



Study on involving men and boys in preventing and responding to gender-based violence in conflict, post-conflict and humanitarian settings



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Abstract

The United Nations Population Fund (UNFPA) and Sonke Gender Justice Network undertook a study on involving men and boys in preventing and responding to gender-based violence (GBV) in conflict, post-conflict and humanitarian settings. The study aimed to document good practice in strengthening programming in this field. The upheaval that individuals and communities experience as a result of these particular settings (conflict, post-conflict and humanitarian crisis settings) gives rise to unique challenges, such as an exacerbation of power imbalances between men and women. For example, while some women may find new opportunities to be economically empowered in camps for internally displaced persons (IDP), this sometimes results in unintended, negative outcomes, such as GBV, when men feel a necessity to reclaim their authority as head of household. Men may also struggle to adjust to conflict, post-conflict and humanitarian crisis settings that they perceive lack opportunities for their own development. GBV tends to be more visible in these settings - both because of crowded conditions as well as exacerbated power and gender imbalances - which offers incentive to scale up and closely monitor interventions that seek to address and prevent GBV.

The desk review initiating the study scanned the African continent to compile a file of relevant actors and programmes which indicated good and promising practice. A subsequent survey with nine UNFPA country offices in the Eastern and Southern Africa region provided more in-depth knowledge about success factors, challenges and key resources for programmes involving men and boys. These offices were in Angola (post-conflict), Burundi (post-conflict), DRC (conflict/post-conflict), Ethiopia (humanitarian), Kenya (humanitarian/post-conflict), Rwanda (post-conflict), South Sudan (humanitarian/conflict), Uganda (post-conflict) and Zimbabwe (humanitarian, post-conflict).

The study was finalised with a case study of key UNFPA-supported programmes in Uganda. Overall, the study resulted in increased knowledge on useful methods and resources to involve men and boys in GBV prevention and response and in effectively addressing the underlying causes of GBV.

The findings of this study reveal that men and boys are sometimes included in GBV programming in conflict, post-conflict and humanitarian settings *only* when programmes that target and empower women result in men feeling excluded, resulting in an increase in GBV. It is therefore necessary that there are concurrent strategies for involving women, men, girls and boys where the focus for men and boys is to deconstruct masculinities and the focus for women and girls is empowerment. The study also came to the conclusion that perpetrators of GBV and youth are unfortunately often neglected in GBV prevention and response programmes even when they represent key target groups in conflict, post-conflict and humanitarian settings.

In order to address the underlying causes of GBV in stable and unstable settings, intervention programmes need to be *gender transformative*, meaning that they promote equitable relationships, challenge harmful and/or rigid gender norms and change gender relations.¹

Many programmes are struggling to achieve gender transformation. However, a good starting point is to build on community participation to carry out and manage GBV prevention and response programmes, and to base these programmes on the lived experiences of the participants. Nevertheless, the study does indicate some progress in gender transformation. Some informants express that GBV has decreased, that men increasingly solve conflicts through dialogue and that work towards changing gender norms has allowed men to take on traditionally female tasks and roles, thus promoting gender transformation.

Furthermore, conflict, post-conflict and humanitarian settings provide a chance to re-negotiate attitudes, behaviours and values. Engaging men and boys in a gender transformative way in these settings is therefore an important window of opportunity to deal with GBV across the continent.

¹ See chapter 2.2 *Good practice criteria* in this report. The text regarding programmes being gender sensitive and gender transformative is adapted from Gupta G. R., Whelan, D., and Allendorf, K. *Integrating gender into HIV/AIDS programmes: review paper for expert consultation*. Geneva: WHO, 2003. http://www.who.int/gender/hiv_aids/en/Integrating%5B258KB%5D.pdf (Accessed 2 October 2011).

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The contacts from the UNFPA country office in Uganda made the in-country research possible. Janet Jackson (UNFPA Uganda Country Representative) and UNFPA country office staff Anna Mutavati, Dan Kitto, Denise Ogwang, Grace Latigi and Immaculate Nalikka facilitated the study and made all the logistical and practical arrangements.

Invaluable input was provided by the informants of the study, which include representatives of the UNFPA country offices in Angola, Burundi, DRC, Ethiopia, Kenya, Rwanda, South Sudan, Uganda and Zimbabwe. The following UNFPA implementing partners in Uganda also made the study possible through their support and provision of in-depth information: American Rescue Committee (ARC), Icon (Icon Women and Young People's Leadership Academy) and ACORD (Agency for Cooperation and Research in Development), and the organisation COAD which is connected with ACORD. Beneficiaries in Gulu and Kitkum also provided the Sonke research team with very useful information, and made us aware of the results of the programmes on location. An additional thank you to Raising Voices who shared information on their experiences with the SASA! Activist Kit for Preventing Violence against Women and HIV.

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This report will be shared with the mentioned actors and is expected to be summarised for informant groups for the Uganda research via the UNFPA implementing partners.

Abbreviations

ACORD	Agency for Cooperation and Research in Development
AIDS	Acquired immune deficiency syndrome
ARC	African Refugee Committee
BCC	Behaviour change communication
CBO	Community-based organisation
CEDOVIP	Center for Domestic Violence Prevention
CO	Country Office (UNFPA)
COMEN	Congolese Men's Network
DDR	Disarmament, demobilisation and reintegration
DRC	Democratic Republic of Congo
ESA	Eastern and southern Africa (region)
FBO	Faith-based organisation
FEMNET	African Women's Development and Communication Network
FGM	Female genital mutilation
FORWARD	Foundation for Women's Health, Research and Development
FP	Family planning
GBV	Gender-based violence
HIV	Human immunodeficiency virus
IASC	Inter-Agency Standing Committee
Icon	Icon Women and Young People's Leadership Academy
ICRW	International Center for Research on Women
IDP	Internally displaced persons
IEC	Information education communication (material)
IMAGES	International Men and Gender Equality Survey
IRC	International Rescue Committee
MAG	Men's Action Groups
MENGEN	Men for Gender Equality Now
NAADS	National Agricultural Advisory Services
NGO	Non-governmental organisation
PEP	Post exposure prophylaxis
RWAMREC	Rwandan Men's Resource Centre
SGBV	Sexual and gender-based violence
Sonke	Sonke Gender Justice Network
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health rights
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
WHO	World Health Organisation





Introduction to the study

1.1 Scope and objectives

The purpose of the study was to document good practice in programmes involving men and boys in GBV (gender-based violence) prevention and response, in conflict, post-conflict and humanitarian settings. The study's results are to inform future programming and scale-up of future programmes. The study was conducted in three phases between October and December 2011 in order to glean information from different sources, each of which had their own experiences from programmes as well as their own perspective on how to tackle the issues involved (such as the underlying causes of GBV). The objectives of the study were as follows:

- Document good and promising practices, and analyse how these approaches are effective in addressing underlying causes, norms and attitudes leading to GBV (e.g. in relation to masculinity, gender equality, and sexuality as a result of socialisation processes and childhood experiences, patriarchal pressures, access to and control over resources, as well as decision-making processes within the family, community and society);
- Collect useful tools and guidelines as well as other materials for effective programming;
- Propose strategies for scaling up good practices and strengthening linkages to overall GBV responses in humanitarian settings as recommended in the Inter-Agency Standing Committee (IASC) *Guidelines for Gender Based Violence in Humanitarian Settings and UNFPA's Strategy and Framework for Action for Addressing Gender Based Violence*, for example; and
- Expand the available understanding and information about, and contribute to improved programming based on successful strategies that promote male involvement in GBV prevention and response with a focus on humanitarian settings in Africa.

1.2 Rationale

Conflict and humanitarian disasters mould and remould gender roles and power relations in society between women, men, girls and boys, while pre-war experiences still affect how gender roles are constructed in the conflict and post-conflict society. During armed conflict and disasters, the breakdown of state and social structures such as legal systems and protective mechanisms make GBV even more likely to occur. Extreme humanitarian crises, and conflict and post-conflict settings exacerbate existing gender inequalities, which are known to be a major root cause of GBV. UNFPA, which contributes to programming in this field, especially in connection with sexual and reproductive health rights, has seen the need to increase the knowledge base and good practices in this area to strengthen future programming.

There are many reasons why it is important to involve men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. Throughout any emergency, such as humanitarian crises and conflicts, many forms of GBV occur. During the early stages when communities are disrupted, populations are moved, and systems for protection are not fully in place, most reported GBV incidents involve sexual violence of a male perpetrator on a female survivor/victim. Later, in the more stabilised phase and during rehabilitation and recovery (and in post-conflict settings), other forms of GBV occur and/or are reported with increasing frequency.² In conflict, post-conflict and humanitarian crisis settings, sexual violence and sexual exploitation can be used as weapons of war and in exchange for protection in unstable settings. Economic violence may also increase in worsened economic situations, for example, forced marriages and trafficking.

²Adapted from: *Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, September 2005. p. 1.

