a child helps to discipline a child appropriately.

MODULE 7: PROMOTING FATHER AND MALE PARTICIPATION IN CHILDCARE AND FAMILY LIFE



Overall goal of the module

To strengthen fathers'/men's skills, confidence, and commitment to reduce male violence, increase participation in family caregiving and train boys to grow up into good men.

Session 1 A responsible fatherhood

Session objective:

1. To reflect on the time men and women dedicate to caring for their children and shaping their future.

1 Activity 1: Roles of a father and a mother

Duration: 45 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Draw three columns on a flip chart and label the first column 'women', the second column 'men' and last column 'both' as in Table 9 below.

Table 9: Daily roles outline by gender

Women	Men	Both Men and Women
Breastfeeding	Looking for money	Looking for money

- Ask participants to think about daily duties that are usually performed by women and write them in the women's column.
- Repeat the same step for the men's column.
- Ask participants to give activities that can be done by both men and women in a home and write them in the last column.
- Ask participants to count the number of activities in each column.
 - Ask participants to list activities directly related to child well-being.
 - Use the answer to this question to decide who spends more time in a day doing activities that relate directly to childcare.
- Divide participants into four groups and ask each group to discuss one of the following questions:
 - How does male participation affect parent-child relationships?
 - What factors contribute to men's limited participation in childcare?
 - What are the benefits of men participating in childcare?
 - What can be done to promote equitable distribution of caregiving in a household?
- Invite participants to the plenary and ask them to share their work with the rest and let others comment.
- Explain that fathers greatly influence their children and it is important they partner with the mothers to train and support the behavioural formation of the children with consistency and role modelling.

Close activity by highlighting the following points:

- Children with involved fathers are more likely to internalize their parents' disciplinary messages and develop acceptable standards of conduct in their families.
- A father's academic support means that a child is likely to stay in school longer; is less likely to engage in risky sex; or become pregnant early, especially for the adolescents. The support is also positively related to the child's academic motivation to try hard in school; feel her/his grades are important; and value education.
- Children of involved fathers are more likely to have higher levels of economic achievement because they are more likely to have career success and occupational competency. This enables the father to have the best legacy for the generation.

2 Activity 2: Understanding responsible masculinity and fatherhood

Duration: 45 minutes

Materials: Flip charts, marker pens, masking tape and illustrations

Steps:

- Welcome participants to the activity and explain its purpose.
- Inform participants that men/fathers have the potential to rediscover positive masculinity, understand what it means to be a father and commit to the restoration of respectable identity of a family man.
- Divide participants into two groups and ask them to discuss the questions below:
 - What are your society's 'expectations of what it means to be a real man'?
 - How does this differ from your perception of what it means to be a father/husband and family man?
 - How are men/male caregivers who refuse to conform to society's expectations treated? Why?
- Let the groups report back to the plenary and present their views.

5. Use the question below to guide a discussion on the following:
 - What qualities are ideal for fostering responsible male caregiving and enhancing family bonds?
 - What can fathers and male caregivers change to become responsible fathers/male caregivers and husbands who are treasured by their families?
6. Invite volunteers to role-play two scenarios depicting two different families (one with both man/male and woman/female engaged in childcare and family finances and another family where the roles are distinct: man/male paying bills and woman/female concentrating on childcare and children's well-being). Continue the discussion using the following questions (refer to both role-plays):
 - How do the women in both scenarios feel?
 - How do the men in both scenarios feel?
 - How do the children in both scenarios feel?
 - What have you learned from this activity?
7. Ask participants to study the illustrations and self-reflect.



8. Report the following facts about children and their fathers in Uganda and challenge fathers to be more responsible:
 - **12 per cent** of children in Uganda are not living with either of their parents but both parents are alive.
 - **19 per cent** of children in Uganda are not living with one of their parents.
 - **56 per cent** of children are living with both their biological parents.
 - **20 per cent** of children are living with single mothers.
 - **5 per cent** of children are living with single fathers.
- **68 per cent** of children in Uganda have experienced physical violence, with fathers among the major perpetrators.
- **35 per cent** of girls in Uganda have ever experienced sexual violence, with fathers being some of the persons defiling their daughters.
- Children raised in single-family homes can be at higher risk of substance use, sexual health risks and school failure.
- The presence of an involved, nonviolent father/man serves a protective function, at times enhancing the woman's /mother's ability to parent.
- Fathers and male juveniles are the majority in prisons, suggesting they commit more criminal activities than women. Ugandan data shows fathers are more responsible for violence against women and child abuse.

Close activity by highlighting the following points:

- While some fathers are doing a good job, many families are experiencing major gaps with absentee or uninvolved fathers.
- Fatherhood is not some form of entitlement. It is not a name or a position but a role, a responsibility, and a function regardless of one's economic status, beliefs or social status.
- Beyond providing for the family, true fatherhood is about being present (positively) to allow for a physical relationship, emotional connection, building attachment and love, teaching, training, and protecting.
- Fatherhood is also about modelling character, nurturing morals and values, transmitting culture and providing leadership/stewardship.
- Fathers share the title 'Father' with God and, therefore, must reflect Godly character and approach in the relationship with their children.

Session 2 Understanding the concept - 'Head of Family'

Session objective:

1. To support fathers and men to reflect on their leadership role and redefine it to benefit children and families.

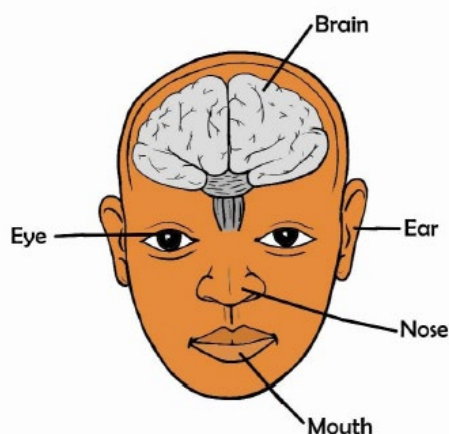
1 Activity 1: The head of family

Duration: 40 minutes

Materials: Flip charts, markers and illustrations

Steps

1. Provide an overview of the activity.
2. Ask a volunteer to draw a picture of the human head, indicating all its features.



3. Ask participants to list the functions of every part of the head.
4. Now, ask participants to form two groups and continue the discussion by answering the following questions. Allow 15 minutes for this.
 - How do the different parts of the head benefit other body parts?
 - How do these functions relate to the day-to-day engagements/roles of a father as the head of the family?
 - How can a man use these functions for the benefit of his family?
 - In our everyday life, do fathers/men function for the benefit of other family members?
5. Lead a discussion that emphasizes that for fathers/men to claim the title the 'family head', they should function like the human head, which performs several functions, all for the benefit of the body and not for itself in the following manner:
 - **Eyes** – means that the father/man provides a vision for the family.
 - **Nose** – suggests that the father/man should ensure family sustenance – life and health.
 - **Mouth** – feeds the body (family) and should not curse it.
 - **Ears** – the head of the house should hear/listen for opportunities for family advancement.
 - **Face** – provides identity – what image and legacy should we leave behind?

Close activity by highlighting the following points:

- For a man to deserve the title of family head, he must realize that he has a role to be the incubator of the family vision and values, such as discipline, responsibility, respect, honour, love, affection and tolerance.
- Men need to be deliberate and move beyond the provider role, which is often in itself illusive due to economic challenges and invest in rebuilding broken relationships with children and spouses.

Proper involvement by fathers should include the 4Ps of parenting:

Presence

- showing up and letting your children know you care;
- being a gentle caring parent; and
- providing physical and emotional care.

Partner support

- supporting your partner emotionally;
- providing physical support by sharing childcare and housework; and
- building a strong parenting partnership.

Preventing violence

- using positive discipline techniques;
- understanding what triggers your anger and how to calm yourself; and
- committing to nonviolent parenting.

Prayer

- training your children in the faith you believe in;
- demonstrating your commitment to your faith;
- trying to go to places of worship together with the children; and
- developing a routine of prayer at home.

2 Activity 2: My father's legacy

Duration: 40 minutes

Materials: Flip charts, markers and masking tape

Steps:

1. Provide an overview of the objective of the activity.
2. Ask the participants to form 2–3 groups.
3. Write the following questions on flip chart:
 - What object and/or practice do you associate with your father/male caregiver?
 - What are the positive things about your relationship with your father/mother that you would like to practise or teach to your children?
4. Ask the groups to discuss the questions and write their answers on a flip chart. Allow 20 minutes for this activity.
5. Once everyone has finished sharing in the groups, let participants join the plenary and present their discussions in 10 minutes. Let 1–2 people from each group share their feelings in the plenary.
6. Present the illustration of the father/man taking a child to school in a place where all participants can see it.
 - Which things would you rather leave behind?
 - How can the bad practices or behaviours discussed be changed as we parent both girls and boys?



7. Use the questions below for a discussion:

- Are such relationships common in our community? Why/Why not?
- How does the father/man and the child benefit from such a relationship?

- What kind of parental legacy is the father/man imparting to the lives of his children?
- How does such a father-child relationship impact the mother/woman/wife?

Close activity by highlighting the following points:

- From the moment a child is born, her/his life begins to be shaped by those around her/him.
- Parents/caregivers significantly impact their children because they teach them about different life issues, such as relationships and the value of work. These issues shape the person a child will become.
- Parents/caregivers have a deep and long-lasting impact on their children's lives. For example, even as adults, we can still 'hear' our parent's voices or 'see' their actions in our lives (legacy).
- These legacies may be positive or negative and are passed on intentionally or unintentionally – through a process called modelling behaviour. In other words, our children model what we do, not what we say.

3 Activity 3: What name am I leaving for my family?

Duration: 40 minutes

Materials: Flip charts, markers and masking tape

Steps:

1. Provide the objective of the activity.
2. Ask the participants to discuss the following questions. Allow 30 minutes for this.
 - Why do people have names?
 - Are there examples of names with a good meaning and examples of names that have a bad/negative meaning?
 - How might a name with a bad/negative meaning affect the bearer of that name?
 - How might fathers' behaviours/activities transfer a bad/negative name to their family/children?
 - What are some of the examples of things that can bring a bad name?
 - What are the things that can earn one a good name that becomes an asset to the family?
3. Summarise the discussion by explaining that:
 - One of the most important things a father/man should transfer to his next generation as an inheritance is his name.
 - A name is not just the letters that are written down as your initials.
 - Your name carries your value and contribution to society. A name is not just the spelling of your initials but the power you will have accumulated.
 - Your name speaks about your track record and shows where you invested your effort for the many years you lived.
 - At the end of your life, your name will be either a padlock or a key that opens doors for your children/family. It opens destinies or multiplies hardship.
 - In the world we live in now, most people are lifted by the name they carry more than anything else.
 - If you have a good name and your child comes to ask for an inheritance, tell her/him that the best inheritance is not money but your name that they are carrying.
 - But the question now to all of us is, is your name the kind that your children will be proud of? You are a failure if you cannot transfer a good name.
 - As fathers, we should all strive for a good name that will be a key for your family to open life possibilities, even when we are no more.

Home practice activity

- When you get home, sit down with your spouse and children and discuss with them how you would want to be remembered as a father and head of the family. Talk about things that need to be changed for you to deserve being called a real head of your family. Prepare to share your experience in the next meeting.

Session 3 Parenting the boy-child

Session objective:

1. To equip parents with skills to train boys to grow up into strong, honourable and compassionate good men who are tolerant of people's differences, especially girls and women.
2. To promote respectable behaviour and practices which promote harmony at home and serve as a model of children's behaviour, especially the boy-child.
3. To reflect on how gender stereotypes influence a father's and mother's behaviour towards a son or daughter.

1 Activity1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

Welcome participants to the session.

1. Review the home practice activity by asking individuals to share their experiences of sharing with family members about how they would like to be remembered as family head. Share changes you are making so far.
2. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Encouraging sensitive, responsible and honourable masculinity in boys

Duration: 40 minutes

Materials: Flip charts, masking tape, illustrations and markers

Steps:

1. Provide an overview by informing participants that this activity will identify examples of gender stereotypes in their community and their effects; and develop strategies for helping boys avoid them. As parents, they should be aware of how their actions and parenting styles can promote gender inequalities.
2. Generate ideas with participants to identify common examples of norms, practices, statements, and behaviours that reinforce gender stereotypes, starting from their families and upbringing and communities.
3. Write their contributions on a flip chart and use the list below to discuss those participants may have missed.
 - Boys must be strong and not soft.
 - Boys do not cook.
 - Boys do not wash clothes, sweep the house or fetch water.
 - A boy can say anything he feels like saying to a girl.
 - A boy can insult a girl and does not have to apologize.
 - Boys do not say 'sorry'.
 - A boy does not need permission to take anything at home.
 - Boys can come and go from home whenever they wish.
- Boys will always be boys.
- Boys should not care for younger siblings.
4. Ask participants to take a few minutes and reflect on their now grown-up daughter(s) and think about the characteristics of the man they would want her to marry—record responses on a flip chart.
5. Divide participants into men- and women-only groups. Give them sticky notes of three colours: red, orange and green (representing traffic lights). On the red sticky note, ask participants to write one gender stereotype that they think affected them or a man they know and prevented them from becoming a good future man. Put up all the red notes from the women together and those from the men together.
6. Ask participants to use the orange sticky note for how they might support a man/husband/boy to change their behaviour or something that needs to change in society and what needs to be done for that change to happen.
7. On the green notes, ask participants to write down the characteristics of honourable men.
8. Has this kind of stereotyping happened to you or someone you know? Looking back, how did it affect your or their general outlook in life or how you/they relate with members of the opposite sex? Do you wish it had happened differently?

Close activity by highlighting the following points:

- We all want our daughters to marry men who were brought up without stereotypes. We must, therefore, address the gender stereotypes in our communities. Children learn their behaviour from the home and community; so, we should address gender imbalanced roles right from homes.

3 Activity 3: Practising role modelling at home

Duration: 40 minutes

Materials: Flip charts and markers

Steps:

1. Provide an overview of the activity.
2. Tell participants that they are going to discuss specific areas or aspects of family life which they should model and try to practice.
 - Why do fathers and men not participate more in taking care of young children, particularly babies?
 - For fathers/men, what are 1–2 things you can do to be more involved in caring for your newborn baby?
3. In a plenary, ask participants to respond to the questions below:

- How will these things affect the mother?
- What are 1–2 things you can do with the mother to care for the baby?

4. Divide participants into three groups and ask them to discuss the following:

Identify the aspects they think fathers/men can model. You can use some of the examples below to enable a discussion:

- How fathers/men talk/communicate with other people in the family – their sons will copy the same way of talking. Ask a few people to demonstrate positive ways of talking.
- How can fathers model peaceful, loving relationships? Again, invite some volunteers to demonstrate how to model a loving, peaceful relationship with children and spouse, such as using positive talk instead of shouting. They

should try to ‘speak more quietly’.

- How fathers/men dress at home and while going out of home.
 - How fathers/men eat their meals.
 - How fathers/men appreciate good work service, for example, saying thank you to their wives for serving food or saying thank you to a child for helping with a task.
 - Listening.
 - Doing work together with children and spouse.
 - Respect for the spouse.
 - What challenges may stop men from being good role models to their children?
 - What strategies can be used to overcome the challenges to good modeling?
5. Present the illustration below of the engaging father and ask a few participants to comment.



Close activity by highlighting the following points:

State that when fathers/men are involved and present in caregiving, everyone wins as follows. Couples, and families as a whole, are happier when they share the responsibilities of childcare and housework.

For the mother/woman:

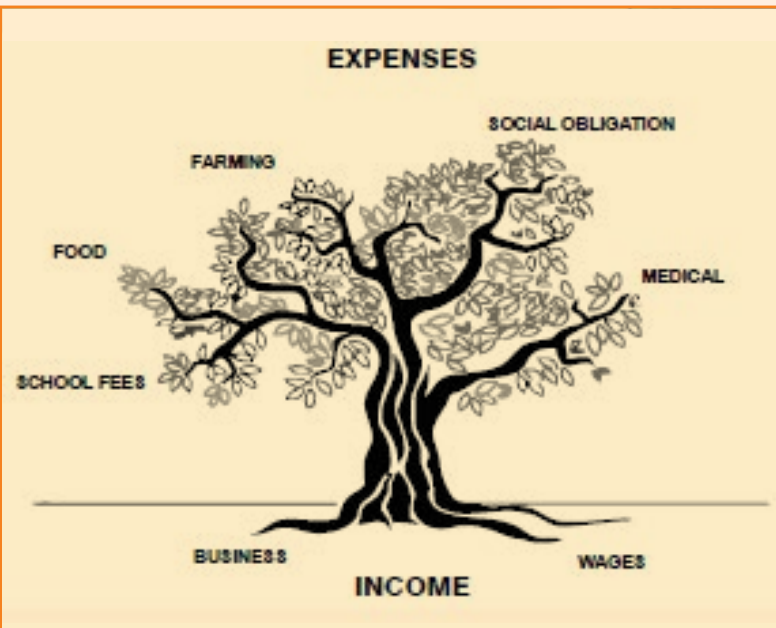
- Involved fathers/men contribute to reducing maternal stress during pregnancy.
- Mothers/women whose partners go with them to prenatal visits usually attend more of them than those whose partners do not.
- When the fathers/men are present and helpful in the delivery room, mothers have a more positive experience and feel less pain during childbirth than when they are alone.

For children:

- Children with involved fathers have better cognitive functions.
- Children with involved fathers more frequently develop into children with high self-esteem who can resolve conflicts without violence.
- Children with involved fathers generally have fewer behavioural problems.
- Children with involved and loving fathers perform better academically and show better social and emotional development.
- Having a nonviolent father helps boys reduce aggressive behaviours and question sexism.
- For girls, having close and positive relationships with their fathers or male authority figures helps them have healthy and nonviolent relationships in their adult lives and gives them a greater sense of personal empowerment.

For the father/man:

- Fathers/men involved in their children's lives are more satisfied and are more likely to stay involved.
- Involved fathers have better health: they take fewer drugs; drink less alcohol; live longer; and feel mentally and physically healthier.
- Some studies show that fathers involved in caregiving have more satisfying relationships with their partners; feel more connected to their families; and report better sex lives with their partners.
- Involved fathers report having fewer mental and physical health issues, such as high blood pressure, heart disease and alcohol abuse.



Overall goal of the module

To improve marital relationships, promote positive parenting and strengthen family bonds.

