



## Empowering Women and Girls through CARE's Role Model Men (RMM) Approach

### Background

A large and growing body of research has shown how gender inequality undermines health and development and how working with men and boys as well as women and girls to promote gender equality contributes to achieving health and development outcomes (Barker and others, 2010). While initially more promoted in long term development programs, engaging men and boys' approaches are increasingly being integrated in humanitarian programs and are proving critical to SGBV prevention in contexts of displacements.

Uganda is currently experiencing one of the largest refugee influx globally. Of the 1,252,470 refugees (UNHCR, May 15, 2017) who have fled conflicts in their home countries to settle in Uganda, approximately 86% are women and children and a large majority are coming from war torn South Sudan where sexual violence is being used as a weapon of war<sup>1</sup>.

Many women and girls also suffered abuse and violence, including sexual violence, during their journey to Uganda. Once in Uganda, despite efforts to provide protection to refugees, insufficient access to food, water and other items to meet basic needs, often forces women and girls to adopt risky behaviors, including transactional and commercial sex, further exposing them to SGBV, HIV, unwanted pregnancies.

Many also face risks of attacks when fending for themselves and their families, e.g. when fetching water, when bathing or using latrines, particularly if communal. Most women and girls arrive traumatized from the conflict and violence they have experienced in South Sudan, from the loss and / or separation with loved ones and from violence they have suffered during their journey to Uganda. In this context, working with men and boys in both refugee and hosting communities is critical.

Since January 2014, with funding from UNFPA and Czech Republic CARE is responding to the South Sudanese refugee crisis with interventions on Sexual and Reproductive Health (SRH) and GBV prevention, care and support primarily in Rhino and Imvepi settlements in the West Nile region. A key strategy in CARE's SRH and GBV program for South Sudanese refugees is the use of a *Role Model Men* (RMM) approach, adapted from CARE's long term Northern Uganda Women's Economic Empowerment Program (NUWEP), funded by UNFPA, NORAD and ADA.

Northern Uganda has been subject to decades of conflict, displacement and violence. The life experience of many men and boys in Northern Uganda is very similar to South Sudanese refugee men and boys. Due to the fact that many boys born in the Northern Uganda Internally Displaced People (IDP) camps had no opportunity to have a positive adult male role model to guide them, violence has been the only option to resolving conflict or accessing resources. In addition, many boys and adult men had also either been involved in perpetrating acts of violence (often forcefully recruited) or suffered violence themselves during the insurgency and thus were left with limited support to address their trauma and guilt, leading to substance abuse and Violence Against Women and Girls (VAWG).

Under NUWEP, to support the transition from a life in camps dependent on aid and characterized by violence to self reliance and empowerment for women and girls, the *Role Model Men* approach was pioneered by CARE and its partners and has successfully trained 642 RMM who have so far reached 6,420 households across Northern Uganda. Impacts include less tolerance for GBV at community level, men abandoning violent behaviors and women and girls increasingly exercising their right to a life free from violence and feeling empowered.

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<sup>1</sup> Gender and Gender Based Violence Overview, Meeting the needs of women, men, boys and girls in crisis, South Sudan, CARE International, December 2016

This learning brief describes how CARE is, with continued support from UNFPA, adapting its *Role Model Men* approach to the South Sudanese refugee context in Rhino settlement, West Nile.

### Model's underpinning principles, levels of intervention & adaptations in refugee context

The model set out to promote women's empowerment and contribute to ending GBV by transforming men into agents of change and defenders of gender equality. Selected men are supported through a series of training and ongoing accompaniment to develop and / or strengthen positive forms of masculinity through a personal "journey of transformation". Men with a positive behavior are selected by fellow men and women and are supported to reach out to other men (often identified abusive men) who need to change their behaviors. Once their behavior has changed, participating men often become Role Model Men themselves, creating a positive snowball effect. The underpinning principles of our approach include:

- Changing how men are "seen", shifting from a "deficit" model of programming in which men were seen as obstacles and perpetrators to an "asset-based" model, which recognizes that men can be partners in GBV prevention and SRH; that they do care about what happens to their partners, their families and in their communities and that men, like women, are complex individuals, also victims of expected societal gender norms forcing them into certain behaviors (be strong, have sex, be in control, men don't cry, etc);
- Recognizing that, as conditions change, and especially during extended periods of civil conflict or displacement, women are becoming primary breadwinners or care takers. While emergency situations also provide opportunities for changing gender norms, this shift in roles can greatly affect how men see themselves, often creates a sense of helplessness, low self-esteem and is regularly associated with alcohol use, ultimately increasing the risk of violent behaviors;
- Recognizing Men's Multiple Needs, particularly men's reproductive and mental health needs which men and the societies in which they live tend to ignore. This is aggravated in times of conflict and displacement during which resources are often limited and therefore prioritize women and children. While such vulnerability based prioritization is totally legitimate, ignoring men and boys' needs over the longer term carries the risk of seeing renewed conflict at all levels, including SGBV and VAWG. In the current refugee crisis in Uganda, addressing male youth's psychosocial support needs is critical.