Men are the main perpetrators of violence against women and children. On the other hand, because they play significant roles in the lives of many women, men and boys have the potential to be important agents for changing attitudes, behaviours and power relations that create and sustain GBV. Accounts from Mozambique (a post-conflict setting), for example, found that many adult and young men tried to stay out of the conflict and that some went to great lengths to try and protect their families from such violence.³

Negative male norms, and violence – although perpetrated largely by men - hurt men too: men and boys are deeply affected by violence targeting them and their families. In some settings, such as Northern Uganda, Liberia, Sierra Leone and DRC, the initiation process for boys and men into armed insurgencies and wars can be traumatic and involve the use of violence against family members, and initiates may face threats of murder for non-compliance.⁴

Deliberately traumatising and shame-creating indoctrination can also be common in conflict settings. Former abductees and former combatants interviewed in Uganda spoke about being forced to rape young women. This kind of indoctrination would not be necessary if young men and boys could easily be induced to kill and use violence, were willing to use violence of their own volition, or if violence were an inherent part of their temperament.⁵

In some African settings there is high social support for corporal punishment, which can include men “punishing” their wives. This highlights the plural nature of masculinities and the complexities of linking manhood to violence. This plurality was highlighted in the IMAGES study⁶, which explored how men and women view masculinity and gender relations.

The recent **International Men And Gender Equality Study (IMAGES)** and other key literature affirm the links between men’s use of violence, their experiences of violence during childhood and socially prevalent norms related to masculinities.⁷ As one study noted, “Violence is one of the most extreme manifestations of power inequalities and is both experienced and used by many men to exert control and dominance over women, children and other men”.⁸ The results of the same study indicate that the lifetime rates of using intimate partner violence, reported by men, ranged from 25 percent to 40 percent.⁹

IMAGES and other research of its kind are essential in developing strategies for GBV prevention and response programmes, since they help to identify the underlying causes of GBV. There are several relevant areas, outlined below, for involving men and boys in GBV prevention and response. These include changing negative masculinities and addressing economic violence, sexual and reproductive health and rights (SRHR), rape and torture, and refugees and internally displaced persons.

³ Barker & Ricardo, 2005, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence*, p.25.

⁴ Barker & Ricardo, 2005, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence*, p. 25 – 28.

⁵ Barker & Ricardo, 2005, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence*, p. 27.

⁶ For the IMAGES Study see Barker, G., Contreras, J.M., Heilman, B., Singh, A.K., Verma, R.K., & Nascimento, M., January 2011, *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

See also Barker, G., Greene, M., Nascimento, M., Segundo, M., Ricardo, C., Taylor, A., Aguayo, F., Sadler, M., Das, A., Singh, S., Figueroa, J. G., Franzoni, J., Flores, N., Jewkes, R., Morrell, R. & Kato, J., March 2012, *Men Who Care: A Multi-Country Qualitative Study of Men in Non-traditional Caregiving Roles*. Washington, D.C.: International Center for Research on Women (ICRW) and Rio de Janeiro: Instituto Promundo.

⁷ Connell, 2000. IMAGES study 2011, p. 43.

⁸ Images study 2011, p. 43.

⁹ Images study 2011, P 44.

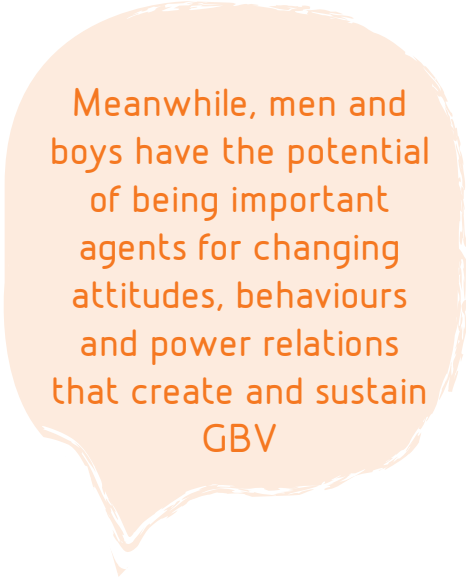
Changing negative manifestations and perceptions of masculinities: This area is central to any programme addressing men's and boy's involvement in combating GBV, since it is a root cause of the problem. Areas that should be addressed using a strategy that targets changing perceptions around masculinities include domestic violence, fatherhood, culture and tradition. Best practices would aim to tackle these areas using positive masculine identities.

Economic violence: During and after times of conflict, economic structures and relations are broken down, reconstructed and/or altered. Economic vulnerabilities that already existed are exacerbated, furthering various manifestations of GBV, including forced marriages (for example, by abduction), prostitution and human trafficking. Men, particularly low income young men, compensate for lack of structural power by asserting their authority and power over women, including using aggression and violence.¹⁰ Economic violence extends beyond the above, very direct problems to the more indirect, subtler and structural problems: exclusion of women and girls from social structures such as education and employment. Best practices should address economic violence and inequalities by engaging men and boys in the economic empowerment and emancipation of women and girls.

Sexual and reproductive health rights (SRHR): SRHR are essential for the wellbeing of women and men and are often significantly compromised in terms of access and quality of services in conflict, post-conflict and humanitarian settings. Men can prevent women's access to SRHR services but they can also play an important part in women's access and in supporting women's sexual and reproductive health (SRH). Positive forms of masculinities can be developed in connection to parenting and family planning, for example. Furthermore, improving men's SRHR will also benefit women and children (for example, through prevention of STIs).

Rape and torture: In conflict, post-conflict and humanitarian settings, rape and torture take on new dimensions as they are often used as tools to oppress and/or punish victims, in addition to reaffirming masculinities. Soldiers learn negative forms of masculinity in training and combat. This has consequences for women's health, including the transmission of HIV and AIDS and on their SRH. There are other gendered consequences such as honour killings and the ostracising of women by their communities. Good practice would seek to prevent and address these elements, particularly by changing dominant ideologies of masculinity that associate it with violence and domination. DDR (disarmament, demobilisation and reintegration) programmes are important in post-conflict countries for soldiers to integrate back into their community in a positive way.

Refugees and internally displaced persons (IDP): Armed conflict produces refugees and IDPs, who are a specific vulnerable group. They have distinct, additional concerns and vulnerabilities. Spatial concerns such as overcrowding, and the powerlessness that sometimes comes with being a refugee or IDP, make it easier for GBV to occur. One manifestation of a sense of "emasculatation" in refugee camps is sexual violence. Young male Somali refugees interviewed in camps in Kenya said that because they could not get married due to their disconnection from familiar customs and stability, they would use sexual violence against women to feel masculine.¹¹



Meanwhile, men and boys have the potential of being important agents for changing attitudes, behaviours and power relations that create and sustain GBV

¹⁰ Barker & Ricardo, 2005, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence*, p. 29.

¹¹ Barker & Ricardo, 2005, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict, and Violence*, p. 29.



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Methodology

This chapter outlines good practice criteria which have been used to rate programmes in the study as well as additional good practice criteria documented throughout the study. The criteria were identified in dialogue with UNFPA as well as through the different methodological steps, which are also presented in this chapter: the regional desk review, the sub-regional survey with UNFPA country offices and the in-depth case study in Uganda.

2.1 Defining good practice

Good practices are programmes and interventions that produce positive effects and can be useful for other, similar programmes and initiatives. Good practice also aims to move beyond individual cases of GBV and address it as a systemic problem.

2.1.1 Overall good practice criteria for rating

There are a number of good practice criteria which can be relevant to programmes that seek to involve men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In this study, key programmes were rated on seven overall good practice criteria. These criteria stem chiefly from UNFPA's *Guidance note on sharing good practices in programming*¹² and *Strategy and Framework for Action to Addressing Gender-Based Violence, 2008-2011*.¹³ The good practice criteria used for rating the programmes/actors in this study are the following:

1. Replicability and relevance to other conflict, post-conflict and humanitarian settings;
2. Male involvement;¹⁴
3. Fostered relevant partnerships;¹⁵
4. Demonstrated progress and results;¹⁶
5. Developed tools (or research);
6. Relevant to UNFPA programming and priorities;¹⁷ and
7. Gender transformation (addressing the underlying causes of GBV).¹⁸

The criteria of gender transformative programmes stem from a recent WHO-Promundo review of 57 evaluated programmes that engage men and boys in health-based interventions. The review found that the majority of the programmes were either effective or promising in demonstrating changes in men's attitudes and behaviours, and improving the well-being of women and girls and of the men and boys themselves.¹⁹ The WHO-Promundo review examined the effectiveness of programmes engaging men and boys in SRH; HIV prevention, treatment, care and support; fatherhood; GBV; maternal, newborn and child health; and gender socialisation.

¹² UNFPA: *Guidance note on sharing good practices in programming*

¹³ UNFPA *Strategy and Framework for Action to Addressing Gender-Based Violence 2008-2011*. p.4, 19 and 24. See also www.unfpa.org/webdav/site/global/shared/.../2009_add_gen_vio.pdf.

¹⁴ Documented good practice that involves men and boys (in different roles and areas) in programming as a strategy for more efficient GBV prevention and response efforts in conflict, post-conflict and humanitarian settings.

