

Northern Uganda Women Empowerment Programme (NUWEP): Engaging Men and Boys Model

Description of the Engaging Men & Boys (EMB) Model

CARE sees gender equality as a fundamental requirement for social justice and poverty reduction. It is the area in which we see the most pressing need for social change in order to reach our vision. Our experience in Northern Uganda demonstrates that achieving real and lasting progress toward gender equality requires proactive work with men and boys alongside work with women and girls.

Recognizing that men play an important role in ending gender based violence and promoting gender equality, CARE Uganda started a pilot initiative with the male engage approach in northern Uganda in July 2010. This new strategy with men set out to promote women empowerment and contribute to ending GBV. Engaging men and boys in a systematic empowerment process helps mobilise them to understand and support concepts of positive masculinity and gender equality. Overtime, we have been developing a clearer understanding of how to challenge social norms that perpetuate gender based violence and hamper gender equality.

The model targeted three main changes in men's knowledge, attitudes and behaviours about gender:

1. To educate men about:

- ✚ Gender Socialization - reflecting on the type of masculine identity society expects of them (being in charge, the provider, the strong sex, etc)
- ✚ Power dynamics and gender based violence – how the use of violence is socially accepted as a way of affirming one's masculinity
- ✚ Gender transformative topics – how to become the man they want to be (caring, sharing responsibility, loving, supportive etc)

2. To change the attitude of men on:

- ✚ Women's active participation in society – seeing the positive side of women in paid work, and in leadership and community decision making
- ✚ Women's rights in the family - supporting women's Sexual Reproductive Health, the right of women engage in key decisions in the Household, seeing violence against women as unjust

3. To challenge and influence behaviour change for men:

- ✚ Joint decision making in the homes – meaningful collaborative decision making on key issues, e.g., health, education, assets, livelihoods, etc.
- ✚ Shared Gender roles in the homes – including men participating in household chores
- ✚ Women to access and control resources – including inheritance/property rights, land rights/titles, own incomes, etc.
- ✚ Non-violent conflict resolution - reduced GBV

Theory of Change

Goal: Men & women live in gender equitable relations at HH & community Level

IE: Men learn about gender socialization, power imbalance, & skills to join in solidarity to confront issues of unequal gender norms that perpetrate violence

IE: There is a supportive environment that enables men to practice positive masculinity

Impact and target groups

The core impact population groups intended with this initiative were male spouses of vulnerable women, and through these men, the quality of life and rights for those vulnerable women. The vulnerable women and girls were those of reproductive age, especially those who had been affected by conflict and displacement, faced chronic food insecurity, struggled with psycho-social distress (due to GBV, marital strain, family breakdowns, post-traumatic stress, abducted children, etc.) and were vulnerable to rights denial. The target groups with whom the initiative engaged to mobilise and work

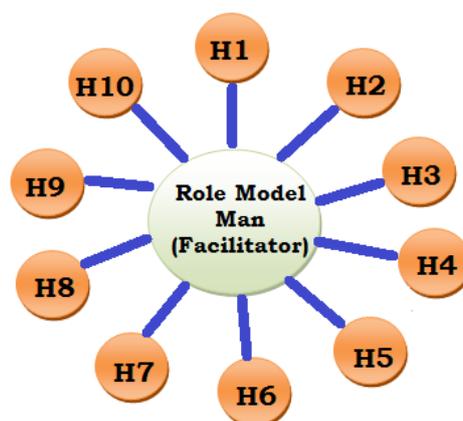
with the male spouses included religious leaders, opinion leaders, male youth, and other influential men in our intervention communities.

Development of the men engage model

The development and implementation of the men engage model (as a component of a larger women empowerment programme) coalesced around three core strategies:

- i) **Men as social agents of change** - This strategy draws on the premise that not all men are opposed to women empowerment and gender equality. Rather, there are men who do support or are willing to support gender equality. Here two categories of men are targeted and capacitated in a number of ways with knowledge and practical skills needed for them to engage as change agents, and engage in communication and advocacy related activities:
 - The *role model men* (RMMs): this includes both: (i) already gender sensitive men practicing positive masculinity and (ii) men who have been violent or in unstable/vulnerable households but willing to change.
 - *Influential men* in decision making positions within the programme area, e.g. community psychosocial facilitators, cultural leaders, religious leaders, and political leaders.
- ii) **Working with men as community psychosocial facilitators** – This strategy uses the role model men to engage with men from 10 selected households to which role model men are attached and where they work through peer-to-peer relations and male mentorship sessions. The main focus is on improving communication among couples and strengthening gender relations at household level. The core method is a “Support Group Model” where a role model man facilitates reflective discussions on locally relevant psycho-social issues within the group 10 nearby most vulnerable households to which he is attached.