#### Journeys of transformation – changing "manhood"

The **Journey of Transformation** includes various training modules and sessions that take men through a deep personal reflection on the impact of their behaviors vis-à-vis women, girls, other men and boys, society at large and themselves. As men are supported to reflect on the negative consequences and risks of their behavior, they are taught practical skills from a gender lens that allows them to increasingly see the benefits of more gender equitable, power sharing and caring attitudes. These skills include business development skills and negotiation skills through which the value of women's participation in economic activities is addressed, financial literacy through which women's rights to exercise control over the incomes and agricultural production they generate is discussed, sexual and reproductive health and women's right to protection and a life free from violence through which the impacts of SGBV on women, girls and societies at large is assessed. Basic counseling skills are taught so that men learn to listen to one another and can become a source of mutual support. In the refugee setting, our module is also including cultural diversity and adapting to a new setting where for instance daily activities for each individual is not defined.

Grounded in the above principles, our model works with men at three levels:

1. Men as **clients**: this considers men's needs and encourages them to use different services, such as SRH (using condoms, Family Planning), HIV testing and counseling, counseling and psychosocial support; In the South Sudanese refugee context, more emphasis is put on psychosocial support which is also partly provided through the Role Model Men and CARE's GBV staff and volunteers.
2. Men as **supportive partners**: this considers men as allies and resources in improving their own as well as women's well being, as a result of their engagement in a variety of areas – maternal health, family

planning, neonatal care. In the South Sudanese refugee context, we have de-emphasized this level somewhat to prioritize 1 and 3, based on findings from various analysis and feedback from our teams.

3. Men as **agents of change** or “Role Model Men”: in the current refugee setting, this is the most intensive, critical but also most difficult to carry out because it expects men to make individual changes in an unsupportive environment and with a lot of uncertainties about the future. This involves supporting men with their own personal transformation (e.g. abandoning alcohol, managing frustrations without violence, sharing power, etc) and using their personal experience of change to support fellow men.

## Impact

Individual & Personal level	Household and intimate relations	Peer and community relations
<ul style="list-style-type: none"> <li>• Shifting views towards themselves (more self-esteem) and others (more respect and tolerance)</li> <li>• Changing notions of masculinity</li> <li>• Changing values toward gender equality</li> <li>• Improved mental health, reduced levels of depression</li> </ul>	<ul style="list-style-type: none"> <li>. Household communication and mutual support</li> <li>. Transforming dynamic of violence</li> <li>. Changing household division of labor</li> </ul>	<ul style="list-style-type: none"> <li>• Acting as counselors and educators within their communities</li> <li>• Community organizing</li> <li>• Reduces of risk of conflict with other male refugees and with hosting communities</li> </ul>

So far, 42 refugee RMM have been trained and have reached 4,336 men in Rhino Settlement. As the RMM approach primarily relies on behavior change, the ‘Journeys of Transformation’ of refugee RMM are still in early stages and, thus, the impact cannot yet be fully understood but testimonies from women and girls living with or nearby the RMM are very encouraging. Our experiences in Northern Uganda have shown that, if the men are supported long-term, they will turn into real agents of change, leading to a reduction of SGBV, more joint decision-making between men and women in the household and, ultimately, increasing resilience of women and girls to shocks and disasters.

## Lessons learnt and recommendations

Our experience adapting the NUWEP RMM model to the refugee context is promising and we have already learnt valuable lessons to further improve and adapt the model:

- Under NUWEP, RMM already reported losing friends (“*Friends started avoiding my home lest I ‘infect’ their homes.*”). However, the fear of losing support from other men and of being stigmatized is greater among refugees who have already lost many friends and family due to the conflict and subsequent displacement; Suspicion and jealousy over RMM’s intentions is a reality in the refugee setting, perhaps driven in part by the prevailing lack of trust due to the conflict in South Sudan. Hence, more attention from the onset to sensitizing the entire refugee community, and men in particular, on the rationale and objectives of the model is critical.
- The original model in NUWEP was linking RMM to men in ten households. This needs to be revisited in the refugee context. Many households are headed by women who are exposed to violent men outside their household, from both refugee and host communities. Instead of reaching to households, RMM will be supported to reach to other men organized in men groups.
- RMM or EMB models should as much as possible be linked or integrated in economic activities. Under NUWEP, CARE was able to enroll RMM and the men they reached in livelihood enhancing activities while working with them on their change process. In the emergency response, resources are more limited and CARE does not have its own livelihood initiatives. Yet, having economic activities to accompany the RMM approach provides an incentive for men’s participation as well as a “therapy” for depression and for rebuilding hope for the future. To compensate for the lack of economic activities, a stipend will be paid to RMM to cover opportunity costs for their volunteer work and opportunities for linkages with other livelihood programs are being identified;
- The short term funding cycles for emergency response are not conducive for models that work on long term behavior change. Longer term and more predictable funding, at least 18 months, is required to ensure a cohort of well-trained RMM can take the work forward independently;
- Though CARE is just starting to identify and train RMM within the hosting community, we believe that promoting collaboration on positive masculinity between refugee and host community men and boys can have a catalytic effect on reducing the risk of conflicts between the two communities.