¹⁵ Actors (persons and organisations) that are particularly important in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings.

¹⁶ Demonstrated progress and/or results by involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings.

¹⁷ Documented good practice for involving men and boys in GBV prevention and response which is relevant to UNFPA programming, operational/management areas and priorities.

¹⁸ Good practice involving men and boys that seek to address the underlying causes of GBV in conflict, post-conflict and humanitarian settings. Gender transformative practices include interventions that sought to promote equitable relationships, challenge gender norms and change gender relations. This is closely linked to addressing underlying causes of GBV, most notably negative perceptions of masculinity associated with dominance over women and violence.

¹⁹ World Health Organisation. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva:WHO, 2007.

This review rated interventions using the following categorisations.²⁰

- *gender neutral*: the intervention made no distinction between men and women and the existence of gender-norms influencing men's behaviour; men were just another target group;
- *gender sensitive*: the intervention recognised the role of gender norms/structures in influencing men's behaviour, and may have discussed/highlighted them, but little attempt was made to challenge or transform them; and
- *gender transformative*: the intervention sought to promote equitable relationships, challenge some male gender norms and somehow change gender relations.

The programmes that were categorised as "gender transformative," (27 out of the 57 analysed) based on the above rating, were found to be most effective in achieving attitude or behavioural change.²¹

2.1.1.1 Rating scale

Based on information in the desk review, the sub-regional survey with UNFPA country offices, and the Uganda case study, the programmes and actors highlighted in the findings of the study (chapter 3) were rated in the chosen seven key good practice criteria above. The ratings should be seen as highlighting good practice and providing an opportunity to identify areas for improved programming. However, additional, more detailed information might alter the results of the ratings because the information on which they are based was gathered from a limited number of sources (specific survey answers and interviews for the sub-regional survey and Uganda case study). Moreover, the information covers the September to December 2011 period, and the programmes and actors could have been modified since then.

If an organisation or programme had fulfilled five, six or seven of the seven criteria, it was considered good practice (except for the sub-regional survey which only included six criteria, in which case, five or six fulfilled criteria was considered good practice). If it had fulfilled three or four of the criteria it was considered promising practice. Only programmes that were considered good or promising practice were included in the findings of this report. See chapter 3 for the actual rating.

2.1.2 Other documented good practice

Several other useful good practices were encountered in the data gathering phases for the subject matter of the study. Some of these key practices are mentioned below, and highlighted in chapter 3 where they are illustrated by key programmes for involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings.

Key good practices for involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings are programme sustainability²³ and addressing and increasing women's rights and empowerment. Oxfam's policy 'Gender Equality and Men' (GEM),²⁴ highlights

Creating safe spaces where men can meet. In a public environment, men are less likely to talk openly and honestly, and are very unlikely to show their vulnerability

²⁰ Adapted from Gupta G. R., Whelan D. & Allendorf K. *Integrating gender into HIV/AIDS programmes: review paper for expert consultation*. Geneva: WHO, 2003. http://www.who.int/gender/hiv_aids/en/Integrating%5B258KB%5D.pdf (Accessed 2 October 2011).

²¹ World Health Organisation. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: WHO, 2007.

²² World Health Organisation. *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: WHO, 2007.

²³ Good practice that increases the long-term outcome and impact of preventing and responding to GBV in conflict, post-conflict and humanitarian settings.

²⁴ See http://www.africanfathers.org/print_version.php?p_id=432.

good practice relevant for male involvement in GBV prevention and response. These good practices are also illustrated in the findings of the study. These include:

- Engaging men in gender equality work via positive messages that promote awareness and understanding among them. The language of blame should be avoided and replaced by a language that encourages positive involvement. However, such an approach must not avoid addressing some men's negative or harmful behaviours.
- Engaging with men's emotional and personal lives so as to not conform to restrictive definitions of masculinity.
- Creating appropriate venues and times when men congregate – such as at sports events and religious celebrations, in workplaces, and in social locations such as bars or cafes.
- Creating safe spaces where men can meet. In a public environment, men are less likely to talk openly and honestly, and are very unlikely to show their vulnerability.
- Men's groups also have much to learn from building alliances with feminist groups. Such alliances can reduce the risk that men will strengthen traditional masculinities and illustrate how men's and women's interests can be shared.

*The UNFPA Strategy and Framework for Action to Addressing Gender-based Violence, 2008-2011*²⁵ identifies UNFPA commitments to men and boys which are relevant to this study and highlights the following good practice in terms of strategies and methodologies for programmes:

- Multi-sectoral, holistic approaches to preventing and responding to sexual and other forms of GBV during emergencies. *This can also be linked to the ecological approach.*²⁶
- Building on its niche and experience of working on issues of masculinity and male outreach that systematically incorporate components with tailored interventions and messages for men and adolescent boys on gender equality and zero tolerance for violence against women in the programmes it supports, including those related to HIV prevention.
- Strengthening the role of male advocates and opinion leaders under a framework of social change, at policy and community levels and through the mass media, to raise public awareness and foster a culture of non-violence and human rights.
- Launching public education and mobilisation campaigns by and for men opposed to violence against women, in collaboration with women's groups, and explicitly targeting male notions of entitlement and negative masculine norms that perpetuate GBV.
- Institutionalising sensitisation on violence against women and gender issues in the policies and training programmes of large-scale, formative, male-dominated institutions such as the armed forces and the police.

²⁵ *UNFPA Strategy and Framework for Action to Addressing Gender-based Violence, 2008-2011* at 4, 19 and 24. See also www.unfpa.org/webdav/site/global/shared/.../2009_add_gen_vio.pdf.

²⁶ Good practice which involves addressing GBV holistically and seeing the linkages between different levels, actors and sectors of society. An ecological approach (or model), which involves a holistic view of GBV, was referred to as reliable good practice by different informants in the study process. This is because it looks at GBV from different angles, generating an understanding based on the relevant context. The ecological model provides a method for understanding some of the key factors that contribute to women's and girls' risk of violence. The model is structured on four levels of risk: individual, relationship, community and society. It highlights the importance of understanding the interaction of biological, psychological, social, cultural, economic and political factors that enhance women's and girl's probability for experiencing violence and men's likelihood for perpetrating violence. The ecological approach should be grounded in human rights. It should also be multi-sectoral and act on all levels of society so that GBV is addressed from different angles, using overall available resources. See more information on United Nations Entity for Gender Equality and the Empowerment of Women: <http://www.endvawnow.org/en/articles/647-key-theoretical-models-for-building-a-comprehensive-approach.html>. Last accessed December 2011. You can also find more information on Sage Journals online, <http://vaw.sagepub.com/content/4/3/262.abstract>. Last accessed December 2011. *Violence Against Women: An Integrated, Ecological Framework* Violence Against Women, June 1998. p. 262-290.

2.2 Desk review of key actors and programmes

The first part of the study involved a desk review to provide an overview of key actors, programmes and resources involving men and boys in GBV prevention and response in Africa. See *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa* for the complete desk review.

2.2.1 Purpose

The purpose of the desk review was to get an overview of key actors and programmes that involved men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings in Africa in order to compile good practice to improve programming.

2.2.2 Scope

In the first phase, the desk review included resources for good practice on involving men and boys in GBV prevention and response in a more inclusive way and covered the whole African continent. In the next phase, more focus was given to the UNFPA nine priority countries in the ESA region in conflict, post-conflict and humanitarian crises, as well as countries which stood out positively during the first phase. Information gathered from the first phase was used as a springboard for finding new and richer sources of information.

For example, the first phase showed that Raising Voices is an organisation that includes men and boys in its initiatives. The second phase identified programmes in which Raising Voices and its implementing partners were involved. More in-depth research and follow-up on sources already located was then done for quality assurance, to try and capture the most important good practices found in each country.

The scan for documents was mainly done via internet search functions and key web pages (such as www.endvawnow.org). Research methodology included using key words and phrases, such as, "involving men GBV". A search for relevant organisations was also used, for example, "MenEngage Africa". The search engine used was predominantly Google, using key words such as, "GBV, conflict, post-conflict, humanitarian, involving men."

To find the various good practices, Sonke also contacted some of its partners in the MenEngage Africa Network and sent e-mail inquiries to key organisations involved in working with men and boys in GBV prevention and response to receive additional input. Responses were gratefully received from members of the MenEngage Africa network such as the Rwandan Men's Resource Centre (RWAMREC) and Boys and Men's Network. Other key contributing organisations include Care Burundi, Promundo United States, Men's Resources International, International Centre for Research on Women and EngenderHealth. In-house staff experts were also asked to identify good practice in the area and region.

2.2.3 Data analysis

The desk review data analysis was structured according to the following selected good practice criteria:

1. involving men and boys as a key element
2. relevance of the programme to UNFPA programming (including SRH),
3. replicability in terms of the context (conflict, post-conflict and humanitarian settings),
4. whether there was gender transformation that resulted (or as a long term objective) from the programme and whether underlying causes of GBV were addressed,



5. whether there was collaboration with key partners in the subject area,
6. whether the programme indicated any progress and results, and
7. whether it produced any resources (tools, guidelines, etc).