CARE, implementing partners, the role model men, community facilitators and community members collectively identify the relevant households for the reflect/dialogue groups (e.g., those that the community and/or local resource people know to be vulnerable to psycho-social challenges, such as a history of GBV, alcohol abuse, extreme poverty, post-traumatic stress from the conflict, etc.). The households are selected in geographic areas near where a role model man lives. The role model men convene the male and female members of the 10 households (sometimes both genders together, sometimes separately) to meet regularly to dialogue and reflect on critical gender relation issues. The key issues include shared care giving, household resource management, decision-making around Sexual Reproductive Health (SRH), violence and alcoholism. Within the 10 households, the members are encouraged to watch over and support each other, share concerns and discuss non-violent ways of addressing family issues.



- iii) **Working with men as clients** – this component recognises that not only women, but men can also have psychosocial distress issues, e.g., family conflicts, unemployment, lack of skills, poverty, role conflicts, interpersonal violence, etc. Men are socialized to disregard pain, to not show weakness and to believe that talking about personal problems is a sign of weakness. As a result, men who experience violence rarely discuss their problems with others, contributing at times to depression and even incidents of suicide. Men are targeted in this component so that they can benefit from various psychosocial support services. At one level, men in the household reflect/dialogue groups often engage in peer to peer support, encouraging one another to open up and share personal problems. At another level, some men have social support needs that need referral to external social support mechanisms – which may be facilitated by the RMMs or their supervisors.

Sequence of steps & events in developing the model

- 1) Two decades of protracted armed conflict in northern Uganda led to the confinement of communities in the Internally Displaced Persons (IDP) camps as the government strategy to fight off the Lord's Resistance Army rebels in the region. This severely affected the livelihoods of both women and men. Brewing and sale of alcohol was a thriving enterprise in the IDP camps. With the limitations of a war, restrictions on movement and work, men had nothing to do. A majority of them resorted to drinking and this had an impact in the community after resettlement.

Most development interventions in the regions had a 'female face', did not take cognizance of the needs of men and their role in eradicating poverty and social injustices. Evidence from CARE Uganda's Village Savings and Loans Associations (VSLA's) indicates that men felt left out of the groups and yet they too had unmet needs in terms of access to financial services but also of solidarity and reconnecting and rebuilding a sense of belonging and community. VSLA groups provided more than just financial services. They were also an integral part of the psychosocial support networks that were being rebuilt / revived in communities but they had restrictions on membership of men.

- 2) By 2009, some of the women participating in CARE Uganda's northern project for women empowerment were reporting backlash problems from their spouses, ranging from men complaining about favouritism for women to incidents of domestic violence by angry spouses. Programmatically, the team agreed that there was a need to make a deliberate effort to engage with men to help them change their attitudes vis-à-vis women engaging in VSLAs and to start addressing their own needs. This was the beginning of intense and on-going debates on approaches that would support men to come out of their entrenched typical "men's position" to become allies of women empowerment while freeing themselves from the guilt that perpetrators of violence or abuse suffer. At the same time, the recognition that some men also suffer from GBV was growing.

- 3) CARE Uganda began experimenting with couple dialogues, family counselling and male trainings as a way to address the above issues. Several members of the project staff were privileged to attend various workshops in other parts of CARE and peer organizations that included discussions about engaging men. These staff then championed the internal discussions in CARE Uganda. The first hurdle was to help all the staff and partners to understand what 'engaging men' would mean within a women's empowerment initiative.