Session 1 Understanding spousal relationships

Session objective:

1. To strengthen relationships in the family and enhance connection between spouses as a basis for positive parenting.

1 Activity 1: Spousal relationships: The gift

Duration: 40 minutes

Materials: Flip chart, markers, role play cards

Steps

1. Prepare four people for a role play.
2. Instruct the actors to come up with a role play as follows:

Role play

There is a well-to-do family with a father, mother and children. One day, a friend of the man comes to visit and brings them a gift. The visitor finds the father having lunch while the son and mother are sitting by. They welcome the visitor and shortly, the visitor reaches out to his bag and presents a gift of a t-shirt to the father. The father does not seem so impressed by it but receives it and places it down.

The visitor quickly cuts short the visit and leaves. As the father moves his hand to reach out for a water bottle, the water pours on the floor. He calls out his son to help and as the boy tries to run for a cloth to mop the floor, the father stops him, hands over the new t-shirt and tells the boy to use it instead to mop the floor. But as soon as the boy starts to mop with the new t-shirt, the visitor returns as he had forgotten an item on his seat.

What he sees shocks and disappoints him so much. At this point, the family is embarrassed. But without uttering a word, the visitor reaches out for the t-shirt, unwraps it carefully and unveils a UGX 50,000 note. On seeing the money, the family begins to show remorse and it is evident they want it. They request to have the t-shirt and the money back, but the visitor refuses and walks away with both. Disappointed and embarrassed, the family turns to blaming one another for causing them to miss the money and the t-shirt at such a time when they needed money for school fees and other emergencies.

Let them act the play as others observe.

After the role play, ask the participants to discuss what they have seen and how they feel about it.

Ask participants to list the different types of gifts in their lives, including spouses and children.

Now ask them to reflect on how they treat these gifts. Everyone should spend at least half a minute to reflect on their relationship with their wife/husband and children and search within them when they have treated these people as a rag, used for mopping and not as a gift from God or from the family they married from.

Close activity by highlighting the following points:

- Most people consider getting married as a key joyful moment in their lives. Many people join marriages in anticipation of spending time with their loved ones, having fun together, holding each other in difficult and good times, having children and supporting each other jointly to raise them and contributing to their larger families.
- However, most of us have moved away from enjoying some of the benefits of being married and this has affected our individual lives and the lives of those around us, especially children.
- We should reflect on our spousal relationships and how we can make them better for us and those under our care, especially the children.
- When we pay attention to our spousal relationships, we can enjoy other relationships within the family, including the parenting relationship.

2 Activity 2: Identifying signs/indicators of broken spousal relationships

Duration: 40 minutes

Materials: Flip charts and marker pens

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Ask participants to form two groups and respond to the questions below:
 - What are some of the signs/indicators of broken, conflicted, or difficult marital relationships?
 - What are some of the signs and indicators of a healthy respectful spousal relationship?
3. Invite participants back to present their views. If they are not mentioned, probe for the following:
 - poor communication;
 - poor management and attitudes of extended family;
 - misuse of family resources;
 - lack/absence of intimacy;
 - lack of time for each other;
 - arguments about/over the children;
4. After participants have discussed their views, invite them to reflect on the following:
 - violence (physical, emotional, verbal, belittling, among others);
 - cheating, adultery, extra-marital affairs;
 - silent treatment (shutting out the partner, moody, emotional distance);
 - separation (temporary split, separation within the home);
 - divorce;
 - negative influence from peers/friends;
 - arguments over household tasks and responsibilities;
 - management of friendships of the spouses;
 - devaluing the partner's career/work; and
 - avoiding responsibilities (neglect).
4. After participants have discussed their views, invite them to reflect on the following:
 - their relationship with their partner and their role in creating such a relationship;
 - the things they need to change to create a better relationship with their family; and
 - their spouses, character and personality and ways of accepting them for who they are as a basis for ensuring a good relationship.

Close activity by highlighting the following points:

- All the issues discussed can be addressed.
- It is within your power to fight for a good relationship in your family.
- In marriage and relationships, it is important to focus on yourself and not the other person to change. When we start to change positively, this will slowly influence others to move towards our positive direction.
- It is about you, not your neighbour, in-laws, spouses, friends, priest or money. You are totally responsible for the quality of your relationship with your family.

3 Activity 3: Intimate Partner Violence (IPV)

Duration: 40 minutes

Materials: Flip charts, marker pens and scenario cards

Steps

1. Welcome participants to the activity and explain its purpose.
2. Explain that this activity addresses sensitive and difficult issues that may evoke emotions and cause discomfort if connected with personal experiences. Tell participants that it is okay if any of them does not feel comfortable sharing her/his experiences.
3. Explain to the participants that the activity will help them explore common causes of conflicts and the consequences of violence on parents and children.
4. Prepare participants to listen to the story below. This needs everyone to be very attentive.

Trapped in silence: *Susan's struggle*

Susan and her husband John have an 11-year-old son called Henry. Henry is very energetic and creative. However, he often gets into trouble at school. At weekends and some school days, Henry escapes from home to watch videos in the trading centre. Susan sells charcoal in the nearby market. John works with the local town council but has refused to fully support the family. He claims Susan should do so because she chose to work. According to him, women are supposed to stay at home. John often blames Susan for Henry's bad behaviour. He says Henry would be a better child if she did not spend too much time at her job in the market and spent more time at home watching over the children.

One day, Susan and her husband got into a heated argument over Henry and he hit her. He often did so, but this time, Susan thought she could not take it anymore. She felt she had encouraged him enough.

She lashed out at Henry with everything she had and beat him up. She blamed him for always bringing her problems. A male neighbour passing by saw everything but chose to ignore them. After the fight, Susan contemplated leaving her marriage but decided otherwise. She thought about her children and chose to stay for fear that her children would suffer without her.

5. After reading the scenario, ask participants whether anyone has ever witnessed such a case in her/his community. Invite 2–3 people to volunteer sharing their experiences or what they have witnessed.
6. Divide participants into three groups and assign two questions per group from the following:
 - What is the most common type of violence committed against women? Against men?
 - Is there a relationship between power and violence in the family?
 - What are the consequences of conflict/violence to women? To children?
 - How can we make our relationships violence-free?
 - Does any man, woman or child ever deserve to be hit or suffer any kind of violence? Why/Why not?
 - What can people like us do about the cases of violence in our families/communities? Are we doing enough? Why/Why not?
 - What is the impact of spousal conflict on children?
7. Ask the groups to return and present what they discussed.
8. After group discussion, ask 2–3 volunteers to share what they have learnt.

Close activity by highlighting the following points:

- It is important for each member to commit to nonviolent and respectful ways of resolving conflicts in their homes.
- Parental or partner violence (domestic violence) is a common problem in our families/communities.
- Violence is deeply rooted in unequal social and power relations and assumed as 'natural' or 'normal'.
- However, violence is a learned behaviour – boys and men are often raised to think violence is an acceptable means of maintaining control, particularly over women and children, resolving conflicts or expressing anger.
- It can be very difficult for women and children who suffer violence to speak out and seek help. Some of them may fear that the person inflicting violence may revenge if they seek help.

- Violence not only has negative and lasting effects on the victims/survivors but also undermines the integrity, respect and love for the person causing it to others. Witnessing or suffering conflict/violence in childhood teaches children to associate anger or rage with violence later in life.
- We all get angered, but anger should not lead to violence. We have a responsibility to control ourselves when we feel angry.
 - i. To construct healthy, non-violent, respectful relationships with spouses and/or children, fathers/mothers should consistently practise careful listening.
 - ii. Be patient and stay calm.
 - iii. It is okay to agree to disagree but it does not have to end up in violence.
 - iv. Set realistic rules; communicate them clearly to the family; and follow them.
 - v. Allow for conversation/dialogue and negotiation.

Home practice activity

- When you get home, sit with your spouse; discuss the things affecting your relationship and devise solutions together. Prepare to share this in the next meeting.

Session 2 Parenting together

Session objective:

1. To discuss the different parenting perceptions by fathers and mothers, the reasons for the difference in perspectives, the impact of this difference in raising children and the best way to resolve these differences for family harmony and proper growth of children.

1 Activity 1: Review of home practice

Duration: 10 minutes

Materials: Flip charts and markers

Steps

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experiences of discussing with their spouses/partners the things affecting their relationships and the adjustments they agreed to make and are making.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Parenting as a couple

Duration: 40 minutes

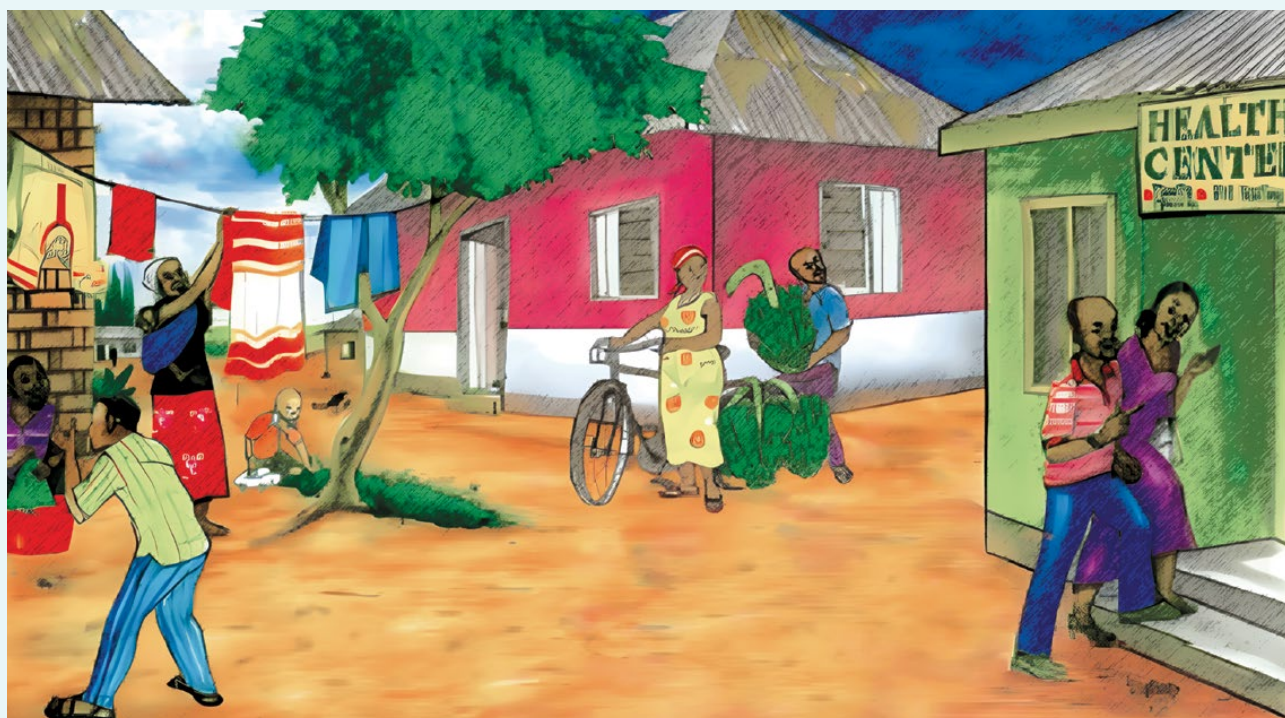
Materials: Power posters, flip charts, masking tape and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Form two groups – one for fathers/men only and the other for mothers/women only.
3. Give the groups the 'power' posters.
4. Ask the participants to use the pictures and the questions behind the poster to guide the discussion of the following:
 - What is your understanding of the father's role?
 - What is your understanding of the mother's role?
 - What do you understand by complementary roles in parenting?
5. Invite representatives from each group to present their views.
6. After each presentation, ask the other participants who are not part of the group to briefly comment on the views presented to them.

Close activity by highlighting the following points:

- Fathers and mothers might have distinct roles in the family, but these roles are complementary. In families where couples support each other, the family tends to be happier, less conflictual and progress well together.
- Guide participants not to use the outcomes of this discussion to start a conflict at home.



1 We respect, value and help each other

2 We share the work and profits

3 We take care of our own and each others health

Power Poster

Discussion Questions

- 1 What do you see in the picture that is chacteristic of a good spouse?
- 2 In your home, what do you think should be the role of your wife/husband?
- 3 How do you expect your spouse to compli-ment your good actions as a homemaker?
- 4 What are those disappointing things that your spouse does that affect your relationship and your family life?

3 Activity 3: Co-parenting

Duration: 40 minutes

Materials: Flip charts, markers and role play cards

Steps

1. Welcome participants to the activity and explain its purpose.
2. Explain that co-parenting is parenting together when living with your spouse or not living together anymore. For this activity, the focus will be on those not living together.
3. Give instructions to guide the role play of the scenarios:

Scenario A: Co-parenting with care

A tale of love beyond separation

Patricia was in a relationship with William and they had two children. However, they realised that they could not stay together anymore and separated. The two children are five and nine years old. Even when William is living with another woman, he provides for all the needs of the two children. Patricia calls in once every two months to check on them and finds them talking well with their stepmother. She often buys them shoes and clothes when it is time to start a new term. William and Patricia have resolved to put their issues out of their children's lives and parent them with love and care.

Scenario B: Children in the crossfire

Struggles of a divided family

Mike and Mary were married with two children. They separated and Mike left the children with Mary. Mary is not employed and is not able to provide for the children. However, Mike refused to support the children if she cannot return to the marriage. The two keep in quarrels most of the time. Sometimes, Mary tells her children how much she suffers because of their father.

4. After the two role plays, use the questions below to prompt a discussion:
 - What did you see and hear?
 - Do such situations happen in our communities?
 - Which of the two relationships is better for the safety of our children?
 - How can parents support each other in raising their children even when they are not living together anymore?
5. Continue with the discussion and ask parents: What is the impact of such relationships on the:
 - **Children** (If not mentioned, highlight these examples: rejection from peers/family, neglect, child's behaviour affected, affects education, broken attachment and sense of belonging, resentment, vengeful attitude, among others.),
 - **Parents** (If not mentioned, highlight these examples: psychological torture, shame, financial strain, etc.), and
 - **Society** (If not mentioned, highlight these examples: increase in number of dropouts, anti-social behaviour, unproductive citizens, perpetuation of similar behaviours, recklessness, conflicts and cohesion in families.).
6. What hinders working together for the children (ego, pride, toxic masculinity, lack of compromise, high expectations, grudges, revenge, third party pressure, aggressive lingering love for the spouse, lack of money, irresponsibility, unwanted child, among others).
7. What facilitates working together for the children? (demonstrated love and respect for the spouse, love and care for the child, personal maturity, compassion, commitment, the law, expectation of reconciliation, third party urgings, big dreams for the child).

Close activity by highlighting the following points:

- Every child is important and must never be subjected to neglect.
- Every child should always be protected from the aggression between separated parents and caregivers.
- Every child needs love and assurance and both parents (separated or not) are responsible for giving her/him that.

4 Activity 4: Raising stepchildren

Duration: 40 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Explain to the participants that stepchildren are common in our society. Some result from getting married to a partner who already has children and others come along the way. Many of us parents find it difficult to fully accept and care for children our spouses have had from other relationships. Some spouses fully accept to parent children they found with their spouse. They will accept these children and be fully responsible for them. Some children maintain a link with their biological parents, even when they live with the step-parent.
3. In a plenary, ask participants to discuss the challenges that step-parents face as they bring up stepchildren. During the discussion, allow participants to look at stepmothers and stepfathers separately because they may face different challenges. Probe for the following:
 - the child being mistreated;
 - interferences from the child's biological parent;
 - negative influences from the actual parent;
 - struggling to integrate the stepchild and give them a sense of belonging;
 - mistrust between child and step-parent;
 - conflict between the spouses over how to treat or raise the child; and
 - children failing to accept step-parents as legitimate parents.
4. Ask participants to identify possible solutions to these challenges: Probe for the following:
 - Involve grandparents, if they are alive, in raising the child.
 - Talking about it with their biological parent if living with him/her.
 - Accept the stepchild progressively into the new family.
 - Open communication with your husband/wife especially on limits and expectations from the children.
 - Accept and love unconditionally without discriminating or sometimes not accepting to be loved back.
 - Set consistent parameters, routines and standards for all children in the family, such as school achievements and behaviour, among others.
 - Try not to return to the previous relationship if you are not living with her/him anymore.
 - Set conditions for return and reintegration into the biological family early in the relationship.
5. Inform participants that we must accept stepchildren and take care of them because it is not the child's fault they came into your lives. Reflect on your character as a step-parent and purpose to model your desired behaviours in them. Try to engage in activities that your children like and increase the amount of time you spend with them. This will enable you to appreciate them and help them bond with you.

Session 3 Openness and transparency among couples

Session objective:

1. To appreciate the elements and importance of openness and transparency among couples and develop skills to express personal issues better and listen empathetically for better family cohesion.

1 Activity 1: Transparency among spouses

Duration: 30 minutes

Materials: Case studies, flip charts, markers, masking tape, posters, opaque paper, transparent paper and translucent paper

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Ask for three volunteers and provide each with a different paper below:
 - opaque paper
 - transparent paper (probably dipped in oil)
 - translucent paper (ordinary paper)
3. Ask the volunteers to hold up their paper and state if they can see what is on the other side.
4. After each volunteer has responded, let them share how they felt when they tried to look through the paper.
5. Invite other volunteers to try the exercise and share their feelings.
6. Ask all the participants to relate their feelings to daily communication with their spouses.
7. Ask participants to outline on what aspects of their spouses'/close family members' lives they would like more transparency. Probe for the following:
 - who their friends are;
 - finances and debts;
 - health;
 - family background, including children;
 - the day's programme and one's whereabouts during the day or week;
 - family development plans; and
 - personality – likes and dislikes.

Close activity by highlighting the following points:

- People relate to each other best when they know and understand each other well.
- People who live together should know each other well.
- Allowing your spouse to know as much information about you as possible puts her/him in a better situation to avoid conflictual situations in your relationship.
- For this to happen, people must be open to each other and communicate freely.
- The transparent paper represents the part of you known to you and others. This is the area of mutual sharing in which mutual trust can be built for proper human relations. Therefore, this part of our life must be as open as possible for more mutual understanding.
- The translucent paper represents the part of an individual which is secretive and causes people to share minimal information about themselves with others. As the tension develops between two people, it can generate conflict. Therefore, people must have few secrets and share more information that others need.
- The opaque paper represents the part of an individual that is unknown to others. It is the part that is not shared with others. In some cases, it is good for some things to remain hidden. However, living and working with someone who does not hide too much is easier.