If an organisation or programme fulfilled five, six or all seven of the criteria following an analysis, it was listed as good practice. Another section in the desk review contains actors and programmes which have not been assessed thoroughly against good practice criteria due to time constraints. The actors and programmes included in this section, however, did contain elements of good practice criteria (such as a particularly good example or an innovative approach). The desk review also contained a compilation of relevant resources produced by the programmes on the involvement of men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings, such as *African Transformations*.²⁷



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²⁷ See <http://www.endvawnow.org/en/articles/219-community-mobilization-outreach-and-mass-media-.html>. Accessed December 2011.

2.2.4 Content of the desk review

Actors and programmes in the desk review encompass a wide range, including key community-based campaigns (CBOs), behaviour change communication (BCC) campaigns, awareness and training programmes, Men's Action Groups (MAGs) and community and religious leaders. Countries involved include Angola, Burundi and DRC, Ethiopia, Kenya, Malawi, Rwanda, South Africa, South Sudan, Uganda, Zambia and Zimbabwe. Good practices were also drawn from resources such as tools, policy documents, guidelines, evaluations, training material and programme documents.

2.3 Sub-regional survey with UNFPA country offices

The second part of the study involved a regional survey with UNFPA country offices which covered documenting successful programmes, useful resources and country needs in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. See *Regional Survey with UNFPA Country Offices on Good Practice involving Men and Boys in the Prevention and Response to Gender-Based Violence in Conflict, Post-Conflict and Humanitarian Settings* for the results of the regional survey.

2.3.1 Scope

The selection of informants and the geographical scope of the survey were determined by the UNFPA Africa sub-regional office in Johannesburg, South Africa. The geographical span of the regional survey included the UNFPA country offices in the following nine countries in the Eastern and Southern Africa Sub-region: Angola (post-conflict), Burundi (post-conflict), DRC (conflict/post-conflict), Ethiopia (humanitarian), Kenya (humanitarian/post-conflict), Rwanda (post-conflict), South Sudan (humanitarian/conflict), Uganda (post-conflict) and Zimbabwe (humanitarian/post-conflict). The informants included UNFPA programme officers and gender focal points in the UNFPA country offices in the nine selected countries.

2.3.2 Survey

The sub-regional survey was an online, semi-structured survey. The survey included open-ended questions and the option for informants to add extra, relevant information, which elaborated on the answers given or provided examples.

The survey format followed a pattern which started with categorical questions for the informants (such as age, sex, position, experience, etc.) followed by questions using a Likert scale. The subsequent questions were more detailed and open-ended and required more time to complete. These questions were mainly concerned with describing an existing and successful programme in more depth and listing key resources for involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. Other areas focused on how UNFPA partner and in-house capacity could be supported at the country level and how the analysis of underlying causes informed programming. The setup of the questions was chosen to gradually increase the level of difficulty of the questions.

The survey was first tested with internal staff at Sonke Gender Justice Network and revised. It was subsequently shared with the focal points for the study at the Africa sub-regional UNFPA office in Johannesburg and revised according to their feedback. The survey was provided both as an online survey and as a PDF file in case the internet connection was insufficient. The information gathered was to be treated confidentially and the official reports of the study would not single out individual informants by name. Country level results are however disclosed.

Out of the nine countries invited to participate in the survey, eight countries answered within eleven days (one respondent from Burundi, Angola, Zimbabwe, Rwanda, Kenya, Ethiopia and Uganda each, and three respondents including those from regionalised offices from DRC). In the end, eight of nine countries responded (South Sudan did not answer).²⁸

2.3.3 Purpose and data analysis

The purpose of the sub-regional survey was to:

1. Compile lessons learned and good practice (including tools, guidelines and other useful material) on male involvement in GBV prevention and response in humanitarian settings for effective programming;
2. Identify progress made in implementing interventions which address underlying causes of GBV (such as norms and attitudes regarding masculinities leading to GBV and gender inequality resulting from socialisation processes and childhood experiences, patriarchal pressures, access to and control over resources, as well as decision-making processes within the family, community and society);
3. Identify strategies for scaling up good practices;
4. Validate findings and add valuable documents to the desk review; and
5. Collect information regarding UNFPA country offices' interest in and support needs for involving men and boys in GBV prevention and response.

In the first stage the survey answers were grouped depending on the purpose they were linked to. The data was then reviewed and additional themes were identified and defined when needed. Differences on country level were highlighted when relevant.

2.4 Case study in Uganda

The third part of the study involved more in-depth data collection on location in Uganda including interviewing UNFPA staff, implementing partners, community leaders and beneficiaries of potentially successful programmes on involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. See *Sonke Gender Justice Network Mission report: Uganda field study on involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings* for the Uganda Mission report, and *Interview guides for Case study: lessons learnt and identification of good practice on male involvement in GBV prevention and response in Northern Uganda*.

2.4.1 Purpose

The purpose of the field research/case study in Uganda on involving men and boys in GBV prevention and response in humanitarian, conflict or non-conflict settings was to attain:

1. More in-depth, documented good/promising practices from an actual programme/initiative;
2. An analysis on how the programme/initiative is effective in addressing underlying causes;
3. A collection of promising resources that have been developed/used for effective programming within the specific programme/initiative;
4. Documented strategies for scaling up good practices that have been used within the chosen programme/initiative.

²⁸ For a more extensive presentation of the findings per country see the inception report of the study.

Qualitative methods were applied since the main purpose of the study was to document good practice and not necessarily to provide generalisations based on the data.

2.4.2 Scope

In order to collect more in-depth data regarding good practice on involving men and boys in GBV prevention and response with the resources available, a single country needed to be chosen for field research. Since the purpose of the study was explorative (to document good practice and progress of men's and boy's involvement in GBV prevention and response), the country to be chosen for further study needed to indicate experience within the area. Following the nature of the study and the country priorities of UNFPA, the following criteria were deemed useful for identifying the country for further field research:

1. The country is in conflict, post-conflict or humanitarian crisis.
2. The desk review (including dialogue with partners) in the region will have indicated that the specific country provides examples of relevant actors and experiences (such as projects, studies/evaluations, tools, guidelines) in involving men and boys in GBV prevention and response.
3. The country should have a strong local partner to liaise with during the field research (such as an experienced MenEngage country network involved in engaging men and boys in GBV).
4. The country should be among the nine UNFPA priority countries for the sub-regional survey of country offices (which will provide further contact details for in-country research). The choices were therefore narrowed down to Angola, Burundi, DRC, Ethiopia, Kenya, Rwanda, South Sudan, Zimbabwe or Uganda.
5. It is advantageous if there are relevant related projects under way in the country since this could increase sustainability and build on in-country results from this study.
6. The country has answered the UNFPA country office survey and the survey has indicated examples of good practice and hence indicated an interest in taking the results of the field research forward to enhance sustainability.

After reviewing the nine different countries against the defined criteria, the final choice for the pilot study was Uganda. The country included different settings, including post-conflict situations. Examples of good practice were indicated to a high extent in the desk review and Sonke had strong national partners in that country, such as the UNFPA country office. It was one of the UNFPA priority countries and relevant projects were under way. UNFPA Uganda also answered the survey and indicated good practices.

2.4.3 Focus group discussions

Focus group discussions were chosen as the methodology for collecting data from the informant group of beneficiaries because they provide the opportunity to collect a variety of perspectives from a group of participants who share similar characteristics. The method also allowed for information of a more social or common level because participants were interacting amongst each other and not only with the researcher. Focus group discussions allow for spontaneity and new information to arise since the informants were not limited by predetermined and fixed alternative answers to choose from. The beneficiaries were expected to share more information on "what is happening on the ground" in terms of the chosen programmes.²⁹

²⁹ Focus groups are however not optimal for mixed groups since informants increasingly censor their views in the presence of people who differ from them. People also often avoid conflict and strive to be polite, which is why focus groups do not provide reliable data on topics that evoke strong feelings.

Focus group discussions³⁰ took place with two informant groups of beneficiaries (women and men separately) for programmes which stood out in terms of good practice in involving men and boys in GBV prevention and response in the country. The participants were invited by implementing partners and volunteered to be involved in the focus group discussions. The size of the groups (18 women and 14 men) was larger than the 8-12 participants expected.

2.4.4 In-depth interviews

In-depth interviews were chosen since they can be particularly helpful for gathering detailed information about a new issue - involving men and boys in GBV prevention and response can be regarded as a relatively new programmatic field. This method is also useful for assessing an individual's thoughts, experiences, behaviours and understanding of a programme's activities, outcomes and processes. Interviews are often used to offer a more complete picture of what happened in the programme and why. In-depth interviews can complement focus groups in cases when there is a need to distinguish between individual and group opinions about the programme. However, bias is a common methodological disadvantage with this method, for example, when staff might want to "prove" that a programme is working.