- 4) In July 2010, CARE International started providing technical support to formally develop culturally relevant Engaging Men Initiatives in 10 CARE country offices, including Uganda, with funding from CARE Norway. While CARE International had experience in working with men, there had not previously been any organised attempt to target and mobilize men as allies in CARE's women's empowerment agenda in Uganda. The team proposed an experimental model to be incorporated within the ongoing NORAD and ADA supported Women Empowerment Programme.

The '**Journey of Transformation**' manual for achieving positive masculinity focuses on transforming men into agents of change and strong defenders of women's empowerment and gender equality. This is triggered through various training modules & sessions that combine different activities, participatory exercises, lessons taught by experts, discussions, reflections & introspection, "homework" between sessions and ongoing accompaniment during men's change journeys. Speaking of personal change is not easy so CARE uses business training as an entry point. Men are first supported to acquire practical business and management skills and learn to appreciate women's participation in business & economic activities. This initial appreciation is carried over into a second round of training, in which men are encouraged to support women in relation to different health issues, including sexual and reproductive health, relevant to both men and women. The third group of sessions allows men to acquire the crucial understanding of women and girls' rights, with a focus on the right to protection and a life free from violence but also knowledge on key laws (e.g. succession Act, etc). During the process, men are supported to explore how their behaviors can be adapted to support women in these various critical topics and become their allies. This includes exploring positive and supportive forms of masculinity, in recognition of the fact that men who treat women equally, even though they step out of the typical "male box" are still men. These trained Role Model Men then continue to use the manual on a regular basis to engage other men in households attached to them.

- 5) With representation from CARE Norway, Austria, Uganda and the various partner organizations, the team invited a facilitator from Promundo¹, who shared their experiences on working with men in Brazil. One of the staff from the Uganda programme was supported to visit and see the work in Brazil; later, she attended training with other women empowerment facilitators in CARE Rwanda on the 'Journeys of Transformation' manual. This manual was developed by Promundo and CARE Rwanda for engaging men as allies in women's economic empowerment; it has a step-by-step process for Men Engagement.
- 6) Previous to this point, most of the messages about men in the community had portrayed them as perpetrators, violent, and drunkards. Women tended to castigate the men and demand that they change without giving any clear picture of what that change would look like. CARE and partners together with community members then embarked on discussions on what this desirable change could look like. They asked if men with these attributes could be identified and rewarded. Together with their spouses, men sharing these attributes could become role models. The community discussions helped identify desirable attributes that were built into the criteria for what a role model man in their context would be. Over 5000 men joined the competition, from which 220 men were initially selected, trained, accompanied and encouraged to become part of the programme.
- 7) During their training, each role model man received a translated copy of the Journeys of Transformation to guide their engagement with other men and couples in their dialogue groups. Together with staff and partners, terms of reference were developed and shared with the role model men to guide their work. After the training, each role model man was attached to 10 nearby households for regular reflection/dialogue meetings and facilitative support.
- 8) A team (30) of programme staff, selected community-based facilitators working with our partners, role model men representatives and political leaders then visited the CARE men engage programme in Burundi. There, they interacted directly with some of the 'Abatangamuco' (Burundi's role model men²), which greatly inspired and encouraged them to take up the challenge back in Uganda.
- 9) Following the endorsement of the Acholi principles on gender relations, in July 2012 a gender reflection and strategic planning workshop was conducted with 30 cultural leaders from Acholi cultural institutions with representation from all the CARE NUWEP Programme sites to engage them in critical reflections on gender, power and human rights and promote their understanding of how these issues interact in the daily lives of men, women, and their families. The Role model men played a critical part in sharing what more equitable gender roles between men and women would look like and influenced the final decisions that the cultural leaders made in advocating to address women's vulnerabilities in the region.
- 10) CARE and partners have been conducting regular monitoring, review meetings, mentorship and support visits to the RMMs to strengthen their engagement with the 10 households and other role model men in their vicinity. Regular refresher trainings have been conducted for the participating role model men, also integrating lessons learnt. Between 2013 and end 2015, 422 additional role model men were trained with additional funding from the Austrian Development Agency (ADA) and the United Nations Population Fund (UNFPA), adding to the original 220 role model men.
- 11) The Engaging men and boys initiative started with seven implementing partners³ of the Northern Uganda Women Empowerment Programme. The numbers of partners directly supported by CARE were later scaled down from 7 to 2 because of funding limitations. The remaining two partner organizations, Women and Rural Development Network (WORUDET) and Gulu Women Economic Development and Globalization (GWED-G), have continued to be supported and have scaled out