2 Activity 2: Our family and our money

Duration: 30 minutes

Materials: Flip chart, markers and scenario cards

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Divide participants into two groups to prepare skits using the information in the scenarios below

Scenario 1: *Financial secrecy in marriage*

John is a trader, married with five children. His wife is a housewife and homemaker. He is known as a rich man in the community. His business makes plenty of money, which he banks every day. At home, he does not talk to his wife about business. The wife, therefore, does not know what he makes or spends. He buys everything needed at home himself. Whenever she asks about the business, they fight. Every time he comes home, he puts all his things, including his wallet, in a special drawer, locks it up and goes with the key. He does not allow his wife to bring her friends and relatives home. He also does not allow her to attend village meetings. He is unhappy when his wife gets money; he calls it competition. Because of this, there is no source of income other than him in his home.

Scenario 2: *Building together*

Peter is married, with three children. He does not earn much money from his informal job but supported Ruth, his wife, to start a small business near their home. They often discuss their income and expenses; draw plans together; and commit part of their income to their projects. Both understand each other's income and work towards the family's progress. They attend all village meetings together. To manage their money better, they budget monthly with their children.

1. Ask the participants to discuss the following:
 - What did you see and hear?
 - Which role play represents most of our families in the community? Why/Why not?
 - Which family has the practice you admire and why?
 - Are there any practices in your own family that you would like to change?
2. Ask a volunteer participant to close the session.

3 Activity 3: Know where my money goes

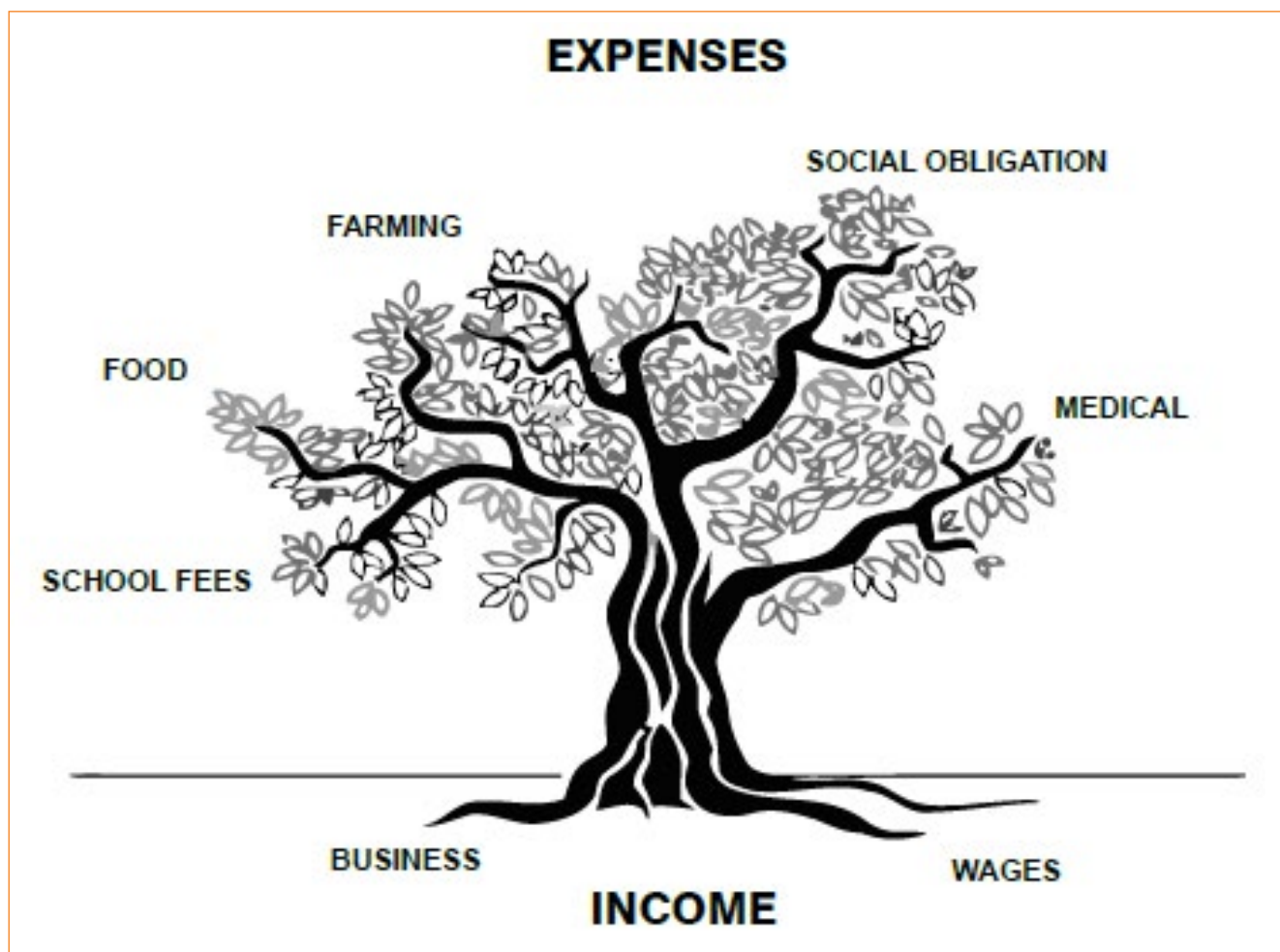
Duration: 30 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Draw a large diagram of a tree on a flip chart with the roots representing income and the leaves and branches representing expenses as in Figure 8.

Figure 6: A representation of income and expenses



3. Ask participants to observe the tree and write their different expenses on the branches/leaves and the sources of income at the roots.
4. Ask participants the following questions:
 - Which is bigger – the expenses or the income?
 - Why do you think that is?
 - How does this relate to our own situation?
 - What can we do to improve our situation?
5. Inform participants that you understand your spouse's attitude and values regarding finances. By knowing your similarities and differences, you can work better as a team to manage family finances to better your and your children's lives.
6. Explain that beyond finances and possessions, we have another precious resource called time. It is common to hear people complain about not having enough time. As parents, we need to plan for time and family resources so that each family member benefits from them.

Close activity by highlighting the following points:

- As parents, it is crucial to define our family's most fundamental needs and wants and be able to prioritize them. Also, we need to normalize working together to evaluate the family's expenditures to appreciate actual expenses and sources of income.
- It is very important to track family income daily, weekly or monthly.
- To manage family expenses, it is always essential to prepare a family budget.

4 Activity 4: My family income dream

Duration: 30 minutes

Materials: Flip charts, markers and illustrations

Steps

1. Welcome participants to the activity and explain its purpose.
2. Ask participants to sit quietly and think about their dreams for their families (things they desire to achieve, investments they want to make, quality of life desired for themselves and their children, health and education of their children).
3. Invite 3–5 participants to share some of their reflections.
4. Ask participants again to think about the achievements they have had during the time they have been married or together.
5. Invite 3–5 volunteers to share:
 - What would we do better to achieve more?
 - What could have hindered them from progressing to the level they would desire?
 - Now, show the participants the picture below and ask them what they think.
6. What opportunities do you see around you that could help you improve your family income? Responses may include:
 - Village Savings and Loans Associations (SACCOs, cash round);
 - government programmes;
 - lucrative businesses around you that you could invest in; or
 - embracing any locally available jobs.

Close activity by highlighting the following points:

- There are many potential opportunities for everyone to earn some income.
- We must not be so picky/selective and must change our attitudes towards work. We tend to overlook many simple opportunities.
- Spouses should support each other's financial endeavours rather than compete against each other, as is the case in some families.
- As the picture above shows, please always start your financial journey with what you have; do not just complain!

Home practice activity

- When you get home, reflect on your practices around money, intimacy and family relationships. Then, invite your spouse for a private dialogue about what you want to change to improve your relationship.
- Focus only on the changes that will strengthen your family bond instead of breaking it.



Overall goal of the module

To explore the key areas of family care, nutrition and sanitation that parents should focus on for the general health and well-being of the family.

Session 1 Understanding family health/well-being

Session objective:

1. To help parents understand what they should do to have a healthy family.

1 Activity 1: Review of home practice

Duration: 15 minutes

Materials: Flip charts and markers

3. Welcome participants to the session.
4. Review the home practice activity by asking individuals to reflect on money, intimacy and family relationships.
5. Encourage participants to continue making changes and doing home practice activities.

Share their experiences of talking with their spouses/ partners about things they would like to change to strengthen their family bond.

2 Activity 2: What are the healthy needs of a family?

Duration: 1 hour

Materials: Flip charts and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. In a plenary, ask participants to list the common things (five examples) they associate with healthy families and unhealthy families (five examples) in their community.
3. Read out the statement below:

The importance of family health

Family health is about general well-being, eating the right foods, cleanliness, safety and having peace and harmony. Every family is different, but there are still characteristics to look for that can show whether your family is functioning in a healthy or unhealthy way. Many people in our community and elsewhere worldwide have been raised in unhealthy families. So, it is hard for them to believe family harmony is possible. But in all families, members have different characters and they play different roles. Some members have very strong characters which may not comfortably fit with other members' characters. In such families, some members fail to get help when in complicated situations.

But remember that no family is perfect; many have both healthy and unhealthy qualities. There are families with very strong moral principles, those that are clean and eat only healthy foods while others are free, easy-going and accepting. Some are spiritual while others are not. Healthy families promote healthy personal feelings, growth and independence. They accept each other as they are. They make everyone feel safe and encourage members to grow into confident and independent people.

3. After reading, ask participants to sit in 2–3 groups to discuss the following questions:
 - What kind of family do you have?
 - What does a healthy family look like and sound like?
 - Am I eager to go home and be with my family? Why/Why not?
 - Do I prefer to avoid family get-togethers?
 - How does your family expectations make you feel – angry and sad?
 - Is there a family scapegoat for everything that goes wrong? Are you that scapegoat?
 - Are you struggling to heal from self-centred abuse?
 - Is everyone helpful and accepting in your family?
4. Invite participants back to the plenary to share their discussions.
5. Explain to participants that it is always important to ask themselves about their relationships with their families to see if they are healthy or not.
6. Tell participants that it is very important for them to understand the components of a healthy family to achieve a healthy family life.
7. Display the posters with characteristics of healthy families and ask participants to:
 - Reflect on their current family life.
 - Choose which type of family they want.
 - Decide what they can do to achieve it.
8. Distribute the poster showing characteristics of a healthy family and tell participants that although all human families are different, good, happy and healthy families have the common characteristics as shown in Table 10 below.

Table 10: Characteristics of healthy families

Healthy families...	Healthy families also...
<ol style="list-style-type: none"> 1. Show cohesiveness. 2. Have open communication. 3. Parents lead by example. 4. Are capable of conflict management. 5. Set clear expectations and limits. 6. Stick together. 7. Give the best first start in life by caring for the mother and unborn child and supporting ECD, birth registration and immunization. 	<ol style="list-style-type: none"> 8. Have/show love and compassion for vulnerable members of the family. 9. Collaborate and involve all members 10. Bond both on an individual level and on the family level. 11. Eat together. 12. Are involved in the children's school and after-school activities. 13. Take children to work to show them what the jobs are like. 14. Visit friends and relatives. 15. Spend time on leisure activities. 16. Have healthy coping skills for hard times. These include:

Healthy families...	Healthy families also...
17. Have quality time. 18. Offer guidance. 19. Have trust 20. Offer support. 21. Show respect (between parents and children). 22. Are adaptable (adjust to situations as necessary). 23. Eat well (nutritious and not junk foods). 24. Ensure safe environment. 25. Are clean.	<p>a) Physical: taking care of basics such as healthy meals, enough sleep, exercise, hygiene and basic safety;</p> <p>b) Emotional: open to talking about feelings with the family, crying or laughing, talking to a teacher or counsellor at school, going for family therapy, writing/drawing/dancing/singing and participating in other creative, emotional outlets such as jogging/walking/exercising out the feelings;</p> <p>c) Intellectual: reading, writing, having deep discussions with family members or others; studying, learning, teaching; doing puzzles or healthy video games; doing creative activities together;</p> <p>d) Social/relational: having time with family and others together, but also having personal time for a relationship with self (by reading, meditating, writing, or doing yoga or tai chi); and</p> <p>e) Spiritual: having a sense of closeness with a higher being and the family, taking nature walks, having fun, creativity, attending religious ceremonies/events, reading religious/spiritual books, meditating, praying and having reflective moments.</p>

9. Invite participants back to the plenary and tell them they can also improve their families by changing unhealthy practices. Ask participants to look back at the family characteristics, reflect on where their families fall on that list and maybe think of ways to improve their families.

Close activity by highlighting the following points:

- As parents, we should remember that most families have healthy and unhealthy qualities because no family is perfect.
- People brought up in somehow perfect families or who did not ever suffer problems or failures often have trouble adjusting to an imperfect, unhealthy home.
- As parents, we should remember that a dysfunctional family is unhealthy for raising children.
- Remember that healthy families do not keep secrets from each other. So, check if you have a healthy relationship with your family.
- As a family, we should allow all members to express themselves freely, listen without judging and respect each other. We should not interrupt, argue, or put each other down and support achieving balanced, healthy growth and development.
- Always tell the truth without ranting and give everyone the right to speak, but always love, show compassion and support the vulnerable members of the family without making them the centre of attention.
- Family members who suffer addictions or alcohol and substance abuse disorders are sick. They need our help because their behaviour can be disturbing and disrupting.
- As parents, we learn that a healthy family accepts and values every member as an individual. So, we should respect each other's choices, hobbies and interests, especially for the children. Even when they are choosing professions you are doubtful about, supporting them will help them learn and maybe change those choices.
- Accepting each other does not mean tolerating unhealthy or abusive behaviour in the family or getting away with doing bad things to each other. To accept means that as a family, we may dislike a loved one's views, style of dress, or beliefs, but we will not beat him/her up for them. Also, accept yourself and your own choices as a parent.
- Ensure we eat well, live in a clean and safe environment and love and support each other. Our physical, emotional and mental health thrives in a peaceful, healthy family and home environment.

3 Activity 3: Providing healthy and nutritious meals for the family

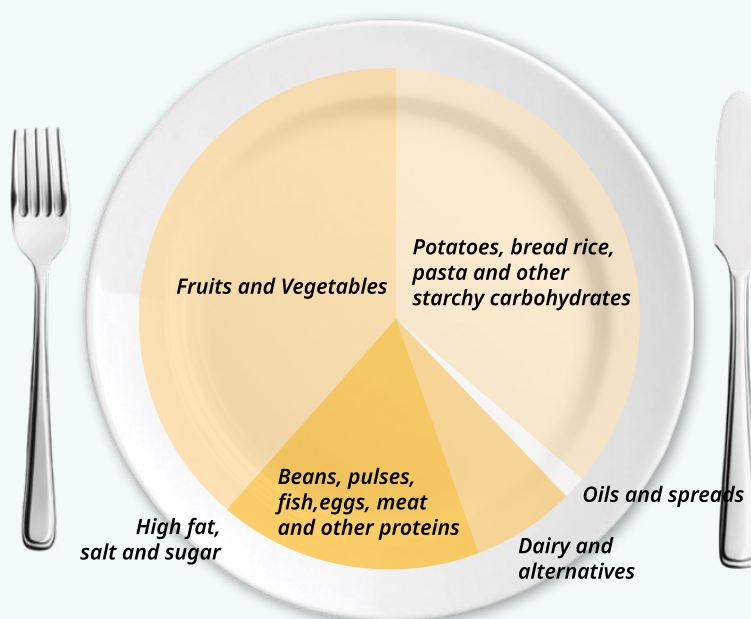
Duration: 1 hour









Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Tell participants that as parents, they have a role and responsibility to meet the nutritional needs of their families by providing good, healthy, safe and nutritious food because the family's general health and well-being depends on it.
3. Ask parents to explain what they understand by food and nutrition and list the common foods available in the area. Allow for 5–10 responses.
4. Use the participants' list to categorize the different food types given following the three main categories:
 - energy foods
 - body-building foods
 - protective foods
5. Inform participants that foods such as energy-giving, protective and body-building foods are necessary for the healthy and proper growth and functioning of the physical body.
6. Give the explanations to support participants' understanding of healthy family nutrition:
 - Nutrition is the use of food by the body for growth, energy and health. For children, nutrition begins when they are still in the womb. Therefore, the pregnant mother's nutrition is very important for the unborn child's well-being. The nutrition of mother and child after birth is equally essential for healthy child growth and development. Remember that children have different nutritional needs at different stages.
 - Food is any substance with nutrients (such as carbohydrates, proteins, vitamins and fats) that can be eaten for energy and growth.
7. Divide participants into four groups and distribute the posters representing the four groups/categories of family members below:
 - pregnancy
 - 0 – 6 months
 - under three years
 - 4–10 years
 - adolescents
8. Ask each group to discuss the nutritional needs and necessary foods for each age group.
9. Ask participants to return to the plenary and share their work with the larger group.
10. Guide participants to share missing ideas after each group's presentation.
11. Illustrate the different kinds of food and tell participants they can use them as a guide to ensure that the different categories of family members eat healthily. Using the poster, ask if pregnant mothers, infants, adolescents and young adults have access to enough of the foods. Allow five examples.

Figure 7: Food groups display poster



 <p>Breast milk</p>	 <p>Dairy and dairy products</p>	 <p>Other fruits and vegetables</p>	 <p>Meat and meat products</p>
<p>Breast milk (breastfeeding, expressed breast milk or breast milk from banks)</p>	<p>Milk, cheese, yoghurt, butter, ghee</p>	<p>Passion fruits, pineapples, guavas, lemonsCabbages, dark green leafy vegetables</p>	<p>Beef, fish, poultry, pork, liver and other organ meats</p>
 <p>Eggs and egg products</p>	 <p>Grains, roots and tubers</p>	 <p>Vitamin A rich fruits and vegetables</p>	 <p>Legumes and nuts</p>
<p>Eggs for; chicken, ducks, pigeons and turkeys</p>	<p>Millet, Sorghum, Rice, Wheat, Maize, Cassava, Potatoes, yams</p>	<p>Carrots, paw paws, mangoes, oranges, tangerines, Kale, spinach, Broccoli</p>	<p>Beans, Peas, Soya beans, Groundnuts, Cashew nuts, chickpeas, lentils</p>

Cut out the food to sort and put on your plate.