In-depth interviews³¹ were conducted with community leaders, implementing partners and programme officers linked to programmes which stood out in terms of good practice in involving men and boys in GBV prevention and response in the country. The UNFPA sub-regional office was responsible for identifying the relevant UNFPA programme officers to be interviewed. The choice of informants was intended to represent relevant stakeholders and their opinions.

2.4.5 Interview guides and data analysis

The actual interview questions were different depending on the informant group. The overall theme for the research headings was *good practice* and a few criteria for good practice³² were selected as actual research headings³³:

- Men's involvement (areas and roles);
- Relevance;
- Replicability (including relevance to other conflict, post-conflict and humanitarian settings);
- If the programme is gender transformative and addresses underlying causes of GBV;
- Key partners;
- Progress and results;
- Challenges; and
- Resources stemming from the programme.³⁴

The structure of the interview guide allowed for assessment of a particular programme against established good practice criteria and facilitated the process of documenting good practice. The interview guides (one for each method and informant group) included research headings followed by key questions. The interviewer used the interview guide³⁵ to assist the informants in discussing the issues. However, the informants' answers were open-ended and new themes and questions could be developed during the progress of the semi-structured focus group discussions and interviews.

³⁰ One key document used for this section is *Methodology Brief on Focus Group Fundamentals* by Nancy Grudens-Schuck, Beverly Lundy Allen, and Kathlene Larson, Departments of Agricultural Education and Studies and Sociology, File: Communities 7-3, University Extension, Iowa University, May 2004. It can be accessed on: <http://www.extension.iastate.edu/publications/pm1969b.pdf>

³¹ One key document used for the section on in depth interview is: *Pathfinder International Tool Series, Monitoring and Evaluation – 2 Conducting in depth interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input*, by Carolyn Boyce, MA, Evaluation Associate and Palena Neale, PhD, Senior Evaluation Associate, May 2006. It can be accessed on: http://www.esf-agentschap.be/uploadedFiles/Voor_ESF_promotoren/Zelfevaluatie_ESF-project/m_e_tool_series_indepth_interviews.pdf

³² Taken from the Inception report of the case-study and the *UNFPA Guidance note on sharing good practices in programming*.

³³ Not all the research headings were relevant for all informant groups.

³⁴ These research headings stem from the *UNFPA Strategy and Framework for Action to Addressing Gender-Based Violence 2008-2011* and the *UNFPA Guidance note on sharing good practices in programming*.

³⁵ For the complete interview guide see *Interview guides for Case-study: lessons learnt and identification of good practice on male involvement in GBV prevention and response in Northern Uganda*.

The collected data mainly includes excerpts from the in-depth interviews and focus group discussions, which were recorded and summarised by a note taker. In order to analyse the empirical data it was necessary to reclassify it into smaller components. This was done through reviewing the participants' responses and identifying patterns or central themes from the discussions, which were then coded and put into different categories.³⁶ Sometimes the themes used in the main findings section coincide with research headings, but new ones were also added depending on informants' feedback. The themes focus on the content of the discussions by the participants.

2.4.6 Mission overview

The key contacts from the UNFPA country office in Uganda made the field visit possible by facilitating the process and making the logistical and practical arrangements, including setting up the interviews. During the Sonke research team's³⁷ seven day stay in Uganda, around 50 people (about half women, half men) involved in programmes that include men and boys in GBV prevention and response in Uganda were interviewed.³⁸

Organisations and implementing partners who were interviewed included UNFPA country office staff, Raising Voices³⁹, American Rescue Committee (ARC), Icon (Icon Women and Young People's Leadership Academy) and ACORD (Agency for Cooperation and Research in Development) and COAD (an organisation connected with ACORD). The study took place in Kampala, Gulu and Kitgum, with community leaders and beneficiaries being interviewed in Kitgum.

UNFPA's role regarding GBV programmes in Uganda is mainly facilitative and focuses on co-ordination, strengthening partnerships, capacity building and providing technical support to non-governmental organisations (NGOs), government organisations and the development of programmes, including data collection and referral services. UNFPA is also involved in mainstreaming GBV and advocating for GBV policies and laws at all levels of government, including addressing GBV concerns within institutions such as law enforcement institutions.

The implementing partners have developed, among other things, programmes and strategies that are aimed at raising awareness and providing sensitisation through community dialogue and using social contracts and media as methods of involving men in GBV prevention and response. This entails mobilising men and getting them to discuss issues around GBV and SRHR in order to change men's behaviours and attitudes. In this way, links are made between GBV, HIV, SRHR and human rights in order to address these interrelated issues and create positive changes at multiple levels. Empowerment of both women and men is also a key part of UNFPA programming in order to address the economic violence aspect of GBV. Positive messaging was also used through various forms of media, most notably radio, drama and printed forms. Football tournaments were used as a platform for reaching youth (and indirectly, adults) with messages aimed at changing perceptions around masculinity and how to use masculinity in positive ways. As a strategy for getting men to buy into these programmes, community leaders and role models encouraged men to participate.

The Sonke research team went through an initial half-day training at the University of the Witwatersrand, Johannesburg, to establish a common knowledge base prior to departure. The training and a subsequent briefing package included, among other things; an introduction to the study and its context, an introduction to the data collection techniques which were to be used, how to approach sensitive issues, and a discussion on ethical issues.

³⁶ Kvale, Steinar, *Den kvalitative forskningsinterviewun. (The Qualitative Research Interview; Sonke's translation) Lund: Studentlitteratur, 1997.* p. 174-180.

³⁷ The research team from Sonke consisted of Nkonzo J. Khanyile (Team leader and Coordination Officer), Jean-Marie Nkuruzisa (Researcher) and Tabitha Paine (Researcher). Seynabou Tall and Maja Hansen reviewed the field questionnaires.

³⁸ 7 UNFPA Uganda country office staff, 6 representatives of implementing partners, 5 community leaders and 32 (18 women and 14 men) beneficiaries were interviewed (community leaders and beneficiaries sometimes overlapped).

³⁹ Raising Voices was consulted as an expert organisation working extensively with the SASA model (see main findings) and was approached by Sonke.



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3

Main research findings: documenting good practice

This chapter presents key findings from this study on good practice in involving men and boys in preventing and responding to GBV in conflict, post-conflict and humanitarian settings.⁴⁰ The three methodological steps (the desk review, the UNFPA country office sub-regional survey and the field research in Uganda) form the separate sections of this chapter.

The findings presented consist of:

- Descriptions of relevant findings/examples of good practices involving men and boys in preventing and responding to GBV in conflict, post-conflict and humanitarian settings.
- A brief overview of how selected programmes/actors are rated in regards to how they fulfil the seven selected good practice criteria for involving men and boys in preventing and responding to GBV in conflict, post-conflict and humanitarian settings. The seven good practice criteria include: replicability and relevance to other conflict, post-conflict and humanitarian settings; male involvement; fostering relevant partnerships; demonstrated progress and results; developed tools or research; relevance to UNFPA programming and priorities and gender transformation; and addressing underlying causes of GBV. It is stated if the programme is an example of good (five, six or seven of the criteria fulfilled) or promising practice (three or four of the criteria fulfilled). A recommendation on how to improve programming is highlighted. Note that only six good practice criteria were used for the rating of the sub-regional survey (all apart from relevance to UNFPA programming).

The findings are presented in a qualitative and descriptive manner and are not quantified for generalising purposes. It is important to bear in mind that many of the findings presented are opinions and impressions of the informants (often UNFPA staff or UNFPA partners) as recorded by the research team.

3.1 Desk review

3.1.1 Examples of good practice on involving men and boys

- As part of good practice, the **ecological approach** (a multi-sectoral approach addressing GBV from different angles, using overall available resources) should be used. The UNFPA's Plan of Action for Kebri Beyah and Shimelba Refugee Camp (northern Ethiopia)⁴² used such a multi-sectoral approach by recognising that GBV response requires the involvement of health, psychological, legal and security sectors in order to be effective.
- When it comes to the **different methods of involving men and boys** in GBV prevention and response in conflict, post-conflict and humanitarian settings, the Padare programme (Enkudleni Men's Forum, Zimbabwe) is a positive example that involves men through repeated exposure to certain messages related to GBV prevention. COMEN's (Congolese Men's Network) work also provides an interesting example which includes encouraging recognition in the community of

⁴⁰ Some areas relevant to GBV in conflict, post-conflict and humanitarian settings (most notably economic violence, refugees and IDPs, rape and torture) have not been discussed extensively in this study due to the lack of information recovered from the three phases (desk review, sub-regional survey and Uganda case-study) that made up the study.