¹ Promundo is a global NGO promoting gender justice and preventing violence by engaging men and boys in partnership with women and girls. <http://promundoglobal.org/about/>

² CARE International (2012) Policy Brief 5: The Abatangamuco, Engaging Men for Women's Empowerment in Burundi

³ Prior to 2014 other partners included; Forum for Kalongo Parish Women Association (FOKAPAWA), Gulu District Farmers' Association (GADFA), Acholi Religious Leaders' Peace Initiative (ARLPI), Voluntary Initiative Service Organisation (VISO), Diocese of Northern Uganda (DNU), Kitgum Women Peace Initiative (KIWEPI) and Women and Rural Development Network (WORUDET).

operations. GWED-G trained 191 role model men in sub counties where CARE's program is not reaching. Representatives of CARE staff and Partners were supported through the ADA initiative to attend the male engage symposium in India in 2015, in which they interacted with various organizations and individuals implementing engaging men & boys initiatives. These exposures have continuously built on the work that CARE and the partners have been doing.

- 12) In 2015 under the Sexual Reproductive Maternal and Child Health (SRMCH) project, 100 role model men were selected from the existing group in the districts of Gulu, Amuru and Nwoya and trained on Sexual Reproductive Health, Parenting and Fatherhood, introducing these new topics to them. In July 2015, UNFPA organized a joint training on Engaging Men for its partners implementing the Joint Programme on GBV where 1 CARE staff and 2 partner staffs took part in the training. Following the request from UNFPA, CARE made presentations during the training and shared our experience on engaging men.
- 13) Currently there are 642 role model men trained and working with over 6,420 households across the districts of Gulu, Amuru, Nwoya, Pader, Kitgum, Agago, Lamwo and Omoro in CARE's program. The RMMs have continued to use the Journeys of Transformation manual⁴, and they also use the CARE Uganda Rocokwo Programme Training Curriculum on Engaging Men and Boys, Women and Girls in gender empowerment⁵. The role model men are supported through regular field follow up and review meetings together with the continuous technical and financial support for the partners. As mentioned above, there have been various adaptations of the model by the partners we initially trained and our partners are also using the model in non-CARE funded initiatives.
- 14) For sustainability, emphasis is being put toward encouraging the role model men to form networks and to have strong linkages with different local leaders. All the role model men are members of a VSLA and the majority of the household in the reflect/dialogue groups have joined VSLAs.

How has the model changed/evolved over time?

At the start, the model was meant to target the spouses of women in the programme to ensure that the men supported the changes in their households and women's participation in VSLAs. Increasingly, the model has changed from just a couples approach to scaling up with role model men and community facilitators from our partners now working with individuals and groups of households that have psychosocial challenges (poor and vulnerable households, households with parenting challenges, abusive relations, those struggling with alcoholism and violent households) within their communities.

The role model men came up with practical and motivating ways of bringing men together for dialogues. In Pader, they integrated their meeting with farming (rotational farming) activities as a way of bringing the households and men together. As they work together on a group farm, the role model men introduce gender and empowerment topics for discussion alongside their farming activity. These topics can include gender and agriculture, division of labour, land rights, etc. This accomplishes the objective of group sensitization while their gardens are also cultivated, hence also tackling the issue of food insecurity. Other RMMs have link the 10 household reflect/dialogue groups to skills training, like making Lorena stoves (energy saving, environmental friendly and user friendly).

A pilot to integrate men's involvement in a component for sexual, reproductive, maternal and child health (SRMCH) is currently being tested in the three districts of Gulu, Amuru and Nwoya. This new development is a response to knowledge and information gaps expressed by households on issues around sexuality and what role model men could actually contribute to supporting their spouses. To date, 100 role model men have been trained on simplified community SRMCH modules. The modules were developed in partnership with the district health departments to articulate the roles that men could play in supporting their families and spouses.