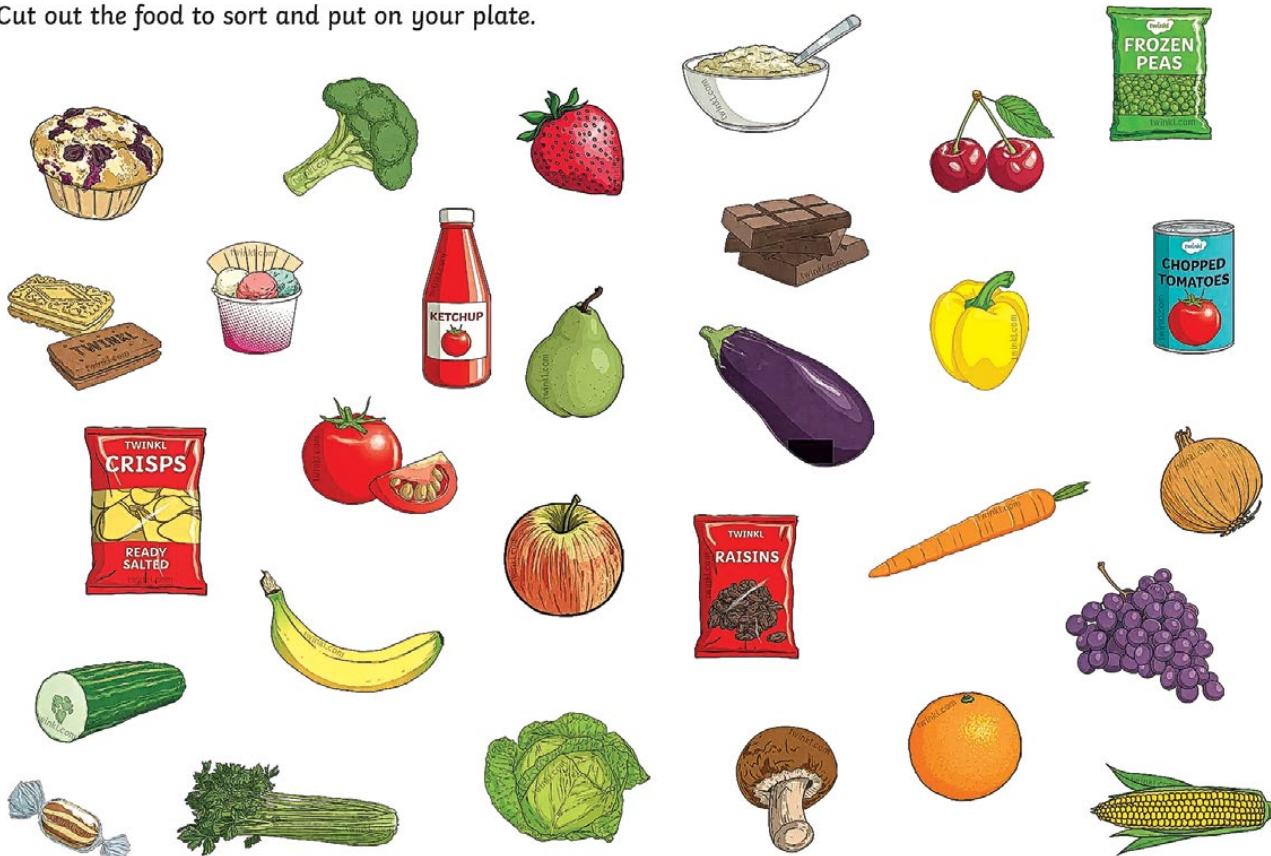




Figure 8: Eat well guide for families



12. Divide participants into 2–3 groups and let them discuss the following questions:
 - Do families in the community have access to diverse food? Why/Why not?
 - What tasks do husbands, wives, boys and girls perform to ensure the family has healthy and nutritious food?
 - Discuss with participants whether they are using these different food items well. Which food items are most typically consumed in most families and why? Which ones are less typically consumed by adolescents and why?
 - What are the challenges families face in terms of:
 - i. getting enough food?
 - ii. having a variety of food?
 - iii. what causes food shortages in families?
 - iv. how these challenges can be addressed? At the family level? At the community level?
13. Inform participants that diverse food items are available in our communities and women, men and children can eat to build strong and healthy bodies. Families must consume nutritious foods from their farms and gardens instead of selling everything at the markets or buying ready-made foods.
14. Inform participants to ensure that the family food intake includes these six food groups as a way of ensuring healthy eating:
 - fruits and vegetables
 - carbohydrates
 - protein
 - dairy and alternatives
 - oils and spreads

Close activity by highlighting the following points:

- Malnutrition, a widespread problem with devastating consequences, weakens immune systems and worsens illnesses. It causes many deaths in children, especially those under five years.
- As parents, we need to know that malnourished children who survive have diminished learning capacity and lower productivity in adulthood. Therefore, we must provide the proper nutrition for our children, especially children and adolescents.
- Malnutrition reduces the quality of life and financially drains families, communities and countries.
- The nutrition of mothers and children is closely linked. Malnutrition often begins at conception and most of the damage from malnutrition is already done by the second year of the child's life. Therefore, mothers need to improve their nutrition while pregnant and take all the supplements provided by the health workers.
- Let us regularly provide supplements, such as vitamin A, iron and iodine, to children, pregnant mothers and adolescents as necessary because their lack has significant health effects.
- Parents, VHTs and community leaders need to ensure adequate access to food and nutrients, adequate care of mothers and children, adequate health services and healthy environments for our families and communities.
- Both adolescents and adults need all three types of food but in different quantities. Adolescents are very active, while older people (45 years and above) are less active. So, they (adolescents) need more carbohydrates and fats because they spend more energy on rigorous activities.

Home practice activity

- When you get home, discuss with your family how to achieve a balanced diet using the coloured healthy eating plate model. Remember, every colour on the plate represents a different food class and value. Share your experience during the next session.

Session 2 Water, sanitation and hygiene (WASH)

Session objective:

1. To enable participants to reflect on the importance of (WASH).
2. To understand that WASH focuses on maintaining the family's health and hygiene by providing access to adequate clean water, proper hygiene and waste disposal, run-off and wastewater disposal and effective management of the physical environment control.

1 Activity 1: Review of home practice

Duration: 15 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their family discussion experiences on achieving a balanced diet using the coloured healthy eating plate model.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: WASH in the family

Duration: 1 hour

Materials: Flip charts, markers and illustrations

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Use the following statement to explain to participants the importance of WASH in the family

WASH practices:

A necessity for a healthy family and community

A healthy family must have certain WASH routines and practices for all members. The WASH idea is important in the family because safe drinking water, sanitation and hygiene are fundamental to human health and well-being. Safe WASH also contributes to healthy environments, livelihoods, school attendance, dignity, and resilient communities. The general health and well-being of the entire family starts with a clean and hygienic physical environment in the home with proper sanitary facilities. This involves providing for the seven main components of sanitation: handling of drinking water, disposal of human excreta, disposal of waste water, disposal of rubbish and domestic animals' wastes such as chicken droppings and cow dung, home sanitation, food and personal hygiene, and village sanitation. The family should implement all that apply to the situation.

3. Ask participants to identify facilities that promote hygiene and sanitation in their homes. Add those that are not listed by explaining the following:
 - Hygiene practices refer to behaviours that promote cleanliness and lead to good health in the family. These include regular hand-washing, facial cleanliness and bathing with soap and water.
 - The four main types of hygiene in the family are:
 - i. personal hygiene
 - ii. environmental hygiene (can also refer to the home environment)
 - iii. domestic hygiene
 - iv. food hygiene
4. Distribute the posters on 'Benefits of Personal Hygiene' as shown in Table 11 and ask participants to discuss the challenges they face in the family with personal hygiene practices and develop strategies to improve. Let them share their views.

Table 11: Benefits of personal hygiene

Personal hygiene	Maintaining personal hygiene	Benefits of good personal hygiene
<p>Types of hygiene include:</p> <ol style="list-style-type: none"> 1. Body hygiene, 2. Face hygiene, 3. Oral hygiene, 4. Eye hygiene, 5. Armpit hygiene, 6. Hand hygiene, 7. Nail hygiene, 8. Hair hygiene, and 9. Feet hygiene. 	<ol style="list-style-type: none"> 1. Cleaning one's body daily. 2. Washing hands with soap after going to the toilet. 3. Brushing teeth twice a day. 4. Covering mouth and nose with a tissue (or sleeve) when sneezing or coughing. 5. Washing hands after handling pets and other animals. 6. Washing hands before and after eating. 	<ol style="list-style-type: none"> 1. It is important to maintain personal hygiene for many reasons, including personal, social, health, psychological or simply as a way of life. 2. Maintaining a good standard of hygiene can prevent bad body odours and limit the development and spread of infections and illnesses. 3. Staying clean has a confidence boost and positive impact. 4. Good hygiene prevents diseases and lowers the risk of contact with viruses and bacteria that commonly spread diseases and illnesses. 5. Good hygiene eases social and professional acceptance. 6. Good personal hygiene leads to higher confidence and self-esteem. 7. Maintaining good personal hygiene helps prevent pain.

5. After the discussion, tell participants that besides personal hygiene, they must ensure that the home is kept clean by paying special attention to areas such as the kitchen, toilet, bathrooms, compound and hidden corners.
6. Ask participants to explain what they understand by domestic hygiene by referring to what they do at home. Allow 2–5 responses.
7. Explain to participants that the concept of domestic hygiene is based on the following areas:
 - Food safety, sanitation, cleanliness and hand-washing.
 - All four areas involve using soap, the need for fresh air, light, proper ventilation, cleanliness in food storage and disposal of rubbish and wastes at home, among others.
 - As parents, they should do their best to keep their homes clean by ensuring all family members wash their bodies and clothes, use clean beddings, sweep the house and compound, clean floors and toilets, and wash dishes and cooking utensils after meals.
 - Divide participants into 2–3 groups and ask them to respond to the questions and statements below:
 - Why is hygiene and sanitation important for individuals and families?
 - What are the benefits of good sanitation to children, pregnant mothers and all family members?
 - Why is hygiene important for individuals, pregnant mothers, adolescent girls/boys and all family members?
 - What is the role of fathers/male caregivers in maintaining the family hygiene and sanitation?
 - What is the role of mothers/female caregivers in maintaining family hygiene and sanitation?
 - Generate ideas about how fathers and family can support girls during menstruation.
 - Remember, boys too need support with body changes and hygiene. Family members should support both boys and girls accordingly.
8. Ask group representatives to present in the plenary and invite others to comment. Allow 2–4 comments.
9. Present the illustration below and ask 3–5 participants to comment if community members can access them in their homes.



10. Tell participants that the illustrations remind us that proper hygiene practices include showering or bathing regularly, washing hands regularly and especially before handling food and after visiting the toilet, washing scalp hair, keeping hair short or removing hair, wearing clean clothing, brushing teeth, trimming fingernails and toenails, besides other practices.
11. In a plenary, ask participants to explain what they are doing about food hygiene in their homes. Allow 3–5 responses.

12. Explain to participants that the World Health Organization (WHO) has set some Golden Rules for Food Safety that all of us should follow at home, in schools and in our communities. These include the 4Cs of food hygiene: cleaning, cooking, chilling/cooling and cross-contamination.
13. Distribute the poster in Table 12, summarizing the rules of food hygiene for the family and discuss their family practices, challenges and suggest solutions. Participants should record their views on a chart and share.

Table 12: Food and hygiene

Food safety and hygiene at home	Good kitchen hygiene rules
<ol style="list-style-type: none"> 1. Be clean: always wash your food, hands, containers, utensils, counters and cooking materials. 2. Wash hands in warm, soapy water for at least 20 seconds. 3. Separate or keep raw foods away from dry and other types of foods to avoid the spread of germs from one food to another. 4. Cook and keep food hot. 	<ol style="list-style-type: none"> 1. Clean the kitchen thoroughly (all the surfaces and utensils). 2. Wash your hands regularly when in the kitchen and when handling food (dirty hands can contaminate food with germs and bacteria).

Food safety and hygiene at home	Good kitchen hygiene rules
<ol style="list-style-type: none"> When storing food overnight, cover it or keep it in the fridge. Thoroughly wash all fruits and vegetables to be eaten. Thoroughly cook your food. Eat cooked food when still hot (immediately). Store cooked food carefully – at the right temperature. Reheat stored food thoroughly. Separate cooked and raw food to avoid contact between them. Wash hands regularly when handling food. Keep all kitchen surfaces and materials clean. Cover your food to protect it from insects, rats and other animals. Use clean and safe water for cooking and washing food. 	<ol style="list-style-type: none"> Cook well as required all foods that need to be cooked Properly store food (by covering it with a clean tablecloth and putting it in sealed containers). Use a suitable kitchen waste bin to throw perished foods. Avoid cross-contamination (especially when handling fresh meats, fish, milk, vegetables and fruits).

- After the discussion, comment on the effects of negative personal and domestic hygiene and advise participants on the importance of WASH.

Close activity by highlighting the following points:

- As parents, we should remember that better hygiene leads to better health, confidence and the overall well-being of the family.
- We should always wash our hands with soap and clean water.
- Safe drinking water, sanitation and hygiene are crucial to family health and well-being.
- Personal hygiene is critical for self-confidence and individual family members' general well-being.
- Personal hygiene is for all boys and girls, men and women in the family.
- All family members should contribute towards good hygiene and sanitation in the home.
- We must address social norms and taboos that stand in the way of proper hygiene and sanitation in our families.

Home practice activity

- When you get home, invite your family to discuss general hygiene and sanitation. Refer to the pictures above to suggest and implement changes, then take pictures to show your group in the next session.

Session 3 Family role in maternal health and care

Session objective:

- To enable participants to reflect and explore how families and communities support women's access to quality health care services during pregnancy, childbirth and post-delivery.
- To discuss the importance of the father's support during pregnancy and post-birth.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share their experiences discussing general hygiene and sanitation in their homes with family members. What missing things have they implemented so far? Ask those who managed to take pictures to share with others.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Perceptions about maternal health

Duration: 50 minutes

Materials: Flip charts, markers and statement cards

Steps:

1. Welcome participants to the activity and explain its purpose.
 2. Explain to participants that maternal health is vital to the family because it refers to women's health during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience which supports the general health and well-being of women and their babies. However, mothers and their babies often experience several challenges accessing quality health care services. The problems often start from home due to the attitudes, perceptions and detachment of some family members, including the husbands/fathers. Promoting health throughout the whole pregnancy, childbirth and postnatal care continuum is also crucial. This involves good nutrition, detecting and preventing diseases, ensuring access to sexual and reproductive health care services and supporting women experiencing IPV.
 3. Ask participants to stand up and move to one side of the training space.
 4. Read the statements below one by one and ask participants to move to your right-hand side if they agree or move to the left if they do not agree.
- Statements for voting**
- Shared responsibilities: Engaging men during pregnancy**
- I go with my wife on antenatal visits/My husband goes with me on antenatal visits.
 - It is the responsibility of the woman to go to the hospital when she is pregnant.
 - I sit with my wife when talking to the nurse during antenatal visits.
 - I wash clothes and dishes when my wife is pregnant.
 - I cook for the family when my wife is pregnant.
 - I remind my wife to take her vitamins/medicine during pregnancy.
 - I look after the other children when my wife is pregnant.
 - It is normal for the man to care for the children and the kitchen.
5. Ask a few participants to briefly explain why they agree or disagree with the statement(s).
 6. Ask participants the following questions and lead a discussion around them:
 - What influenced your answers in the activity we have just done?
 - Did you want to change your opinion after listening to the discussion?
 7. Lead a discussion about the need for supporting pregnant mothers and those with young children. Record the answers on a flip chart.
 8. Explain to participants that maternal health is a sensitive matter because it involves the well-being and future of the entire family. Emphasize that fathers must support mothers during pregnancy and early childhood.

Close activity by highlighting the following points:

- Pregnant women go through several body changes, both physical and emotional. Therefore, they need plenty of support from their husbands and family members.
- Pregnant women are supposed to visit health facilities for health check-ups regularly.
- Husbands should go with their wives to the clinic.
- Husbands should participate in doing some housework and taking care of children in the family to avoid stressing the pregnant mother.

Session 4 Understanding signs of poor mental health in the family

Session objectives:

1. To discuss the signs of good and bad mental health.
2. To equip parents with skills for supporting young people to identify and approach trusted adults in their setting for their mental health. .

1 Activity 1: Understanding mental health

Duration: 20 minutes

Materials: Flip charts, markers and quiz cards

Steps:

1. Start by asking participants what they know about mental health. Write their contributions on a flip chart.
2. Tell participants they are going to do a quick quiz about mental health. Ask them to listen carefully to the questions and tell whether the statement is true or false. Read out the questions loudly and clearly for the participants.

The quiz

You only need to take care of your mental health if you have a mental health condition.

Answer: FALSE – just like physical health, everyone can benefit from actively looking after their well-being and improving their mental health.

Mental health means that you feel calm, relaxed and happy all the time.

Answer: FALSE – mental health means having the right emotion at the right time. Everyone experiences different levels of positive mental health and well-being throughout their lives.

Our mental health is connected to our physical health.

Answer: TRUE – mental health can impact our physical health negatively and positively, as well as other aspects of our lives, such as relationships, self-image and focus. Taking care of our mental health can lead to a general sense of well-being.

Children are as likely as adults to suffer from mental health conditions.

Answer: TRUE – like adults, many children and adolescents struggle with mental health. In fact, 50 per cent of mental health conditions happen by age 14. Sadly, many never get the care they need.

Nothing can be done to protect people from developing mental health conditions.

Answer: FALSE – many factors can protect people from mental health conditions, including strengthening social and emotional skills, seeking help and support early on, developing supportive, loving, warm family relationships and having a positive school environment.

If a child seems sad, they must have depression.

Answer: FALSE – all children sometimes feel sad; it is a natural part of growing up. However, if the sadness becomes persistent or interferes with normal social activities, interests, schoolwork, or family life, they may need support. Only a doctor can diagnose depression, so do not hesitate to ask for advice if you are worried about your child.

A mental health condition is a sign of weakness.

Answer: FALSE – anyone can develop a mental health condition. A mental health condition has nothing to do with being weak or lacking willpower. In fact, recognizing the need to accept help for a mental health condition takes tremendous strength and courage.

Source: <https://www.unicef.org/on-my-mind>

3. After reading the question, ask 2–3 participants to give their answer. After getting the answer from participants, provide the correct answer and explanations.

Close activity by highlighting the following points:

- Mental health is an individual's capacity to feel, think and act to achieve a better quality of life while respecting personal, social and cultural boundaries.
- Mental health involves emotional, psychological and social well-being, influencing thoughts, perception and behaviour. It determines how an individual handles stress, interpersonal relationships and decision making.
- Our mental health is a fundamental part of our overall health and well-being.
- As a parent, you play a huge role in supporting your child's mental well-being.
- Nurturing and loving care builds a strong foundation, helping your child to develop the social and emotional skills they need to lead a happy, healthy and fulfilled life.