⁴¹ See more information on United Nations Entity for Gender Equality and the Empowerment of Women: <http://www.endvawnow.org/en/articles/647-key-theoretical-models-for-building-a-comprehensive-approach.html>. (Accessed December 2011). You can also find more information on Sage Journals online, <http://vaw.sagepub.com/content/4/3/262.abstract>. (Accessed December 2011.) *Violence Against Women: An Integrated, Ecological Framework Violence Against Women June 1998 4: 262-290.*

⁴² UNFPA GBV Assessment Report: *Kebri Beyah Refugee Camp Somali Region and Shimelba Refugee Camp Tigray Region, Ethiopia, 2007*. p.8, 18 and 20. See also www.unfpa.org/emergencies/docs/gbv_assessment_ethiopia.pdf. (Accessed October 2011).

the effects of male violence in order to change the GBV norms within the community. COMEN uses multi-media involvement. Some media, such as radio, are widely accessible in different settings and can be used regardless of a population's literacy levels. This strategy hence has the potential to be replicable.

Padare is an organisation for gender justice and the elimination of all forms of gender-based discrimination in Zimbabwe (conflict setting).

Padare fulfils six of the seven good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of involving men and boys, it does this through targeted and repeated exposure to ideas/messages about GBV prevention. It is relevant to UNFPA programming since it uses a holistic approach to development interventions, fostering the building of networks and interconnectedness amongst the whole community in the struggle towards gender justice. It is replicable because it mobilises and implements its interventions through community-driven structures. It aims to be gender transformative by using a strategy that challenges assumptions that enforce GBV (such as the notion that violence against women is acceptable). Therefore, Padare endeavours to analyse root causes of GBV. Padare creates partnerships by building networks. Furthermore, Padare has undertaken comprehensive research in order to better understand the gender dynamics that form the basis for men's negative behaviours.

Following the information searches it appears that increasingly demonstrating progress and results (and making this available) could enhance Padare's programming. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

Congolese Men's Network (COMEN) strives to have a peaceful society where women and men share responsibilities for raising families and governing society in equality and respect, through the mobilisation of Congolese men to support women's leadership, end men's violence, and act as role models for a positive masculinity.

COMEN fulfils all seven good practice criteria making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. One of the key strategies it uses in male involvement is promoting positive attitudes and responsible behaviours towards non-violence, peace building and gender equality. COMEN uses community awareness programmes that mobilise Congolese society to oppose violence against women and girls. Men are seen not only as the main perpetrators of violence but also as valuable partners in the fight against all forms of violence against women and children. It is relevant to UNFPA programming by providing a resource hub on gender and HIV and AIDS, and by running capacity building programmes and advocacy trainings. In terms of developing partnerships, it has built synergies between men and women's organisations for effective peace building and the prevention of GBV, and it has partnered with the local print, broadcast, and electronic media. Its multi-media strategy is adaptable and therefore replicable because such a communication strategy can be adapted to local cultures. The various forms of media, such as radio, are also widely accessible according to geographical location, literacy levels, etc. COMEN's programmes aim to be gender transformative through the establishment of resource centres, which provide information on positive masculinity, and via mentorship programmes for adult men to support young men in healing from violence and developing positive masculinities, and as a means of providing psychosocial support. Furthermore, a survey was conducted about people's attitudes towards masculinities and behaviour in order to track the programme's progress and results. Through research, COMEN provides resources, including tools, materials on non-violence, peace building and gender equality. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

- Stepping Stones (a programme which has a training package/programme on gender communication and HIV, used regionally in Africa and elsewhere) provides an example of **participatory learning approaches**: it encourages participants to think about their own lived experiences in relation to GBV issues. Therefore, each Stepping Stones workshop is unique, depending on the specific lived experiences of the participants in that particular community. This enables participants to develop their own solutions that are specifically relevant to their concerns. This participatory approach is a form of informal learning through shared discussions and accompanying creative activities. Participants discuss their experiences, act them out, analyse them, explore and consider alternative outcomes, develop strategies for achieving them and then rehearse these together and reflect on them in a safe, supportive group.
- **Identifying good venues for involving men and boys** is important to increasing their participation and getting them onboard. Approaches that used safe spaces and gendered dialogues, such as MEGEN's Men to Men campaign in Kenya were successful through creating an environment of understanding.
- There is an issue around whether community dialogues and workshops should **address men and women together or separately**. The strategy of Uganda's CEDOVIP (Centre for Domestic Violence Prevention) is to create supportive environments through which to influence change in attitudes, behaviours, policy and practice to uphold women's rights and safety. The strategy entails not only that sessions take place in groups of the same gender and age, but also that the facilitators are of the same gender and similar age. This programme actively involved men and boys as allies in order to generate behavioural changes.

Centre for Domestic Violence Prevention (CEDOVIP) is a civil society organisation aimed at preventing domestic violence by working closely and over an extended period of time with a cross-section of community members to change attitudes and behaviours that perpetuate violence against women.

CEDOVIP fulfils all seven of the good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of involving men and boys, it works closely and over an extended period of time with a cross-section of community members and leaders, which include men and boys, to re-think their use of power. The programmes focus on the collective responsibility and respect for women's rights. It is relevant to UNFPA programming since it is grounded in a human rights framework, targets key institutions and professional sectors (such as health services), plays a coordination and capacity-building role and tries to influence change in policy and practice within government institutions. It is replicable in that it gathers baseline information to develop the programme based on the community's needs and context, and builds networks to empower individuals. This allows for adaptation to the specific needs of that community or individual. The programme's sustainability, continued growth and progress depend upon how the programme continues to adapt to the changing context of the community, including its transition from a conflict to a post-conflict setting, for instance. It aims to be gender transformative by working over a long period of time and allowing for the internalisation and rooting of positive gender norms and understandings of masculinity. It similarly tries to systematically change the institutional and structural causes of GBV. CEDOVIP creates partnerships by building networks of support, action, and strength to empower individuals to take action and make change as well as through co-ordination and capacity building of civil society organisations and in local government structures. More than 400 community members participated in interviews, focus group discussions, and questionnaires during CEDOVIP's community assessment of attitudes and beliefs, demonstrating that there is progress being made. In terms of tools, The SASA! Activist Kit for Preventing Violence against Women and HIV (SASA: Start, Awareness, Support, Action) is a tool that was used by CEDOVIP in partnership with Raising Voices.

Based on the information available it appears that CEDOVIP could further develop useful tools and resources. For more details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

The Stepping Stones programme for HIV prevention aims to improve sexual health through building stronger, more gender-equitable relationships with better communication between partners. It was developed between 1993 and 1995, mainly in Uganda, through working with a rural community. It uses a gender transformative approach designed to improve sexual health through building stronger and more gender-equitable relationships among partners.

Stepping Stones fulfils six of the seven good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. Stepping Stones uses an ecological approach in its programming. It is relevant to the UNFPA's work because its areas of focus are the prevention of GBV, and issues related to SRH, including HIV and AIDS. In terms of male involvement, the programme targets men, women and youth in community awareness, sensitisation, and capacity building workshops. One successful aspect of Stepping Stones' strategy is that it has been widely adapted and translated by many different organisations, and consequently it can be replicated in different contexts, including conflict, post-conflict and humanitarian settings. Furthermore, Stepping Stones has a training package in gender, HIV, communication and relationship skills. It is also sometimes described as a life-skills training package and uses participatory learning approaches to increase knowledge of sexual health and build awareness of risks and the consequences of risk-taking, thereby simultaneously promoting changes in attitudes and actions at multiple levels of the community. It is gender transformative because it was designed in response to the vulnerability of many women and young people in decision-making regarding sexual behaviour, through men's gendered patriarchal domination of women and older people's generally repressive attitudes towards youth. Regarding progress and results, the impact of Stepping Stones was highlighted in a recent UNAIDS/ATHENA publication as one of the key case studies about a coalition of women living with HIV and/or AIDS in Malawi. The manual *Stepping Stones: A training package in HIV/AIDS, communication and relationship skills*, is the main tool for the programme

In terms of how programming can be improved, Stepping Stones could build more partnerships, particularly with women's organisations. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

- For **replicability and relevance** to other conflict, post-conflict and humanitarian settings, tailoring programmes⁴³ is a method that can be used in order to make the programmes applicable in different contexts. The Men's Travelling Conference and Men's Night Campfire Conference (with FEMNET, a network that operates regionally, including in Rwanda and Kenya) use discussions and awareness-raising, and provide examples of how to use materials developed in local languages, thereby adapting to local contexts. Stepping Stones (see box above) depends entirely for its success on its grounding in local knowledge, locally defined current and historical contexts, and the local experience of that context as explored and analysed by local participants themselves during the course of their workshop.
- In order for programmes to be effective in the long term, they should be **gender transformative and address underlying causes of GBV**. This is especially so for programmes based in conflict, post-conflict and humanitarian settings due to the instability of these contexts. This instability increases the need to address the underlying causes of GBV, because any change in attitudes and behaviours must withstand such instability. In terms of **identifying the underlying causes**

⁴³ Men's behaviour is informed by men's context. Therefore, strategies, programmes and interventions must be adapted and tailored so that they are appropriate to their environment.

of GBV, the MenEngage Africa network⁴⁴ is an example of an actor that conducts research in order to develop an understanding of underlying causes such as different forms of detrimental masculinities, the role of gender socialisation and the connection between hegemonic versions of masculinities and men's sexual exploitation of women and children. COMEN also carried out a survey on people's attitudes towards masculinity and violence in order to address and understand this phenomenon.