⁴Journeys of Transformation manual: <http://gender.care2share.wikispaces.net/file/view/VSLManualFinal.pdf/351415986/VSLManualFinal.pdf>

⁵ CARE Uganda Rocokwo Programme Training Curriculum : http://minerva.care.ca/livelink1/livelink.exe/fetch/-2316864/2316871/5478463/5478576/5480881/5479886/CARE_Uganda_Roco_Kwo_Program_Training_Curriculum.pdf?nodeid=6049438&vernum=-2 If you are challenged to obtain these manuals on line, please contact Mary Bagumira at Mary.Bagumira@care.org

Reports from health facilities where the “Improving Access to Sexual Reproductive, Maternal and Child Health” project is implemented indicate continuous improvement in the uptake of services in health facilities accessed by households reached by the role model men. The Awach Health centre now registers between 50-60 a month compared to 30-40 before the role model men started referring clients. In Koch Goma, deliveries at the health facility now range between 20-30 per month, compared to 10-15 before and the community has demanded for a midwife to be hired at the health facility. In Patiko Health Centre III, between 30-35 deliveries a month are now registered monthly compared to 10-20 before.

Significance of the model

The model has attracted interest and support from the community, local leaders and CSOs. The model strengthens efforts to open up dialogue spaces among couples and communities to discuss and propose transformative ways that men can actually be involved. It focuses on men’s positive contributions and reinforces these through joint actions.

The voluntary nature of the Engaging Men model makes it inexpensive to implement. Linking the role model man to a group of 10 households helps with very local information sharing. Networking among the RMMs helps enhance the project multiplier effects, as men share information and experiences from their own groups with other role model men across the intervention communities.

Within the Region, there are now other organizations that are also using similar models, for example, Save the Children is implementing the ‘Real Fathers’ initiative targeting young men. Organizations implementing the Joint Programme on GBV funded by UNFPA like ChildFund (in the Lango sub-region), IRC (in Karamoja) and ActionAid in their district programmes are working with men in “Male Action Groups”. From the initial partners we trained, Acholi Religious Leaders Peace Initiative (ARLPI) is still working with men to promote peace (at household and community) in what they call the “Men’s peace Ring” where men reach out to other men to change their behaviors and attitude. Kitgum Women Peace Initiative (KIWEPI) is working with male clubs in changing attitude and behaviors on parenting, alcohol, positive masculinity and sharing domestic work. Diocese of Northern Uganda (DNU) continued to support role model men and other men in the different VSLA groups they were working with. A few other initially trained organizations have not managed to take this forward and almost all the key staff trained on this model have left those organizations.

While still a relatively new approach in the country, the Men Engage model has attracted support from multiple actors pushing for its adoption, e.g., the Ministry of Health launched a National Strategy and Guideline on Male Involvement in Maternal Health in 2014 to promote male involvement in maternal health. There is also increasing support at the international level for engaging men (*Commission on the Status of Women 2016*).

In the area of sexuality, the dialogues around men’s roles have created debates in a transparent manner and increased the understanding of men on importance social expectations for gender and sexuality. The Engaging Men approach can build on these discussions to be integrated into related issues, like gender based violence (GBV) and Sexual Reproductive Health (SRH) and HIV/AIDS campaigns. CARE has already tested applicability of the Engaging Men model in the Sexual Reproductive and Maternal Child Health project in the three districts of Gulu, Amuru and Nwoya.

Learning from the model

Over 32,000 men have been reached by the role model men through community awareness sessions, public events and radio programmes. These sensitised men now reach out to fellow men and families and speak about their own changes with confidence. Powerful testimonies of change were shared with the UN Joint Monitoring team in August 2015 and May 2016 in Acholi sub region by the beneficiaries of this model.

As one of the pioneer organisations for developing and using a Men Engage strategy in Uganda, CARE has been playing a technical support role, e.g., in conducting the Training of Trainers for the implementing partners, training of traditional and community leaders, and giving space for the implementation of the model through the VSLA.