2 Activity 2: Identifying signs of mental health problems in children and young people

Duration: 1 hour

Materials: Flip charts, markers and scenario cards

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Explain to participants that it is important to reflect and discuss parenting and mental health in the family. When children experience violence, such as using coercive acts and negative emotional expressions by parents towards children and physical aggression, it can affect their mental health and well-being. As parents, we need to avoid situations that can cause violence or negatively affect the mental health of our family members.
3. Tell participants that violent parenting also affects the physical and emotional health of children and these can result in mental health problems.
4. Explain that parents and caregivers should pay attention to children's mental well-being by talking to them, playing and being close to them.
5. Invite participants to read the scenarios below:
6. Ask participants to form three groups and respond to the following questions about the scenarios:
 - Is what we have heard in the stories similar to any situations in our community? Why/Why not?
 - Identify any signs of poor mental health for the children in the stories.
 - Identify any signs of poor mental health for the parents in the stories.
 - How can the children in the stories be helped?
 - How can the parents in the stories be helped?

Close activity by highlighting the following points:

- As parents, we should consider our children's mental health right from conception.
- Parents should watch out for any mental stress warning signs in their children.
- Parents should build a free and open atmosphere by encouraging children to speak out so that they can share their problems.
- Remember that different children will act differently even if they go through similar situations.
- Even when children have mental health issues, it is vital to listen to them.
- We should not show our children negative emotions, such as anger, but instead show them warmth, play with them, talk to them, cuddle them and wholesomely enjoy them.
- Always acknowledge and understand the emotions that children might be experiencing, even if it feels uncomfortable. When they open up to you, you can respond with 'I understand', 'it sounds like a difficult situation' or 'that makes sense'.
- Sometimes, we notice the things our children do and we do not like them. However, we should also try to notice and praise them for something they are doing well – even if it is something simple such as cleaning up after themselves.
- Be a good example; do not say one thing and then do another. Children will more easily do what you do than what you say.
- Discourage misbehaviour as soon as you detect it; do not wait until the child reaches adolescence.
- Discuss your concerns with your child and try to find out what is going on.
- Talk to other parents and find out what they do in similar situations.
- Talk to your child's school teachers to see if they have noticed any changes.
- Consider seeking professional support; start with the school counsellors and teachers.

3 Activity 3: Strategies for supporting mental health in children and adolescents

Duration: 45 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants from the previous activity and do an energizer with them.
2. Explain that young people and children cannot protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress. Most children can experience extreme fear when people abandon or threaten to abandon or punish them. These experiences cause uncontrollable fear and stress that can change the children's response system in ways that can lead to emotional, mental and social adjustment.
3. Ask participants to get back to their groups and:
 - Discuss strategies parents use to promote their children's positive mental health and well-being.
 - Draw a giant map of the community where they live and identify the people, groups, organizations and places parents and their children can go to when they experience difficulty and need support.
 - e After 10 minutes, call participants back to present their discussions and the map with places where parents and children can get support. Use the points below to facilitate the discussion:
 - Give the strategies identified (use the chart provided in Table 13 to supplement participants' contributions).
 - Name the places identified.
 - Are parents and children in your area aware of these places written on the map?
 - How can parents and children who need support access the services in the mentioned places?

Table 13: Strategies to boost the mental health and well-being of children

Age group	Strategy
0-5 years	<p>Babies</p> <ol style="list-style-type: none"> 1. Spend quality time with your child, play with them, cuddle and sing to them. 2. Respond to their sounds with words so they can begin to understand language and communication. <p>Toddlers</p> <p>As your child moves around more, her/his desire to explore increases.</p> <ol style="list-style-type: none"> 1. Read to your child (every day if you can) and play games that engage her/his curiosity and learning. 2. Ask your child to name things, starting with simple ones and explore the surroundings outside your home together. <p>Pre-schoolers</p> <p>As your child grows more independent and curious, she/he will want to explore the world outside and learn about the things around them.</p> <ol style="list-style-type: none"> 1. Encourage social interaction through play with other children. 2. Invite them to help you with simple age-appropriate chores. 3. Set clear boundaries and realistic expectations. 4. Follow up 'No' with alternatives for what you would prefer them to do instead and provide them with clear choices that are easy for them to understand.
6-10 years	<p><i>As your child starts school, her/his physical, mental and social skills develop rapidly.</i></p> <ol style="list-style-type: none"> 1. Maintain an open, trusting and loving environment. 2. Start by asking how she/he is doing. 3. Talk to your child about school, friends, what she/he likes and dislikes doing and what she/he finds difficult. 4. Use everyday events that cause positive and negative emotions, such as winning at sports or scoring low grades – to check on how your child feels and to forge a strong bond with her/him. <p><i>Remember, your time is a precious gift for your child.</i></p> <ol style="list-style-type: none"> 1. Saying 'I love you' or hugging your child are not the only ways to show affection. 2. Listen and show a genuine interest in what she/he has to say. 3. Have fun together with special activities, no matter how small. 4. Include her/him in family decisions such as what to eat for dinner. 5. Let her/him know that you love her/him no matter what, even when she/he makes mistakes.

Age group	Strategy
11–13 years	<p><i>Physical changes, appearances and friendships – there is much to navigate in this challenging time.</i></p> <ol style="list-style-type: none"> 1. Establish an open, honest and direct communication. 2. Listen to what she/he is saying without letting your thoughts and judgement guide the conversation. Respect and encourage your child's opinion. 3. Acknowledge that you understand her/his thoughts and feelings. Encourage her/him to be open with you and reassure her/him that you are there for her/him. Remind her/him that you were also at one time at this age and remember experiencing the same feelings. <p>Offer solutions: Ask her/him if she/he has thought about what she/he might need to change. 'What do you think should be done?' If she/he does not have an answer, offer to listen and talk it through with her/him. Support her/him with what she/he needs to feel better.</p> <p><i>Do not:</i></p> <ol style="list-style-type: none"> 4. Tell her/him what she/he should do. Instead, ask how you can help her/him. 5. Dismiss or minimize her/his feelings. Remember, opening up about feelings that may confuse the child is hard. 6. Argue. Observe your thoughts and feelings and watch out for conflict. Try to resolve any conflicts or arguments as soon as possible. If this happens, apologize and start again. 7. Blame others. Saying, 'this is your school's fault!' Externalizing the problem does not solve it. 8. Compare. Avoid saying things like, 'Other children don't have these issues.'
14–18 years	<p><i>Helping teenagers feel connected to school, family and friends promotes mental health and prevents a variety of negative behaviours, such as drug use and violence.</i></p> <ol style="list-style-type: none"> 1. Teenagers can experience rapid physical changes, leading to concerns about body size, shape or weight, eating problems or concerns, heightened moodiness and social anxiety. 2. Poor mental health in adolescence goes hand-in-hand with other health and behavioural risks, including alcohol or drug use, violent behaviour and unsafe sex. 3. Because many health behaviours and habits carry over from adolescence into adult years, it is imperative for parents to support teenagers in choosing healthy practices that assist their well-being. 4. Ask them about their day. 5. Ask open-ended, clarifying questions to understand how they feel. 6. Ask about their opinions and even share your own to understand each other better. 7. Recognize the good along with the bad and praise them for achievements, even small ones. 8. The world feels unpredictable to your teenagers and they might struggle to feel in control. Tell them you understand this. 9. Check in on their online media and social habits. Talk to your teenagers about the time they spend online and staying safe from harassment and bullying online. 10. Reassure them that if they are in trouble or have made a mistake online, you are there for them and can help them no matter what. 11. Be open about your feelings. Showing them how you deal with stress can be an example for them. Talk about how you dealt with problems when you were their age. <p><i>Don't:</i></p> <ol style="list-style-type: none"> 12. Take over the discussion and tell them what to do. Ask what you can do to help and work with them to find solutions. 13. Have a discussion when you are angry. Walk away, take a breath and calm down – you can continue the conversation later. 14. Engage in power struggles. Rather than arguing, try to empathize with your teenager on her/his frustrations.

Source: Adapted from: <https://www.unicef.org/parenting/mental-health>

Close activity by highlighting the following points:

- Children and young people cannot protect themselves and are vulnerable to unanticipated danger, physical pain and emotional stress.
- Most children experience extreme fear when people abandon them or threaten to abandon or punish them, which causes uncontrollable fear and stress that can change the children's response system and lead to emotional, mental and social maladjustment.
- Always encourage children to share their feelings; being friends with them will build the trust necessary for them to share their feelings with you.
- Always look for ways to check in with children and ask them how their day was and what they have been doing.
- Invite children to join you in a task, such as tending to flowers, repairing broken equipment or preparing dinner, so you can use the time to chat about their day.
- Constantly affirm to children that you are there for them, no matter what and that you want to hear how they are feeling and what they are thinking.
- Use words of encouragement to help children feel comfortable sharing their feelings with you.

Home practice activity

- When you get home, explore ways to promote positive mental well-being for your family members. Prepare to share your ideas with the group in the next session.

Overall goal of the module

To improve care for children with disabilities. .

Session 1 Understanding disabilities

1. Introduce the session by informing participants that there are about a billion people in the world living with disabilities and about 240 million children with disabilities¹
2. Inform them that this module discusses the definition, types, causes and prevention of disability.
3. Start by reading the session objectives.

Session objectives:

1. Define what disability is.
2. Explain the causes of disability.
3. List and describe the different types of disability.
4. Identify and discuss challenges associated with parenting children with disabilities.
5. Describe the effects and challenges of disability on children.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individ-

uals to share their strategies for strengthening the mental well-being of their family members.

3. Encourage participants to continue making changes and doing home practice activities

2 Activity 2: Definition of disability

Duration: 20 minutes

Materials: Flip chart paper, pens and markers, masking tapes

Steps:

1. Welcome participants and inform them that the first activity is about defining what disability is.
2. Generate ideas by asking participants to give their understanding of disabilities. Collect as many views as possible and write participants' contributions on a flip chart.
3. After about 10 minutes of discussions, use the information below to define disabilities.

1. <https://www.unicef.org/press-releases/nearly-240-million-children-disabilities-around-world-unicefs-most-comprehensive>

Disability:

Disability is a physical or mental condition that limits a person's movements, senses, or activities. It is an umbrella term covering impairments, activity limitations and participation restrictions. Disability is a complex experience for the affected person. There may be effects on body parts and/or there may be effects on a person's participation in other areas of life.

Close activity by highlighting the following points:

- Disability is a complex issue. It is understood differently and described differently depending on the cultural context. However, there is a general agreement that the definitions provided in global conventions are an excellent place to start.
- The United Nations Convention of the Rights of Persons with Disabilities (CRPD) defines persons with disabilities as: "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others," (see UN, 2006).
- Disability is a physical or mental condition that limits a person's movements, senses, or activities. It is an umbrella term covering impairments, activity limitations and participation restrictions.
- This definition acknowledges the move away from a purely medical conception of disability, which focuses on impairments, towards recognising the importance of social context. Under this definition, it is not only the impairment that is disabling but also the attitudes and responses towards people with disabilities (see WHO and World Bank 2011, WHO 2010a, UN 2006).
- The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness and various types of chronic diseases.
- Disability is a complex experience that can affect both a person's body and her/his ability to take part in different areas of life.

3 Activity 3: Types and causes of disabilities in children

Duration: 30 minutes

Materials: Flip charts, pens and markers, masking tape

Steps:

1. Inform participants that after understanding what disability is, in this activity, they are going to focus on the types and causes of disabilities.
2. Divide participants into two groups and assign:
3. group one to discuss types of disabilities they know of; and
4. group two to discuss the causes of disabilities. Allow 15 minutes to discuss and write their points on a flip chart.
5. After about 15 minutes of group discussions, ask them to present the answers they came up with in a plenary and use the information provided in the facilitator notes to guide the discussions after each group's presentation. Allow questions and contributions from members from the other group.
6. After generating ideas, ask the participants whether they know about the different categories of children with disabilities. After they mention a few that you would capture on the flip chart, use the notes on categories of disabilities in the facilitator notes below to explain the different categories of disabilities in children.

Facilitator notes

Examples of some types of disabilities include: blindness, deafness, dwarfism, mental illness, autism, speech disabilities, epilepsy, cerebral palsy, hydrocephalus, spinal bifida, Down's syndrome and many others.

Categories of disabilities are:

- physical impairment (paralysis, neuromuscular disorders, among others);
- sensory impairment (deafness, blindness, among others);
- cognitive impairment (inability to process what is heard or seen, partial learning disability);
- intellectual impairment (mental retardation);
- mental health impairment (schizophrenia, eating disorders, among others); and
- psycho-social impairment (autism, attention deficit hyperactivity disorder, among others).
- All of these categories may be very mild to severe. Classification as a disability requires them to be severe in a way that impedes the child's ability to carry out her/his day-to-day activities permanently or for a more extended period.

Causes of disabilities

1. Many factors can cause disabilities. These may include:
2. Accidents: Unfortunate life events, such as drowning, automobile accidents, falls and so on, can result in people losing sight, hearing, limbs and other vital parts of their body and cause disability.
3. Diseases: Lifestyle choices and personal behaviour, such as tobacco use, alcohol consumption, illicit drug use and exposure to certain toxic chemicals and illnesses by a pregnant mother, can cause intellectual disability to the child.
4. Childhood diseases such as whooping cough, measles and chicken pox may lead to Meningitis and Encephalitis. This can cause damage to the brain of a child.
5. Toxic materials, such as lead and mercury, can damage the brain.
6. Complications during pregnancy, childbirth and postnatal period: Diseases or medical complications

during pregnancy and childbirth can cause distress in the fetus and can lead to several disabilities and developmental delays.

7. Nutritional deficiencies (during pregnancy and early childhood): Malnutrition leads to developmental delays and physical, sensory and intellectual disabilities. Many types of disability can be caused by malnutrition through a lack of essential nutrients or exposure to high concentrations of toxins. Infants whose mothers were severely malnourished during pregnancy are reported to have a higher incidence of mental illness and can be up to twice as likely to develop schizophrenia in later life.
8. Environmental factors and poverty: Environmental factors that impact child development fit into categories such as the social environment, which is the child's relationship with others at school and in the community; the emotional environment, which is how well families meet the child's relational needs at home as well as the economic environment, which is the family's ability to provide financially for the child.
9. Physical environmental factors may also impact development through exposure to drugs, alcohol, tobacco, or environmental toxins such as lead before or after birth.
10. Poverty in pregnant mothers can also cause a deficiency in vital minerals and result in deformation issues in the unborn child (as described above in nutritional deficiencies). After birth, poverty may lead to malnutrition in the child, which can also cause poor development of vital organs, eventually leading to disability.
11. Genetic factors: Abnormalities in genes and genetic inheritance can cause intellectual disability in children. Down's syndrome is the most common genetic condition and many babies with Down's syndrome are born each year. Sometimes, diseases, illnesses and over-exposure to x-rays can cause a genetic disorder.
12. Unknown causes: The human body is a phenomenal thing. Scientists have still not figured out exactly what and how some things in the body, cells, brain and genes come about.

Close activity by highlighting the following points:

- The definition of disability acknowledges the move away from a purely medical conception of disability, which focuses on impairments, towards recognising the importance of social context.
- It is not only the impairment that is disabling but also the attitudes and responses towards people with disabilities.
- Disabilities can be inherited (for example, Down's syndrome) or acquired (for example, cerebral palsy). They can be permanent or transitory, such as chronic illness or fractured bone after an accident, respectively.

- Disabilities can affect people differently, even when one person has the same disability as another.
- Some people also have multiple disabilities (for example, cerebral palsy and Down's syndrome), each affecting several functions and organs of the body.
- Some disabilities may be invisible, such as a deaf child without hearing aids or an older student who cannot read due to dyslexia.
- Not every health impairment constitutes a disability unless it significantly impacts the functioning of an individual. Some disabilities may, within their category, range from very mild to very severe, whereas a mild form may not require any special treatment and technically may not fall within the category of disability at all.

4 Activity 4: Barriers and challenges children with disabilities often face



Duration: 30 minutes

Materials: Flip charts, pens and markers, masking tapes, cello tape or blue tack

Steps:

1. Welcome participants to the activity and inform them that they will focus on barriers and challenges children with disabilities face daily.
2. Divide participants into two groups. Give an illustration of a child with disabilities in a wheelchair. Ask participants to study the illustration and then discuss and answer the following questions:

- What is going on in the picture?
 - What are the challenges the child in the picture might be facing?
 - How can you and the community support such children to overcome the said challenges?
3. After 15 minutes, invite the group representatives to present their discussions in a plenary. Probe for challenges faced by children with different kinds of disabilities and how they can be supported to cope.

Close activity by highlighting the following points:

- Children with disabilities face several challenges that caregivers and parents need to be aware of to support them appropriately.
- It is important to recognize the child's strengths, not their limitations.
- Let the child with disabilities say and do things for herself/himself as much as possible.
- Avoid treating children with disabilities as objects of pity. Instead, include them as much as possible.

5 Activity 5: Challenges associated with raising a child with a disability

Duration: 40 minutes

Materials: Flip charts, pens, markers, masking tape, cello tape or blue tack and colourful balls

Steps:

1. Introduce the activity by mentioning that research has shown that caregivers of children with disabilities frequently experience a range of difficulties and

challenges, and these can result in poorer caregiver quality of life compared to caregivers of non-disabled children, as well as having a negative impact on parenting. This is why training caregivers to understand some of these challenges and how to manage them builds their self-confidence, self-esteem and reduces self-blame; resulting in better well-being and improved childcare.

2. Tell participants that this activity focuses on giving the participants who are also caregivers of children with disabilities critical tips on how to take time to relax and to get refreshed so they do not get burned out in order to be able to give off their best in providing quality care for the children.
 - With the learning objectives written on a flip chart and using the colourful small balls, ask volunteers from among the participants to read (one participant reads one objective and passes the ball to the next volunteer who reads the next).
 - Ask participants to explain the objectives the volunteers have read in their own words based on how they understand them.
 - Allow them to ask questions for clarification and inform them that there will be very interesting and exciting exercises to carry out during the sessions to help them understand better the points to be discussed.
3. In a group exercise, ask the participants to generate ideas, list (on a flip chart) and discuss:
 - some of the challenges they face as caregivers of children with disabilities.
 - challenges other members of their families meet.
 - how they manage these challenges as caregivers and as families of children with disabilities.
4. After about 20 minutes of group discussions, allow the groups to present the outcomes of their group exercise to the plenary.
5. After the presentations, allow the participants to ask questions and share contributions using their experiences, using examples from what they have seen others experience and case scenarios.