- Encouraging and supporting men to take a **more active role in family life (remoulding gender roles)** as positive parental role models is another way of challenging negative masculinities. An example of this strategy being put to use is in the MenCare Fatherhood campaign, which works with regional networks such as Promundo, Sonke Gender Justice Network and MenEngage.⁴⁵
- The SASA! Activist Kit for Preventing Violence against Women and HIV (SASA: Start, Awareness, Support, Action),⁴⁶ which is designed to be used in multiple contexts, including conflict, post-conflict and humanitarian settings, was repeatedly pointed out as a valuable resource by the informants during the process of this study, both for GBV prevention and response in general as well as for involving men and boys. Raising Voices⁴⁷ developed the SASA approach through the lessons learnt from working on GBV with their implementing partners. It is a phased and feminist approach that seeks to address power imbalances and power relations. By doing this, it seeks to address the underlying causes of GBV and therefore its end goal is to effect gender transformation.

3.2 Sub-regional survey⁴⁸

3.2.1 Examples of good practice on involving men and boys

UNFPA country offices in conflict or post-conflict settings in Burundi and DRC expressed in the sub-regional survey that stability (ensuring safety and security) is a key success factor for the involvement of men and boys in GBV prevention and response. Stability is of course a key challenge in conflict, post-conflict and humanitarian settings.

⁴⁴ MenEngage Africa, a regional network, was formed in 2006 with the goal of working in partnership to promote the engagement of men and boys in achieving gender equality, preventing HIV, promoting human rights and reducing violence. In particular, the network aims to promote collaboration and resource sharing among organisations and support joint advocacy and policy initiatives.

⁴⁵ Another method of involving men and boys is to **focus on the benefits for men and boys** and to connect these benefits to the **everyday life** of men and boys. African Fathers (the Future Fathers Initiative, which operates in various conflict and post-conflict countries in Africa, including DRC, Rwanda, Uganda and Sudan) has a similar aim of emphasising the positive aspects of fatherhood and encouraging men to care for their children in contrast to solely focusing on the highly visible cases of abuse and neglect.

⁴⁶ The SASA tool (see <http://www.raisingvoices.org/sasa/approach.php>), was developed by RaisingVoices through the lessons learnt on working on GBV from their implementing partners. It is a phased, comprehensive and feminist approach that seeks to address power imbalances and power relations and be gender transformative.

⁴⁷ Read more about RaisingVoices on: <http://www.raisingvoices.org/>

⁴⁸ This section includes boxes where programmes linked to UNFPA country offices in the ESA region, were assessed against 6 good practice criteria (excluding relevance to UNFPA programming).



DRC: conflict setting

Based on the information gathered from the sub-regional survey, the UNFPA DRC country programme fulfils all six of the good practice criteria, making it good practice in male involvement in GBV prevention and response in conflict, post-conflict and humanitarian settings. When discussing men's involvement, the country office noted that due to the many years of conflict, men took up roles and positions that were normally occupied by women, for example the nursing profession. Men and boys were involved in the prevention of sexual violence and became advocates for the protection of rights of women and girls. The strategy to use the changing scenery of a conflict setting to change gender roles, to further gender equality and prevent GBV is replicable in other settings.

In terms of progress and results, this project has achieved a lot and has become a model project for other projects in the region and at a national level in developing a national strategy on sexual violence. The project is gender transformative as it tries to address the underlying causes of GBV through different approaches such as community mobilisation activities and awareness campaigns; provision of services to survivors of sexual violence (health, psychosocial, social economic reintegration and legal services); high level advocacy for commitment of the army and police to GBV programmes and sensitisation of uniformed personnel; and the establishment of a special unit against sexual and gender-based violence (SGBV) in the police. UNFPA's role as a coordinating agency in the Joint Project on SGBV in Eastern parts of the DRC has led to the formation of many partnerships with other organisations. This is a multi-sectoral project involving three UN agencies and their operational partners as follows: ministries (gender and social services, justice, human rights, and health), UN agencies (UNFPA, UNICEF, OHCHR, MONUSCO, UNDP, WFP, etc), and over ten international and national organisations. The country office has developed resources, in the form of a collection of data on sexual violence, which is handed over for decision-making and planning purposes to relevant stakeholders.

Security is a major issue that reduces accessibility to services and monitoring of the project. Impunity is a further challenge. Institutions in the DRC are also overwhelmingly male, including many of the local NGOs working on issues of GBV. The country offices need technical support, especially in balancing male involvement to ensure that there is gender equality and not further increasing the inequities. See *Regional Survey with UNFPA Country Offices on Good Practice involving Men and Boys in the Prevention and Response to Gender-Based Violence in Conflict and Humanitarian Settings*.

- Using **men to men outreach**, where men who are knowledgeable about GBV prevention and response engage other men, was considered successful, following the UNFPA sub-regional survey (Zimbabwe and Rwanda). Programmes which link GBV to the everyday lives of men and boys, to which they can relate and are tangible, are more likely to have an impact.

Zimbabwe: conflict setting

The UNFPA Zimbabwe country programme – following on the information from the sub-regional survey - fulfils five of the six good practice criteria, making it an example of good practice in male involvement in GBV prevention and response in conflict, post-conflict and humanitarian settings. UNFPA has been supporting involvement of men and boys in its programmes in the form of HIV prevention, GBV and family planning. A programme outcome (progress and results) includes increasing the capacity of traditional and religious leaders to advocate for women and girls' empowerment. The main focus of this programme is to engage with community leaders, who are predominantly men, in dialogues on positive masculinities and how as leaders they can begin to influence other men towards responsible manhood. A key element of these dialogues is the condemnation of the use of violence in relationships and in the community. Following the community dialogues, these male leaders are encouraged to address their communities and develop commitment charters on zero tolerance towards GBV. The community programme is linked to a mass media campaign on radio and TV, where leaders are leading by example, showcasing and becoming role models for others. The UNFPA country programme is also working through community structures such as the Rural District Councils and the Traditional Chiefs Council. These structures are respected and have authority in the community and are dominated by men, making them ideal spaces to target for transformation. Other components include a broad community mobilisation effort on GBV prevention, increasing availability and quality of GBV services, generating a demand for these services with a focus on early reporting, and a GBV monitoring system. The programme is gender transformative and addresses underlying causes of GBV through dialogues on cultural norms, values and practices which help in examining and revealing how patriarchy leads to unbalanced power relations, a lack of respect for women's human rights and hence the condoning of GBV. Key partners are Padare, and the Ministry of Women Affairs, Gender and Community Development. In terms of progress and results, although the programme is still under implementation, some leaders have responded positively and are promoting gender equality and condemning GBV. Others have adopted gender responsive practices in their traditional courts in addressing GBV cases. Further, in settings with similar institutional structures (in conflict, post-conflict and humanitarian settings), these programmes that are targeting leaders can be replicated.

Programming can be improved by developing resources and tools aimed at involving men and boys in GBV prevention and response.

- The UNFPA Rwanda country office pointed out that targeting youth was a more effective way of addressing **underlying causes to GBV** and that this had informed programming. Research on the role of negative masculinities and GBV was another example of highlighting the causes of GBV in a way that can inform programming. Underlying causes have also informed programming and strategies in Burundi. Examples include working on sharing roles in the household to avoid domestic violence (involve men in household tasks, childcare and reproductive health) and raising children to share equitable roles in the family. UNFPA Uganda also emphasises that underlying causes can inform programming when assessments and baselines are used to check power relations in the community, and analysis using a GBV root-cause tree can determine causes, contributing factors and effects. This, in turn, informs awareness-raising and advocacy strategies. In question and answer sessions and group discussions, men and boys are

encouraged to say what they think the causes of GBV are in their communities. This is also part of the work on increasingly using underlying causes to affect programming. A similar process is used in DRC where activities involve leaders defining the causes of harmful practices in order to reduce them in the community.

- The sub-regional survey identified uniformed personnel as crucial **key partners**. Especially in post-conflict and conflict settings, a country's different security forces (military, police and civilian) are key actors in the fight against SGBV, as protectors and implementers of GBV policies and laws (Rwanda, sub-regional survey). Involving traditional male leaders as role models and agents of change to transform masculinities was also reported as important in the sub-regional survey.

Rwanda: post-conflict setting

In the sub-regional country survey, the UNFPA Rwanda country programme fulfils five of the six good practice criteria, making it good practice in male involvement in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of men's involvement (areas and roles), Rwanda has two One Stop Centres in Kacyiru and Gihundwe Hospital. The One Stop Centre model provides comprehensive services to survivors of SGBV from the hospital catchment areas. Services include medical, psychological, social and legal. The initiative is supported by three UN agencies in the framework of delivering as one approach. UNFPA's contribution is the provision of relevant drugs, equipment and capacity building for staff.