With support from CARE Austria, a participatory research was carried out with the role model men on **“Improving Access to Reproductive, Child and Maternal Health in Northern Uganda”** in October-November 2015. The **Cross Country Learning on Engaging Men and Boys 2015** supported by CARE Norway documented what motivates men to be engaged in promoting gender equality, how to create the optimum environment to keep men engaged and challenges/barriers faced by engaged men. Learning from these studies has been shared with other country offices during the Cross Country learning forums and this will further be shared with other development agencies, government (Local and National level) within the Country.

Some results from the **Cross Country Learning on Engaging Men and Boys 2015**, to which CARE Uganda contributed.

Individual level	Household and intimate relations	Peer and community relations
<ul style="list-style-type: none"> • Increased self-respect as a result of self-motivated positive actions; • Increased confidence to speak in public and facilitate meetings; • Increased incomes; • New social networks; • Having become respected and trusted leaders in the community. 	<ul style="list-style-type: none"> • Enhanced trust and intimacy, many disputes are solved amicably, reduced intimate partner violence; • Increased food and income security; • Children are better cared for and increasingly access education and health care; • More couples practice family planning, more pregnant women attend antenatal services accompanied by their husbands. 	<ul style="list-style-type: none"> • Increased awareness of the risks of GBV and gender imbalances; • Reduced levels of alcoholism and fighting; • Increased social responsibility; • Some women in leadership positions; • Fewer polygamous relationships; • Women feel treated with more dignity, reduced womanizing.

The model has also contributed to changes in the attitude of many men regarding women’s participation in decision making at household to community level. Many more women are now actively participating in decision making, community meetings and speaking freely in public.

‘Previously, women in Acholi were not part of decision making both at household and community level; as soon as they were traditionally married, they formed part of the assets of the clan’ local chief Valentino (2013) during the Mid Term review for the Male Engage initiative.

There are reduced cases of gender based violence in areas where the RMMs are working. Recent anecdotal reports indicate that multiple couples who were formerly in violent or abusive relationships have now undergone church marriages (wedding). Much as there are still cases of GBV, on a positive note people have become more vigilant.

“No one turns a blind eye to wife beating and there are available mechanisms for redress in case there is misunderstanding” Chief Lugai Pajule 2013 during the midterm review for Male Engage



One of the households attached to a Role Model Man

New opportunities are emerging all the time, e.g., the SRMCH development in the past year, and working with other agencies like UNFPA to share the lessons from CARE Uganda’s Men Engage work. There are internal programme and partner discussions taking place about how to develop appropriate gendered male engage involvement in security institutions that are heavily male dominated, e.g., police, prisons and army. There are also discussions about how to develop counseling and reproductive health interventions that could be used in these and other male dominated institutions.

What is not working well?

This initiative was actually an add-on to the existing women’s economic empowerment initiatives to address the backlash women were facing. Therefore, at design stage of the model, there was little focus on planning and designing for scale up. It started as an experiment but lacked a strategy for careful documentation or sufficient investment in rigorous assessments. There have been many lessons learned over the implementation period (from 2010), but it is difficult to retrospectively trace the exact timing for developments or to show impacts/outcomes.

Changing attitudes, behaviours and mindsets is a process and not always 100% successful. There have been a few cases of men going back to drinking and/or violent behaviour. While such men continue to receive support from the systems (RMMs, facilitators, peer discussion groups) that have been created, there is need within the programme for stronger psychosocial support training for the role model men who, faced with these cases, sometimes feel overwhelmed.

There are issues around how best to arrange for on-going motivation of the role model men, considering that their engagement is voluntary. Their requests for support are continuously an issue of contention. Currently, the expectation was that these men would reach nearby households. As the network grows and word spreads about the results of the groups, the awareness of needy households in the vicinity keeps widening and the communities may require more technical guidance and support outside the skills of the present RMMs.

Role Model Men tend to see the role of men as “protecting” women and therefore still not always them as equal to men. This is a positive change from violent behaviours of course but there is more work to do for men to recognize that women and men are completely equal.

We have also learnt that the model’s focus on the other 10 households has limited RMM’s capacity to engage and address cases of violence not happening in married couples. The focus on the “couple” also means that RMM tend to work on a solution within the “marriage”. On very few occasions, have women victims of violence within a couple been asked if she preferred another solution, including leaving or divorcing. In future, we need to work with RMM on listening as well to what the women in the HH want.