Close activity by highlighting the following points:

- Close the activity by highlighting the following points:
- Caregivers get many physical and mental health problems: lower back pain, migraine headaches, gastrointestinal ulcers and overall distress, anxiety, anger, guilt, frustration, sorrow, social isolation, self-deprivation and depression.
- The consequences of impaired caregivers' health include:
 - recurrent hospitalizations and the decision to place their child outside of the home;
 - 70% of mothers of children with physical disabilities having lower back pain;
 - a higher incidence of migraine headaches, gastrointestinal ulcers and overall distress; and
 - more anxiety, anger, guilt, frustration, sorrow, social isolation, self-deprivation and depression among parents.
- The stages in coping with the challenges are early reactions of shock, anxiety and denial. Intermediate reactions include depression, internalized anger and externalized hostility. And there are later reactions with knowledge and adjustment.
- It is because knowledge helps in adjustment and coping with the challenges facing them as caregivers that this training is being carried out to equip them with the knowledge they need to provide quality care to their children.

Session 2 Categories of caregivers of children with disabilities

Session objectives:

1. To identify and describe the different categories of caregivers of children with disabilities and their key responsibilities.

1 Activity 1: Different categories of caregivers of children with disabilities and their responsibilities

Duration: 40 minutes

Materials: Flip charts, pens, markers, masking tape, cello tape or blue tack and sketch tables

Steps:

1. Begin the activity by informing participants that now that they have an operational definition of a caregiver (refer again to the definition posted on the wall; if possible, ask one volunteer to read it out), it is important to know the different categories of these caregivers.
2. Generate ideas with participants and list categories of caregivers.
3. Having learned the types of caregivers, assign the participants a group exercise to list the different categories of caregivers of children with disabilities, their responsibilities and challenges associated with each role using the sketch Table 14 below. If some participants cannot write, lead a plenary discussion.
4. Provide each group with a flip chart paper on which to list the categories, roles and challenges associated with the role they come up with.

Table 14: Outline of categories of caregivers of children with disabilities, their responsibilities and challenges

Type of caregiver	Support to children with disabilities	Challenges associated with the role

- After 20 minutes, ask the groups to present the outcomes of their discussions to the plenary. After all the groups have presented, support the discussion with the participants using the categories of caregivers listed below. Allow for questions and further discussions.

Categories of caregivers

The different categories of caregivers of children with disabilities in the various settings/environments within which children with disabilities grow include:

Parents: This includes biological parents (father and mother), foster parents or adoptive parents in the home setting.

Family members: These include a sibling, a cousin, an uncle, an aunt or a grandparent in the home setting.

Domestic workers, usually called 'house helps' in Ugan-

da (or nannies), some of whom are paid, but others are extended family members who are engaged to provide support to relatives living in the cities at no fee.

Teachers and caretakers in institutions, such as day-care centres and other schools dedicated to children with disabilities (for example, schools for blind children or children with hearing impairment).

Other children with disabilities (older children and adolescents): They support their peers in play and share their experiences to help younger children navigate challenges as they grow.

Facilitator notes:

Key responsibilities of the different caregivers of children with disabilities

Children with disabilities mostly have affected adaptive functioning in communication, social judgement, memory, personal care, self-management, learning, self-direction and difficulty in undertaking daily living activities. Therefore, parents and other caregivers must constantly care for them to help promote their holistic well-being (see Table 15).

Table 15: Categories of caregivers of children with disabilities and their key responsibilities

Caregiver	Key responsibilities
Parents (including biological parents, foster parents and adopted parents)	<ol style="list-style-type: none"> 1. Responsible for the child's total development and well-being; 2. Provide food and nutrition, starting with breastfeeding (preparation of special diets), and health needs (medications/treatments, physical exercises/therapies); 3. Provide safety and comfort for the child; 4. Everyday tasks such as mobility, feeding, grooming, dressing, bathing, toileting and bedtime routines (also called activities of daily living); 5. Demonstrate love, companionship and emotional support to the child; 6. Provide social, moral and ethical training; 7. Advocating on the child's behalf for other people, including the peers of the child, to understand the child's condition and the need to handle them with care and support; and 8. Ensuring that the child is educated.
Family members (and sometimes very close friends of the parents)	<ol style="list-style-type: none"> 1. Assist the parents in caring for the children; 2. Guide parents, particularly first-time mothers and fathers, to care for their children; 3. Demonstrate love towards the child; 4. Help the children in their development; 5. Guide the children to play as they also play with them; 6. Provide social, moral and ethical training for the child; 7. Support the child to learn and practise family and community norms and culture; and 8. Support parents with funds for children's upkeep, where necessary.
Domestic helps and nannies	<ol style="list-style-type: none"> 1. Assist the parents in caring for the children (assist in almost all the roles of the parents, including the everyday tasks, such as feeding, grooming, dressing, bathing, toileting, playing and bedtime routines (activities of daily living) and also ensure that the children are safe and secure; 2. Demonstrate love towards the child; 3. Provide social, moral and ethical training for the child; and 4. Support the child to learn and practise the family and community norms and culture.
Teachers and caretakers of daycare centres and nurseries	<ol style="list-style-type: none"> 1. Assist the parents in caring for the children, including some of the everyday tasks, such as feeding, grooming, dressing, bathing, toileting (during working hours); 2. Promote the child's social and relationship development by providing platforms for the growing child to interact with other children; 3. Help the children in their speech development; 4. Provide social, moral and ethical training for the child; 5. Support the child to learn and practise family and community norms and culture; 6. Track the progress of the child for remediation; and 7. Document observations on children with possible delayed or impaired development.
Teachers and caretakers of institutions for children with disabilities	<ol style="list-style-type: none"> 1. The house mothers/fathers are responsible for ensuring that all the pupils are healthy, ensuring the safety of the children, providing assistance and training the children to perform activities of daily living. 2. The teachers are responsible for imparting functional skills and knowledge to the children, providing companionship and emotional support, assisting the children with activities of daily living, mobility, mental exercises and games and occasionally providing financial support.
Other children with disabilities (older children and adolescents)	<ol style="list-style-type: none"> 1. Support their peers in playing; and 2. Share their experiences whilst growing to help the younger children cope with challenges that may occur through their developmental stages.

Close activity by highlighting the following points:

- Caring for a child with disabilities is a big job that needs commitment.
- Parents are the primary caregivers of children with disabilities but need support from other family members.
- Communities can also support the family by including them and their children in community activities and not stigmatizing or discriminating against children with disabilities.
- All responsibilities come with challenges and when we know of these challenges, it helps us to find ways of coping with them better.

2 Activity 2: Other support networks and opportunities available for parents and caregivers of children with disabilities within our community

Duration: 20 minutes

Materials: Flip charts, pens, markers, masking tape and cello tape or blue tack

Steps:

1. Tell participants that now that they can identify different caregivers and their roles in their communities, they will now discuss and identify other support networks and opportunities available to them in their area, sub-county, district and even nationally.
2. In their groups, ask participants to take 10 minutes to identify support opportunities and networks available to them in their area, sub-county, district or countrywide.
3. After 10 minutes, ask the group representatives to present their discussions and lead a discussion about the available opportunities and support networks discussed above.

Facilitator notes:

Other available support networks and opportunities for parents/caregivers of children with disabilities

The community within which the child is being raised:

1. provides moral values and security and helps the parents in the moral upbringing of the child.
2. sees to it that the parents care for their children.
3. ensures that the child grows up in a clean environment.
4. cleans the environment and supports existing childcare and health facilities.
5. provide the appropriate cultural environment for the child's social development.

Civil society organizations (CSOs):

1. care for neglected children with disabilities.
2. provide parents and childcare facilities with health and educational materials.

3. develop and implement child development projects.
4. undertake public education on effective ways of caring for children with disabilities.
5. undertake advocacy interventions to promote the rights and development of children with disabilities.
6. supply of health materials, such as mosquito nets, vaccines and others.
7. support child development projects with funding.

Religious groups:

1. provide effective moral education to children.
2. set up and provide funds to help the development and care of children.
3. teach moral values and cater for the spiritual needs of the child.
4. support parents to provide adequate care with educational programmes on parenting.

Close activity by highlighting the following points:

- Some children with severe or multiple disabilities may need special services not available in their community and may need to be placed in residential care/institutions to receive them. But even in these cases, the family still needs to keep in close contact with the child.
- Most families need much support to help them care for children with disabilities at home so they do not end up in residential care. This support can include medical care, physiotherapy, assistive devices, such as a wheelchair, and counselling.
- The roles that CSOs play in caring for children with disabilities are often overlooked but are very important.
- If a child with severe or multiple disabilities has to be placed in residential care/institution, it must be a registered home.

3 Activity 3: Important skills and attitudes for parenting children with disabilities

Duration: 30 minutes

Materials: Flip charts, pens and markers, masking tape and cello tape or blue tack

Steps:

1. Welcome participants to the activity and tell them they are going to discuss critical skills that a parent/caregiver of a child with disabilities needs to perform her/his role well.
2. Divide participants into two groups and ask them to discuss key skills that parents/caregivers need to care for children with disabilities effectively. Allow 10 minutes for this activity.
3. After 10 minutes, ask groups to present their discussions. Use the list below to supplement their discussion if any was left out.
4. Essential skills that a parent/caregiver requires:

1.resilience	2.empathy
3. understanding	4.caring
5.patience	6.learn the child's likes and dislikes
7.flexible communication skills	8.listening and communication skills
9.problem-solving skills	10. good judgment
11.focus on what children can do and their abilities rather than their disability	

Session 3 Promoting family-based care for children with disabilities

Session objectives:

1. Explain why it is important to include children with disabilities in family activities.
2. Explain the need for removing barriers and obstacles as well as challenging stigma and discrimination that may prevent children with disabilities from participating in family and community life to bring about positive social change.
3. Describe the recommendations for bringing up children with disabilities in a family setting.

1 Activity 1: How community perceptions affect parenting and caregiving for children with disabilities

Duration: 30 minutes

Materials: Flip charts paper, pens, markers and masking tape

Steps:

1. Welcome participants to the activity and inform them that it will focus on how communities see children with disabilities.
2. Divide participants into two groups and ask them to discuss the following questions:
 - What is your community's attitude and description of children with disabilities? What words or phrases are used to describe such children?
 - What do they say about parents/caregivers of such children?
 - How do negative perceptions affect parents and children with disabilities?
 - How do you think these stereotypes about disabilities can be changed in society?
3. After 20 minutes, ask each group to present their discussion points in the plenary. Use the list below to supplement the participants' discussion.
4. Words commonly used to describe children with disabilities:

1. dumb	2. insane
3. short/dwarf	4. mentally disturbed
5. mentally handicapped	6. cripple, invalid

Community perceptions of parents of children with disabilities usually associate the condition with:

1. sin or promiscuity of the mother	2. an ancestral curse
3. a curse from God	4. ancestral violations of societal norms
5. offences against the gods of the land	6. breaking laws and family sins
7. misfortune	8. witches and wizards/witchcraft

How the negative perceptions/attitudes regarding disability affect parenting:

1. **stigma and discrimination** – exclusion and dehumanizing treatment;
2. **feelings of shame** among families may force them to hide their child with a disability from public view;
3. **isolation**, shunning and avoidance of contact;
4. **cultural or religious beliefs** can encourage families and communities to believe that the birth of a child with a disability is a punishment or brings bad luck;
5. seeing these children as unable to go to school or learn any skill;
6. **some beliefs become barriers** that prevent children with disabilities from participating in their community's life, affecting their ability to fulfil their potential; and
7. **high-risk exposure** to physical and sexual violence and other abuses.

Close activity by highlighting the following points:

- Several factors can contribute to the formation and perpetuation of negative beliefs about disability. These include a lack of understanding and awareness of disability and misconceptions or social constructions concerning the causes of disabilities.
- It is important to note that although false perceptions and beliefs about disability are often difficult to overcome, they can change and evolve over time especially with a supportive environment.
- Disability affects the child and can affect family, friends and the local community. It can have physical, emotional and psychological impacts on both the caregiver and the child.
- Communities usually see children with disabilities as failures. It is our role to encourage parents that disability is not inability. All children must be given a chance and supported to exploit their potential.

2 Activity2: Importance of inclusion of children with disabilities in family activities

Duration: 30 minutes

Materials: Flip charts, pens, markers, masking tape, cello tape or blue tack and sketch tables

Steps:

1. Welcome participants to the activity and read the objectives of the session. Tell them the first activity focuses on including children with disabilities in family activities.
2. Generate ideas with participants by asking them why it is important to include children with disabilities in family activities.
3. After generating ideas, mention that safe and loving environments are essential for the learning and development of children with disabilities. Being actively included in the social life of one's family and community is essential for one's personal development because the opportunity to participate in family and social activities substantially impacts a person's identity, self-esteem, quality of life and ultimately, her/his social status and develop in socialization. That is why children with disabilities need to be brought up in a loving family setting and be included in family activities.
4. Continue by saying that a wide range of barriers may restrict the participation of children with disabilities in family activities. People with children with disabilities face many social barriers, and often have fewer opportunities to participate in social activities.
5. Ask the participants to discuss what they think these barriers may include and what they think are the possible solutions. Provide the sample Table 16 below for participants to write their points.

Table 16: Barriers to participation in family activities

Level	Challenge/Barrier	Possible solutions
Caregiver		
Family level		
Community level		

6. After 15 minutes, ask group representatives to present their discussions in a plenary. Use the examples in the

facilitator notes below to firm up the discussions and the points they raise.

Facilitator notes: Why we need to include children with disabilities in family activities:

1. improves physical fitness;
2. facilitates skill development and life skill competencies;
3. enhances socialization;
4. promotes social-emotional well-being;
5. boosts confidence;
6. boosts the feeling of being valued;
7. controls the progress of some chronic diseases;
8. manages functional decline;
9. increases independence; and
10. improves overall inclusion in family/community life.

Some examples of barriers that may restrict the participation of children with disabilities in activities of the family:

1. Children with disabilities may have poor self-esteem and think that they do not deserve or have the ability to take part in activities and events.
2. Family members may feel that having a member

with a disability brings shame, hence discouraging this person from social participation.

3. There may be irrational thoughts, myths and beliefs about disabilities that make families exclude children. For example, myths are that children with disabilities are cursed and need cleansing; and that children with disabilities are gods with supernatural evil powers, among others.
4. Sometimes, family members genuinely feel it is a bother to involve children with disabilities in activities because they consider them 'too sick' to be involved or need more 'protection', hence preventing the children from playing.
5. Physical barriers to social participation include inaccessible transport and buildings, such as community centres, sporting venues and cinemas.
6. There is denial of justice because sometimes parents and caregivers feel it is not necessary.

Close activity by highlighting the following points:

- Children with disabilities are valued as members of their families and should be allowed to play various social roles and responsibilities according to their ability level. Families are, therefore, encouraged to recognize this accordingly.
- Children with disabilities should be encouraged and supported to contribute their skills to developing their communities and society.
- Barriers that exclude children with disabilities and their families from participating in social roles and activities must be challenged and addressed.
- There is a need to challenge and overcome stigma and discrimination that may prevent children with disabilities from participating in family and community life to bring about positive social change. (Use the notes on overcoming stigma and discrimination below to expand the discussions on this.)

3 Activity 3: Advocating family care for children with disabilities

Duration: 40 minutes

Materials: Flip charts, pens, markers, masking tape and cello tape or blue tack

Steps:

1. Introduce this session by stating that millions of children with disabilities remain in harmful institutional care, mainly in large-scale facilities that provide limited opportunities for rehabilitation and are often associated with abuse, neglect and an absence of individualized attention. Such poor care can worsen disability.
2. Divide participants into two groups and ask them to discuss what typically causes children with disabilities to be sent to care homes or residential facilities.
3. After 10 minutes, ask each group to present in a plenary. You can support the discussion with some of the following reasons:
 - parents abandoning the child for no apparent reason;
 - parents divorcing and both wanting to move on with none willing to keep the child;
 - parents and families of the child thinking such children are a curse or carry evil spirits;
 - parents or families of the child thinking taking care of the child would be too difficult and prevent them from living their normal lives;
 - parents thinking the child would get better care when in such an institution;
 - parents being unaware of the advantages of inclusion education and wanting their disabled children to have a specialized form of education;
 - one or both parents not being in the position to take care of the child (for example, one or both parents being mentally challenged, not employed and not having what it takes to be able to take care of the child);
 - fear of stigmatization and discrimination; and
 - parents feeling they cannot care for their child due to the nature and type of disability, especially children with severe multiple disabilities that may require specialized care.
4. Mention that because some facilities care for many children – a leading cause for limited opportunities for rehabilitation, residential homes are often associated with abuse, neglect and an absence of individualized attention.

Close activity by highlighting the following points:

- The UN Convention on the Rights of the Child (CRC), the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Guidelines for the Alternative Care of Children together highlight the need to end the use of institutional care for all children including those with disabilities and instead support their care in the family settings.

- Even if the child has been sent to an institution or a residential facility, every effort should be made to reintegrate the child into her/his family.
- When a child is in a residential home and cannot be reintegrated into her/his family of origin to be brought up by her/his own parents, members of the extended family may be willing and able to care for the child.
- Care by the extended family enables the child to grow up in an environment she/he knows, maintain close ties with her/his family and more easily overcome the trauma of separation.
- Professionals should, therefore, carefully examine this option, particularly when the child has been removed from parental care due to abuse. In this context, it may not always be in the child's best interest to be cared for by the extended family.
- If reintegration into the extended family is possible and decided, the family should benefit from the same social protection services as those cited in the practical elements for supporting the family and enabling them to care for the child, listed below.

Do your best to address myths and misconceptions that may arise in the course of the discussions and conclude the session by stating that children with disabilities, like every child, need the care and love from family members to thrive and develop to their full potential and the best quality of care can only be given within a family setting not in institutions.

Practical elements for supporting the family to enable them to care for their child include the following:

- Specific work on disabilities can be conducted within the community to promote the acceptance and inclusion of children with disabilities, for example, through discussion groups, awareness campaigns and educational movies.
- The family can be integrated into income-generating activities and microcredit programmes by national or international NGOs specialized in this field to develop autonomy and financial stability.
- Children with disabilities should benefit from free sessions of care tailored to their disability or from rehabilitation equipment when their family cannot finance these services.
- Professional support and/or a psychosocial follow-up of the family should be proposed once the child is reintegrating to anticipate any new risks with the placement and to help encourage the family to cope with the difficulties and stress linked to caring for a child with disabilities.
- The creation of support groups for parents of children with disabilities allows parents to feel less isolated and to share their experiences.

4 Activity 4: How does caregiving affect the mental and physical well-being of the caregiver?

Duration: 40 minutes

Materials: Flip charts, pens, markers, masking tape and cello tape or blue tack

Steps:

1. Begin the activity by mentioning that because the health and well-being of every caregiver impacts the quality of care she/he can give to children; it is vital for caregivers of children with disabilities to take care of themselves.
2. Generate ideas using a paper ball thrown to volunteers, asking the volunteers to mention how caring for a child with a disability affects caregivers' health and mental well-being.
3. After generating ideas, inform participants that one key aspect of self-care is self-assessment and gathering information about yourself to make an informed decision about whatever you are involved in. Components of self-assessment are values, interests, personality or motivation and assessment of one's skills.

4. Give out the self-assessment exercise handout and ask participants to answer the questions on the handout. Alternatively, if participants can neither read nor write, you can lead a discussion question by question.
5. After about 10 minutes, ask 4–6 participants to share their responses to the self-assessment questions and ask the entire group how they felt when doing the self-assessment exercise.
6. After the self-assessment activity, mention that effective time management is another component of self-care as a caregiver. Ask them these questions to provoke their thoughts: Do they often feel stressed with too much workload? Do they feel like they have more tasks on hand than they have time to do as time passes, or do they feel they could have effectively used their time to complete all the given tasks?
7. Add that the trick to effectively using your time is to organize their tasks and use their time to get more things done each day. This can help them to reduce stress and do better in taking care of their child in addition to the other chores they may have (workload, household chores). Time management is a skill that takes time to develop and is different for each person; so, they need to find what works best for them.
8. In a plenary, lead a discussion about time management strategies. Ask a few to share their strategies. Use the list below to supplement their contributions:

1. delegate tasks	2. prioritize work
3. avoid unnecessary delays	4. schedule tasks
5. avoid stress	6. set up deadlines
7. start early	8. take some breaks
9. learn to say no	

Facilitators' notes: Self-assessment

1. Self-assessment is the process of looking at yourself to assess aspects important to your identity. It is also discovering the vital roles your skills, interests, personality or motivational factors and values play in whatever you are involved.
2. Values – the regard of something as important, beneficial or worthy. Value inventory is how critical different values are to you. Examples of values which play an essential role in whatever you are involved in include: status/prestige, achievements, security, interpersonal relations, helping others, flexible work schedule, outdoor work, freedom of action and high salary.
3. Interests – your likes and dislikes regarding various activities. People who share similar interests enjoy the same activities. Examples of interests include reading, running, playing or watching football, listening to music, dancing, taking long walks and jogging, among others.
4. Personality or motivation – what motivates you as a person? Is it the need for achievements, affiliation – eagerness to interact, seek the company of others, the need for power – tend to be firm, try to be persuasive in dealings, act as representatives and spokesperson?
5. Assessment of your skills helps you to determine what you are good at and helps you to figure out what you enjoy doing. Skills you use in whatever you do should combine these two characteristics (what you are good at and what you enjoy doing). Results from your skills assessment can be used to make some changes by acquiring the skills you need for carrying out the activities as a caregiver of a child with a disability.

Close activity by highlighting the following points:

- The health and well-being of every caregiver impacts the quality of care she/he can give to children under her/his care. Caregivers of children with disabilities need to take care of themselves to be healthy and provide high-quality care to their children.
- One key component of self-care is relaxation.
- Good time management and organizing tasks are essential in caring for yourself as a caregiver.
- When overwhelmed with the tasks, seek professional support immediately.

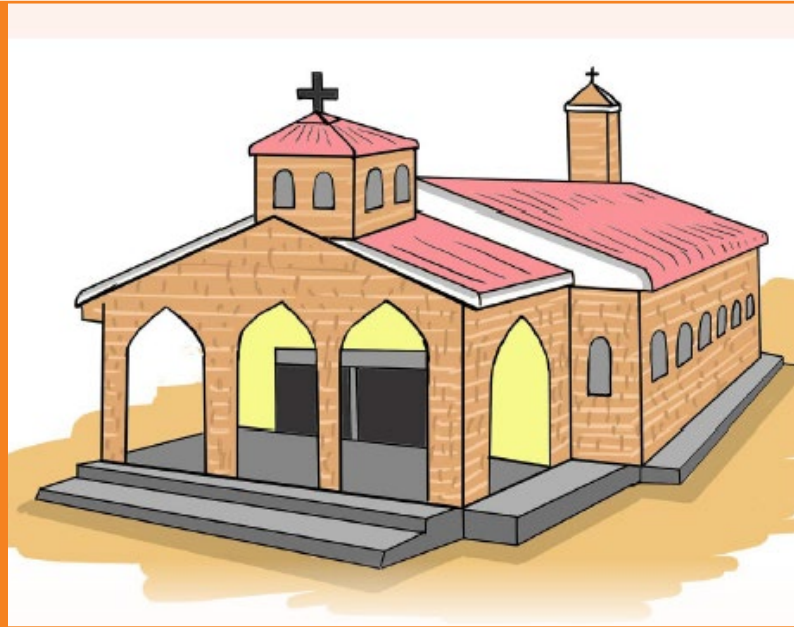
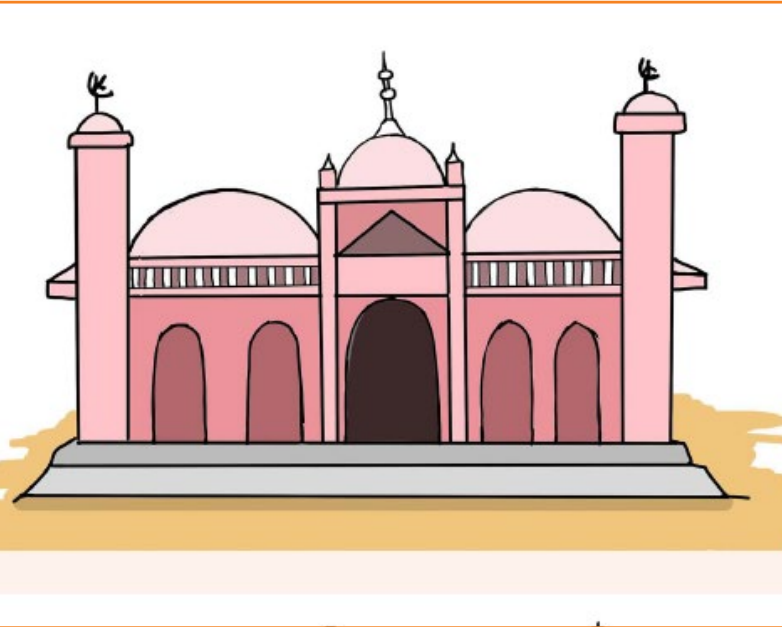
The self-assessment exercise

1. What were you most proud of doing while caring for your disabled child in the last 3–6 months?
2. What would you like to do differently?
3. How would you do it?

Home practice activity

- When you get home, have a dialogue with your family members on how to enhance how you include children with disabilities in home activities. Prepare to share your experiences with the group in the next meeting.





Overall goal of the module

To support parents in raising children in a manner that nurtures a sense of spirituality.

Session 1 Understanding spirituality and its importance to children

Session objective:

1. To support parents and caregivers to reflect on their religious beliefs to raise children with values of righteousness, honesty, compassion, a sense of responsibility, independence and faith.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps

1. Welcome participants to the session.

2. Review the home practice activity by asking individuals to share their strategies for enhancing the inclusion of children with disabilities in family activities.
3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: What is spirituality?

Duration: 50 minutes

Materials: Flip charts, markers, and blindfolding cloth

Steps

1. Welcome participants to the activity and explain its purpose.

2. Ask 2–3 participants to explain what they understand about spirituality. After they have made their submissions, provide them with some information about what spirituality is, including the following:
 - Religious beliefs and practices have the potential to profoundly influence many aspects of life,

- including approaches to parenting.
- The belief that God is a supernatural being.
- It is recognition that there is something more to our lives than being human.
- All human beings are spiritual and have a natural inclination to God.
- Religious denominations in our communities.
- Most parents believe that children are a gift from God. So the following is done:
 - i. praying for children;
 - ii. blessing the children; and
 - iii. praying with the children.
- 3. If you were limited to three words to describe one of your children, which words would you choose? Allow 3–5 people to respond and write their responses on a flip chart.
- 4. If you were to use just three words to describe yourself as a child, which words would you choose?
- 5. Ask participants to reflect on this: Consider a typical family in your community. What goals and dreams do you think the parents in this family want to pass on to their children? What values?
- 6. Invite two volunteers to step forward:
 - Identify three or four obstacles.
 - Request a volunteer to come up and go through all obstacles blindfolded without a guide.
 - After the first person, blindfold another volunteer and ask one non-blindfolded participant to guide him/her through the obstacles.
- 7. Lead a discussion on how it feels to move while blindfolded with no one to guide you. Can a person move through life without any guidance from above?

Close activity by highlighting the following points:

- God has given humankind directions on supporting their spirituality. It is in the form of written material such as the Bible and Quran or through nature.
- Our spirituality acts as our guide through life.
- Parents must support children to strengthen their spirituality.

3 Activity 3: The importance of spirituality to children

Duration: 50 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Invite participants to generate ideas on the importance of spirituality in their children's lives. Write down their views. If not mentioned, include the following:
 - **moral** development,
 - **peacefulness** and calmness,
 - **connection** with the community,
 - **connection** with self,
 - **cautious** of relationships with others,
 - **more** forgiving,
 - **less** vengeful,
 - **better** values,
 - **realization** that small things matter – not to take things for granted;
 - **better** appreciation of our lives better;
 - **increased** optimism;
 - **building** a sense of purpose for life;
 - **making** one more loving;
 - **enhancing** self-love;
 - **better** life balance; and
 - **enhancing** of self-realization and self-acceptance (identity).

Close activity by highlighting the following points:

- Whether or not your parents were religious, you learned something about God from them.
- As parents, we must create a spiritual environment in our homes and get involved in our children's spiritual formation and growth.
- Spirituality makes life more meaningful.



4 Activity 4: How parents can enhance spirituality in the family

Duration: 30 minutes

Materials: Flip charts, markers and scenario cards

Steps:

1. Welcome participants to the activity and explain its purpose.
2. Present the following scenario to participants about spirituality

A generous spirit

Scenario: Okello was born and raised in a large polygamous family although himself has a small family of wife and two children. He left the village 20 years ago when he got a job in the city. On Sundays, he goes to church with his family. He and his wife participate in religious activities in the community and his children are involved. He prays with his children every evening and encourages them to pray for themselves and others. He opens his home to everyone and gives alms. The family seems happy even though everyone, including his siblings, finds it unbecoming. He reminds his siblings of how they grew up and emphasizes that he feels happy when he shares the little he has. His children are recognized for generosity in their schools. They are active members of the Christian society known for organizing and heading events that support the needy.

3. Ask the participants what the story teaches about family life and spirituality.
4. Ask them to identify how Okello's actions enhance spirituality among his children.
5. Ask participants how their actions can hinder spiritual growth among children. Probe further for supernatural beliefs, superstition, anger, vengeance and fanaticism that make prayer feel like punishment.

Close activity by highlighting the following points:

- Parents need to go with their children to places of worship.
- Participation in community services, such as giving to charity, strengthens children's spirituality.

5 Activity 5: The influence of culture and modernity on spirituality

Duration: 30 minutes

Materials: Flip charts and markers

Steps:

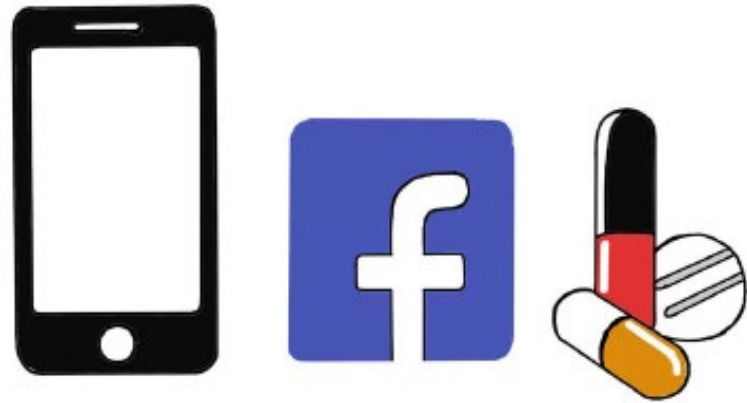
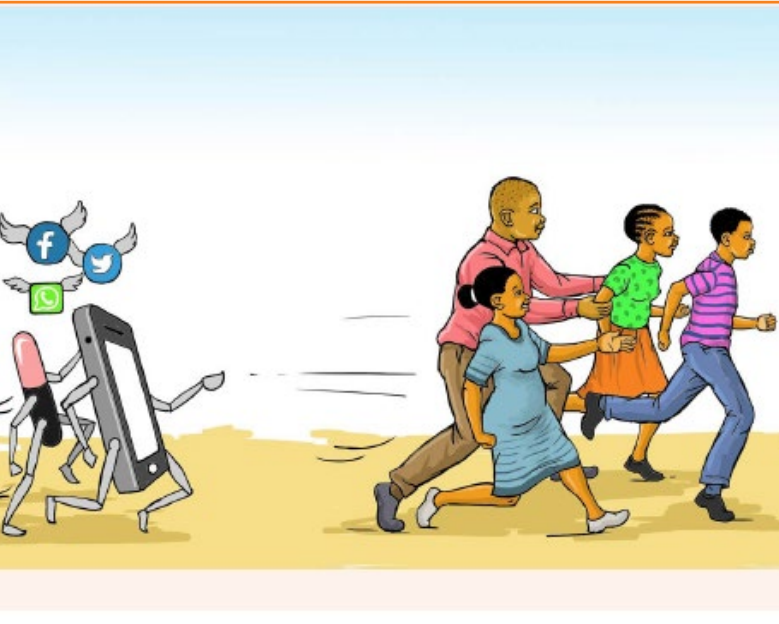
1. Welcome the participants to the activity and explain its purpose.
2. Inform participants that they are going to perform two role plays.
3. Divide the participants into two groups. Group one should prepare a simple role play about how some cultural practices hinder family spirituality. Group two prepares a role play about how modernity hinders spirituality.
4. Let the groups return and perform their role plays.
5. Ask participants what they learn from each role play and how this can help them better raise their children's spiritually.
6. Summarize the activity by emphasizing the value of spirituality and the role of parents in raising spiritual children. Emphasize that one of the critical principles of parenting is praying for the children.

Close activity by highlighting the following points:

- Some cultural practices have a negative impact on one's spirituality.
- Also, some modern practices are harmful to spirituality.
- Parents should act as guides to their children's spiritual growth.
- Parents should be on the lookout to identify harmful cultural and modern practices.

Home practice activity

- When you get home, discuss with your family and identify strategies for enhancing spiritual growth for all of you.



Overall goal of the module

To enhance parents' skills in recognizing and positively dealing with modern changes, realities and challenges which may expose children to risk and respond positively to their needs.

Session 1 Parenting in the digital era

Session objective:

1. To help parents appreciate the advantages and challenges of parenting in modern times.
2. To help parents develop strategies for making their children more self-reliant and resilient.
3. To encourage parents to set strategies for regulating children's access and use of technology and the media.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals to share experiences and strategies for enhancing the spiritual growth of all their family members. Encourage participants to continue making changes and doing home practice activities.

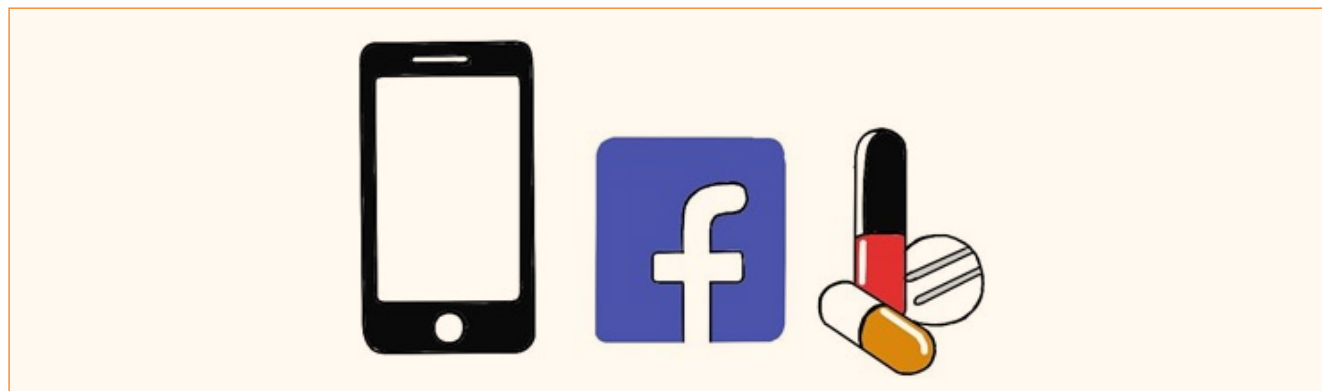
2 Activity 2: Setting priorities

Duration: 50 minutes

Materials: Flip charts, markers and illustrations

Steps:

1. Explain to participants the objective of the activity.
2. Inform participants that parenting during modern times is influenced by peers, adults and unethical modern practices, which may affect children in unhealthy ways.
3. Most parents believe technology minimizes frustrations, giving them time to do other things. Only a few parents realize that technology reduces quality time with the child.
4. Display a picture with different communication gadgets and ask participants to look at it and share what they think is happening in the picture. Ask them to mention which modern technology devices they think their children are exposed to. Write the list on a flip chart.



1. Ask participants to mention social media channels they have ever heard of or used. Write them on a flip chart. By show of hands, identify those who have ever used the Internet or any social media platforms.
2. Divide participants into two groups and ask each group to discuss one of the following:
 - The importance of technology to children's well-being and development.
 - Dangers/challenges of technology and media to children's well-being and development.
3. Call groups back to the plenary and ask each group to present its discussions to other participants.
4. During the plenary, lead a discussion about what participants think parents can do to regulate the way their children use phones and computers.
5. Ask participants to identify the needs of modern young adults (men and women) after school.
6. Continue with the discussion that even in modern times, young people struggle to find peace and satisfaction after school.
7. Present the illustration below and ask questions that follow.

Figure 9: A gendered representation of expectations of young people after school



1. What do we see?
2. Is what we see normal for young people today?
3. What can parents and caregivers do to support both young adults in fulfilling their dreams?
4. What structures are at the community level to support young people in achieving their dreams?
5. What are the factors that hinder them from achieving their dreams?
6. How can their dreams be aligned with one another?

Close activity by highlighting the following points:

- Many of us appreciate the importance of technology.
- Some parents, being new to the digital world, are still figuring out how to limit the harmful effects of technology while exploiting its advantages so that children can become responsible digital citizens.
- Development comes with many changes that parents need to embrace.
- The Internet and social media have a lot of good things to teach our children. However, it may be harmful if not regulated.
- Let us commit to guiding our children on the most difficult decisions.
- Plan and set priorities, organize thoughts, manage impulses and become thoughtful about every consequence of our children's actions.

Session 2 Lifestyle, money, drugs and substance abuse

Session objective:

1. Equip parents with knowledge and skills to regulate children's financial demands and lifestyles.
2. Share strategies for managing children on drugs and substance abuse and positively respond to children's needs and demands.

Facilitation guide and notes:

For parents, adolescence brings more requests for money and what money can buy. Young children are satisfied to live primarily within the provisions of the family circle, but adolescents are more discontent to live on those household terms. They want the means to operate in the material world. That is why adolescents are more expensive than younger children. Money also affects one's standing with peers – from clothes to wear, technology to possess, food to eat recreationally and entertainment to experience. There is pressure to keep up with peers and friends and with their consumption. "Everyone else owns a cell phone! If I don't get one, I'll be out of place!" This ongoing demand is because adolescents can feel financially deprived no matter how richly provided for. In most cases, this is relative deprivation – an envious fact of adolescent life because there is always someone they know, or know of, who has more disposable money, is more in fashion and is better equipped with the latest fashions than they are. Drug and substance abuse is of concern in some communities. Some youths join gangs and get involved in crime and other unhealthy, risky behaviours.

This activity is intended to get parents to discuss these challenges and how they can deal with them.

1 Activity 1: Lifestyle and adolescent demands

Duration: 40 minutes

Materials: Flip charts, markers and scenario cards

Steps:

1. Provide an overview of the objective of the activity.
2. Ask participants to read the following scenario.

Tom's struggle with peer pressure

Scenario: Jane is 14 years old and her brother Tom is 17. They go to a boarding school away from their home village. At school, they have friends from wealthy families who come with many snacks, good-looking shoes and a lot of pocket money. Tom's friend, Peter, comes with a smartphone, which he hides under his mattress. At night, they use the phone to chat with other people that Tom does not know, but they seem to be good people. Sometimes, Peter's friends send him money to use at the school canteen.

Tom likes using the phone to watch movies and look for other things online. During the last school break, Tom borrowed Peter's smartphone and came home with it. When his parents asked him where he got the phone from, he said he had to borrow it because his parents refused to buy him one.

Of recent, Tom's moods have changed; he sometimes barks at Jane and does not want to sit with his parents at the same eating table. Tom asked his parents to install a pay TV so that he could watch the movies his friends talk about at school, but his parents could not afford it. He keeps asking his father to buy him nice shoes and fashionable pants like his friend Peter's.

One day, Jane told her mother that Tom hangs out with bad boys who dodge lessons and were once caught by teachers smoking at the back of the toilets at school. Tom's classroom grades have been declining since last term, but he seems unconcerned.

3. Ask participants to discuss and identify the challenges in the scenario above.
4. Lead a plenary discussion about the consequences that Tom is likely to face if not supported to self-regulate.
5. Ask volunteers to share their experiences (if comfortable) where their children's money demands could not be met and what they did.

Close activity by highlighting the following points:

- The world today is in a race and it is the world where your child lives.
- The world is bombarded by various voices and messages and children lack supportive social and cultural structures.
- Parents have to be open and discuss money issues with their children, starting at an early age.
- By the age of three years, the world will have passed on 50 per cent of its core values to your child; yet most of these values are harmful and not what you desire. They include, among others:

- i. homosexuality/lesbianism
- ii. pornography and drug trafficking
- iii. satanism/witchcraft,
- iv. mafia syndicates

- As parents, we have to teach our children about needs and wants. The world is competitive, and it is evident that we are not alone in the race for our children. We have more competitors in this race than we ever imagined – the winner takes it all.
- As parents, we must stay close and walk the journey of life supporting our children in the best choice so we can win the race. It is important to support children in acquiring self-regulation skills to cope with modern threats.

2 Activity 2: Modernity, culture and morality

Duration: 40 minutes

Materials: Flip charts, markers and scenario cards

Steps:

1. Invite participants to reflect on the following:
 - the good aspects of modernity in parenting;
 - the good aspects of culture about parenting; and
 - how both culture and modernity can support morality.
2. After two minutes of reflection, invite 2–5 people to share their comments and write these on a flip chart to guide further discussion.
3. Explain to the participants that this activity concerns how we view culture and modernity as parents.
4. Divide participants into three groups. Give each group a scenario and ask participants to read the scenario and answer the following questions.

Clash of cultures

Scenario: Lukiya comes home later than usual. She is wearing a skimpy dress, which her parents have never bought for her. She has extended her nails and eyelashes with heavy make-up. When Lukiya's mother asks her why she is late and looking different, Lukiya answers back with no respect, "Mum, stop being backward; this is the fashion of the dot com era."

Scenario 2: Kabaata is a 16-year-old boy in secondary school. Kabaata likes fashion and hanging out with big boys in a nearby trading centre. Kabaata often gets into trouble with teachers because he likes wearing his trousers below his waist with a tight uniform shirt. During holidays, he comes home late at night wearing lipstick, which his mother and father disapprove of, but he seems not bothered by their observations. One day, when working with his father on the farm, Kabaata asked him whether it was okay to get a boyfriend because he does not like girls.

Scenario 3: Mr and Mrs Okello are proud of their culture and always tell their children to stick to their cultural norms. They do not want their children to interact with other children who they think are spoiled by modern ways of life. Mrs Okello speaks ill of girls wearing trousers and boys playing with girls. Their son Okello Junior likes pop music and when he sold his chicken, he bought himself a stereo player, which he listens to with his sister Adikini. Their parents are not happy about this because they think their children are getting spoiled by modernity.

1. What parenting challenges can you identify from the scenario?
2. How can you help the parent in the scenario to deal with the situation without using violence against the child?
3. Invite participants to return to the plenary and share their feedback.
4. Inform participants that culture, religion and modernity are central to our parenting roles. Parents need to carefully look for the strength in each of those to be supported in the parenting role.

Close activity by highlighting the following points:

- Despite the needs and struggles of parents to make sense of their parenting experiences, parents need to explore the best options to empower them and reconstruct their ideas of parenthood in modern times.
- Social attitudes are changing and both rural and urban, modern and traditional families need to carefully pull out the positive attributes in beliefs, culture and modernity and support building good morals for the children.
- Where traditional practices and/or wisdom can no longer solve parenting problems, parents are called upon to cope with the challenges of modern parenting and support their children.
- Modernity warrants a new direction for social work that focuses on empowering the person to regain a sense of mastery in life by reconstructing a coherent narrative of self.
- In addition, parents need to reflect on their role in the changing, complex modern times and reorganize their parental selves by continually engaging in reflective inner dialogues with their lived experiences.

Home practice activity

- When you get home, invite your family and discuss the challenges that young people face related to modernity. Suggest strategies to support them. Prepare to share your experiences in the next session.



Overall goal of the module

To support parents to positively respond and provide for children's needs during times of emergency caused by natural and man-made disasters, conflict, health or other crises.

Session 1 Common disasters in my area

Session objective:

1. Identify the various forms of disasters common in Uganda.

1 Activity 1: Review of home practice

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Welcome participants to the session.
2. Review the home practice activity by asking individuals

to share their experiences discussing challenges that young people in their families are going through related to modernity.

3. Encourage participants to continue making changes and doing home practice activities.

2 Activity 2: Identifying and understanding common disasters in Uganda

Duration: 30 minutes

Materials: Flip charts and markers

Steps:

1. Invite participants to the activity and explain its purpose.
2. Inform participants that an emergency is a serious,

unexpected and often dangerous situation requiring immediate attention. It is a time when a disaster hits a family, community, or country. Floods, earthquakes, mudslides, and pandemics are examples of emergencies.

During natural disasters and emergencies, there is always increased stress, anxiety and uncertainty

and it is common for violence to increase in families. In such times, parents and caregivers need the knowledge, skills and strategies to positively parent without violence, manage stress and identify ways to care for children and themselves. It is important to build stronger and more positive relationships and communication between children, their parents and caregivers to enable them to cope with the situation.

3. Invite participants to form two groups and discuss the following questions:

- What are the most common disasters and emergencies in your area?
- What challenges do children, women and men face during disasters and emergencies?
- Which categories of people are at the greatest risk during disasters and emergencies in your community?
- What strategies are in place in your community to support children, women and men during disasters and emergencies?

4. After 10 minutes, ask participants to return and report their discussions in a plenary. After making presentations, thank the participants and provide the following as the common disasters in Uganda.

Common disasters in Uganda (Source: Office of the Prime Minister):

- **Landslides/mudslides:** lead to loss of lives and property – the Elgon sub-region is the most affected (more than 300,000 people at risk of landslides).
 - **Flooding:** the regions most affected include Teso, Elgon, Rwenzori, Karamoja and flash floods in Kampala.
 - **Disease outbreak:** COVID-19, Ebola, Hepatitis E, Marburg and Anthrax.
 - **Prolonged droughts:** The most affected are areas along the cattle corridor.
 - Most of the disasters are hydrological and associated with climate change.
5. In a plenary, invite participants to discuss some common causes of disasters in our communities. If not mentioned, use the list below:
- competition for resources, such as land, water and minerals;
 - climate change;
 - degradation of the environment due to human settlement;
 - geological hazards, such as landslides and earthquakes;
 - construction of houses in high-risk zones, such as riverbeds and under electricity lines;
 - heavy rains causing flooding (also resulting from climate change); and
 - man-made disasters, such as wars.

Close activity by highlighting the following points:

- Violence against children is widespread during disasters and emergencies. Every parent and caregiver is responsible for protecting their children from violence during such time.
- During movements, try as much as possible to avoid family separation from children.
- We need to cooperate with authorities during such period to ensure that our children and families receive the required support.
- Parents should be alert to community risks and heed authorities' directives during emergencies.
- Parents should not construct houses in high-risk zones.
- Parents should participate in reforestation as it may help to lessen the effects of natural disasters.

Session 2 Effects of disaster on Children

Session objective:

1. To explore the effect of disaster on children and families

1 Activity 1: Effects of disasters and emergencies on children and the family

Duration: 30 minutes

Materials: Flip charts, pens, markers and skit cards

Steps:

1. Invite participants to the activity and explain its purpose.
2. Inform participants that the activity will focus on the effects of emergencies on the lives of children.
3. Divide the participants into two groups. Give each group a scenario. Ask them to read it and come up with a five-minute skit showing the likely effects of the disaster on children. Give participants 15 minutes to prepare.

Survival and resilience

Skit 1: Maate and his wife lived along River Nyamwamba. They have two girls aged 14, 12 and a boy aged 8. Their house was washed away by the river recently and they now live in a communal makeshift tent at a school in the neighbouring sub-county.

Skit 2: Zaakaliya is an 8-year-old boy who cannot find his parents after a mudslide washed away two villages in Buduuda when he was at school.

4. After 15 minutes, call participants together to present their skits. Ask observers to note down the effects of the disaster in the skit on children's well-being. When a group finishes its presentation, ask participants to point out what they have observed.
5. Use the list below to supplement participants' discussions:

1. displacement	2. family separation
3. unintentional injuries	4. physical abuse and violence
5. sexual abuse and violence	6. emotional and psychosocial distress
7. child labour	

6. Discuss some possible strategies parents can use to protect their children during emergencies. If not mentioned, add the following to the participant's contribution:

1. being available for the childre	2. showing them love and reassuring them;
3. making an effort to engage them in activities that can take their minds off the situation	4. working with local leaders to support stranded children
5. non-discrimination.	

Close activity by highlighting the following points:

- Disasters can have long-lasting effects on children's lives.
- Parents must do all they can to reassure their children of safety.
- Parents must protect children from violence of any sort.
- Parents must be available for their children during times of disaster.

Session 3 Building Family Resilience

Session objective:

1. To strengthen Resilience of families amidst disasters

1 Activity1: Support to children during emergencies and disasters

Duration: 30 minutes

Materials: Flip charts, pens and markers

Steps:

1. Invite participants to the activity and explain its purpose. Explain that we will reflect and examine ways to support the children during emergencies as a group.
2. Lead a plenary discussion about what parents can do to support and protect children during and after disasters. Write participants' contributions on a flip chart. Use the following points to supplement participant ideas:

to children, warmly and lovingly, what is going on and what is going to happen. This will help them understand what they are experiencing in their daily lives. The support, understanding and advice from adults will help children regulate their emotions.

- Open and direct communication; talking openly

- Listen and look: Listen to children's questions or concerns, but also be on the lookout for what their behaviours are showing.
- Protect: Provide as safe an environment as you can, both physically and emotionally.
- Connect: Support your children to feel connected to familiar people, places or objects as much as you can.
- Allow your children to be with you or another trusted adult who can help them feel safe and calm and give them a sense of hope.
- Empathetic and healthy interaction, explaining

about subjects related to loss and trauma is the best thing for children.

3. Ask participants if they know of any available support services in their area. Let them mention them and if they have contacts, ask them to share with others.

Close activity by highlighting the following points:

- Emergencies and disasters are unavoidable, especially those caused by nature.
- Parents, need to be there with their children during these situations.
- If an adult finds a displaced child, it is her/his duty to protect that child from potential negative situations, especially violence and exploitation.
- Remember to listen, protect and connect.
- The immediate aftermath of a disaster can be overwhelming for all members of a community but focusing on these fundamental ideas can help give you and your family much-needed focus and direction to help support your recovery physically and psychologically.

Session 4 Key Stakeholders and their roles

Session objective:

1. To identify the key stakeholders and their roles in responding to disaster situations

Stakeholder	Roles
1. Children	Listen to their parents Protect each other Report cases
2. Family	Child protection, provision of basic needs, information sharing, love, care and support, reporting of cases
3. Community	Reporting, linkages, awareness raising, social and material support, protection, mobilization, early warnings
4. Government of Uganda (Office of the Prime Minister)	Registration, relocation, relief supply, food and non food items, shelter, medical supplies, education, security and protection, coordination
5. MoH	Medical supplies, First Aid, Referrals, Treatment, Rehabilitation, Immunization, Vaccination, Education and Learning, Scholastic materials, teachers, classroom, teachers house
6. Ministry of water, environment and natural resources	Safe water sources, Sanitation and hygiene promotion, environmental protection
7. Ministry of Agriculture	Food security and nutrition,
8. District Local Government	Coordination, response, assessment, planning and budgeting, resource mobilization, reporting, monitoring, capacity building, resettlement, relocation, community mobilization and sensitization, provision of food and non food items, drugs and medical supplies
9. NGOs	Documentation, logistical supply, response, assessment, planning and budgeting, resource mobilization, reporting, monitoring, capacity building, resettlement, relocation, community mobilization and sensitization, provision of food and non food items, drugs and medical supplies
10. Academia	Research, Documentation and Learning, information sharing, capacity building, advocacy, resource mobilization, reporting, monitoring, community mobilization and sensitization, referral, monitoring and evaluation
11. Media	Information sharing, Documentation advocacy, resource mobilization, reporting, monitoring, community mobilization and sensitization
12. Armed Forces	Security, Protection, referrals
13. Private Sector	Financial Services, Insurance, Capacity Building
14. International - (UN AGENCIES)	WFP -Food WHO -Health UNICEF -Protection UNHCR -Protection UNOCHR -Coordination UNESCO -Education and Culture



Overall goal of the module

- To review the lessons and experiences of attending the programme.
- To discuss how to sustain new parenting skills beyond the programme.
- To officially close the training.

Session 1 Lessons learnt

Session objective:

1. To reflect on participants' experiences and essential lessons learnt since joining the programme and the practices and skills to take forward.

1 Activity 1: Parent's web

Time: 40 minutes

Materials: A ball made from any local material or flip chart paper, string and table of modules

Steps:

1. Ask participants to form a large circle and prepare to participate in the activity.
2. Holding the ball and string, say that this will be one of the last activities the participants will hold together as a facilitated group.
3. For this activity, everyone will briefly describe her/his experience of the programme and mention one thing she/he has learnt from the parenting training she/he will take to the future in her/his parenting endeavours.
4. She/he will then hold on to the end of the string and throw the ball (bundle of threads) to another person of her/his choice while mentioning that person's name. That person should also mention one thing she/he learned. The process will continue until everyone has said something.
5. Begin the activity by saying, "My experience is.../One thing I have learnt from this programme that I will take with me to my family is..."
6. Once everyone has finished, a web will have been formed. Explain that this web represents the sum of their experiences in this group and that they are now connected because they have new ideas about parenting.

7. Inform them that even if the facilitated training is ending today, it is important for everyone to tightly hold onto what they have learnt in order not to break the web. It is also important to continue learning from others and sharing experiences so that their web is connected to yours for sustainability in the community.
8. Thank participants for their participation in the programme to the end.
9. Close the activity by referring to Table 1 (already shared with participants at the beginning of the training) highlighting the sessions covered from the start.
10. Close the activity by highlighting the following point:
11. Those who wish to share their experiences with the community should do so willingly, as it will be the best way to influence other parents.

2 Activity 2: My accountability partner

Objective:

To pair/team up parents so that they can have someone from among fellow participants whom they can run to or who can hold them accountable to uphold the values, skills learned and commitments made to change for the better.

Duration: 20 minutes

Materials: Flip charts and markers

Steps:

1. Ask participants to identify within the group a person they would wish to pair with whom they can go to or

who can remind them of the commitments made to change into a better parent. This is someone whom they would be free with and whose role would be to remind them gently as a sister/brother to respect their commitment to be a better parent from now on.

2. Ensure it is only parents of the same sex pairing up. Where more than two people wish to team up, it is also acceptable.
3. Write the names on a flip chart and ensure everyone takes note of her/his partner.

2 Activity 3: Our group in the future

Objective:


To encourage continued meetings by the groups after the programme ends.

Time: 20 minutes

Materials: Flip charts and markers

Steps:

1. Ask participants to respond to the following questions:
2. How do you wish to support each other after the programme?
3. What opportunities are there in the community for the group to continue meeting, for example, VSLA, faith-based structures? Are these opportunities different for men and women?
4. What one important thing, other than money, do you think if you had, would enable the group to continue meeting in the future?
5. How do you plan to reach parents who did not participate in the programme? Responses might include setting up new groups ourselves and asking the implementers to produce a community billboard.
6. If there is any leader, for example, an LC1 chairperson, religious leader or professional worker such as an NGO or district officer, present in the meeting, invite her/him to make closing remarks and close the training.
7. Wish everyone the best with her/his parenting endeavours and announce that the programme ends here!

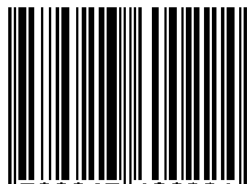


Parenting is fundamental to a child's well-being and development. Within families, children learn and develop **cognitive skills, emotional intelligence, world views, behaviors, health habits, and crucial social qualities**

Dr Robin Nandy - UNICEF

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