UNFPA also provides technical and financial assistance to youth centres which offer life skills in gender and human rights, including SRHR. Another UNFPA supported programme includes anti-GBV committees which focus on awareness-raising in the community on GBV issues and services offered to survivors (male and female SGBV survivors of all ages). UNFPA also supported the government to formulate a law against GBV, and develop training modules on gender and human rights.

When it comes to replicability, Rwanda is a post-conflict setting and provides services that have been tailored to post-conflict settings. The One Stop Centres are replicable, but the model is expensive, which creates a barrier to replication. The model is gender transformative and addresses underlying causes of GBV through support for research into the role of negative masculinity and GBV. The culture of silence is breaking slowly as reflected in the increased number of reported cases (progress and results). There seems to be (i) an increased percentage of those seeking services to deal with violence due to increased knowledge and increased quality of services for survivors of violence, (ii) greater percentage of admissible forensic interviews thus leading to increased percentage of convictions, (iii) improved resilience among survivors and families, and decreased incidence of acute traumatic stress developing into post-traumatic stress disorder among survivors of violence. GBV survivors tend to receive highly professional treatment and services. Key partners are GoRwanda, Rwanda National Police, Gender Ministry, Health Ministry, Ministry of Justice, as well as UN agencies such as UN Women, UNICEF and UNFPA. The anti-GBV committees are spread across the country in each village, sector and district.

The One Stop Centre model is expensive, which impedes replication. It is unclear what kinds of services are available to male GBV survivors. Moreover, programming would be aided if tools and resources were developed. For further details see *Regional Survey with UNFPA Country Offices on Good Practice involving Men and Boys in the Prevention and Response to Gender-Based Violence in Conflict and Humanitarian Settings*.

- Making sure that GBV issues are prioritised on the political agenda, that policies are formulated and that the country's leadership is on board are key aspects for **sustainability** (Uganda, Rwanda). The fact that the country's leadership declared SGBV a plague helped in prioritising the issue in Rwanda and the commitment of the chief of Army and Police was crucial in DRC.

Uganda: post-conflict and humanitarian setting

The UNFPA Uganda country programmes – following the information from the sub-regional survey - fulfil all six of the good practices criteria making it a good practice model in male involvement in GBV prevention and response in conflict, post-conflict and humanitarian settings. Men's involvement was facilitated by using a football tournament as a platform to communicate messages about GBV and gender, and by working with the media as a means to both raise and mobilise public awareness. The target group is young people (boys and girls), adult men and women, district technical persons and leadership, service providers and CBOs. Community dialogues are used to engage and enhance men's participation in GBV and HIV and AIDS prevention, as well as a method of disseminating information. The programme also uses radio talk shows for deepening public understanding on the importance of male involvement in accessing SRH services. It supports male community action groups and promotes condom use to prevent the spread of HIV and re-infection. Awareness-raising on human rights concepts, the causes of GBV, and understanding the principles of working with GBV survivors are also included.

It can be replicated in different contexts due to its multifaceted approach that stems from local experiences elicited through community dialogues. The programme aims to be gender transformative by using community dialogues to engage and provide space for men and boys to reflect on cultural and traditional beliefs that impact on the status of men and women and shape gender outcomes.

Key partners include the following organisations: IRC, ARC, ASB, COOPER (response work and data collection), government (police, health facilities and courts), and the media (capacity building and awareness-raising). Progress and results can be seen through behavioural changes as seen by the community, in various forms such as men accompanying women for pre-natal care. The country office has provided resources stemming from the programme in the form of GBV data for planning, decision-making and resource mobilisation. The data is used in particular in the following areas: to increase awareness about GBV and its linkages with SRH including HIV and AIDS; the formulation of laws and policies to provide a conducive environment; capacity building of different partners; mainstreaming of GBV in district and local plans; and strengthening coordination.

Despite these efforts, negative social and cultural factors and practices are still strong. There are inadequate financial resources for districts to implement planned activities, a shortage of human resources and difficulties in retaining staff in hard-to-reach areas. Inadequate political support, weak implementation of policies and enacted laws and dysfunctional systems and structures remain. To address these concerns, more financial resources are required to cover a wider area and deepen interventions in districts which are under-served.



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3.2.2 Challenges to involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings

This section highlights key challenges stemming from the gathered data in the sub-regional survey with UNFPA country offices.

Study on positive masculinities needed - The sub-regional survey with UNFPA country offices indicated that research on positive masculinities is lacking. The knowledge on different positive masculinities and how men can be included in GBV programmes (for example, as clients, role models, protectors, caregivers and change agents) needs strengthening.

Lacking support resources - Different informants in the sub-regional survey with UNFPA country offices pointed to a general lack of guiding material and resources (such as tools) for involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings.

Need for improved coordination - Inadequate coordination mechanisms were cited as a challenge in the sub-regional survey with UNFPA country offices. The capacity for coordination of GBV programmes needs to be strengthened. Specific coordination activities include mapping GBV networks and working groups as well as providing a cost analysis of GBV services.

UNFPA capacity building and technical assistance needs - As a general note, capacity building of partners increasingly needs to take into consideration the involvement of men and boys in GBV prevention and response if GBV programmes are to be successful. A communication strategy for men's and boys' involvement is also called for, as well as continuous work with faith based organisations (FBOs) and cultural leaders. These strategies are essential if programming is to have a broad reach, which is necessary to create wide-spread change and influence negative gender norms enforced by communities. These needs were identified by almost all of the informants and addressing them is essential for the successful implementation of GBV programmes.

Extending the number of NGOs receiving UNFPA support - Another challenge is that there are too few implementing partners receiving support in programmes involving men and boys in GBV prevention and response. Findings from the sub-regional survey point to the need for more local NGOs to be involved, for them to adopt relevant programmes and initiatives, and to receive training like UNFPA's technical and financial support.

Need for exchanging experiences – There is a need to share experiences between countries running similar programmes, i.e. south-south cooperation (suggested by Rwanda and DRC).

Strengthening the government's capacity and engagement – The sub-regional survey revealed an overall lack of government capacity and structures. This was often manifested through the government partner not providing enough leadership and coordination. In conflict, post-conflict and humanitarian settings, structures are often broken down and need to be rebuilt or strengthened. For example, in conflict and post-conflict situations, the justice system collapses, which negatively impacts upon support structures for GBV prevention (like policing) and response (reporting instances of GBV). This was considered an obstacle to technical and financial support by the UNFPA country offices. While national strategies to involve men and boys in the fight against GBV were identified to be lacking, their development could be a first step to increasing cooperation with government partners.

Lacking services for men and boys - One major obstacle to GBV prevention and response, as put forward by the sub-regional survey with UNFPA country offices, was the lack of related essential services for men and boys. A lack of services in detention facilities for juvenile offenders, and general access to SRH services for men and boys were explicitly mentioned. Human resource constraints and weak institutional capacity (especially regarding the court systems and procedures) and inadequate skills in psychosocial support services specifically for men and boys are prevalent. An

aggravating factor is that media personnel provide weak reporting on the issue since they are not trained in GBV and gender sensitive reporting.

General capacity building and technical assistance needs - The sub-regional survey with the UNFPA country offices put forward that many actors (especially those in government) need to be sensitised on gender and GBV issues. Training should be offered that enhances knowledge on why and how to involve men and boys in gender programming. In addition, more investment in popular education on human rights and gender is required.

Specific capacity building and technical assistance - assistance is required to develop implementation strategies which target men and boys and lead to behavioural change. Sensitisation regarding masculinities and gender transformation is also needed. In addition to this, there is a gap in information, education and communication materials. Uganda emphasised a need to build institutional GBV capacity so that the government increasingly manages GBV programmes thereby making them more sustainable.

Men taking a more active role in family life (remoulding gender roles) as positive parental role models is another way of challenging negative masculinities

3.3 Uganda case study

Information from the Uganda case study is derived from five groups of informants, namely UNFPA staff, implementing partners, community leaders, female programme beneficiaries and male programme beneficiaries. The informants have been specified in brackets after the relevant information. The selected quotes from the Uganda case study illustrate the findings and are interpretations of the interviews based on the transcriptions made by the Sonke research team.

3.3.1 Examples of good practice on involving men and boys in Uganda

UNFPA programming

In the Ugandan case study, UNFPA's primary role is to facilitate and coordinate programmes which, for example, involve engaging men and boys in GBV prevention and response. One method of doing this is by working with government officials to make sure that there is gender mainstreaming in government programmes so that there is a policy and legal framework to address GBV. (UNFPA staff) UNFPA also creates and shares tools, approaches and other material for use by CBOs. (UNFPA staff) The UNFPA has strengthened coordination mechanisms in a northern district in Uganda and provides sub-grants to different organisations. (UNFPA staff)

There are strong links between UNFPA's national priorities (GBV, HIV and AIDS and SRHR) and the programmatic priorities of the different implementing organisations for involving men and boys. These partners include Refugee Law Uganda, IRC, ARC, and ACORD/COAD. Programmatic examples involve working on behavioural changes relating to decision-making in sexual and reproductive health, e.g. in the use of contraceptives. Programmes also often include positive messaging encouraging men to be involved in pre- and ante-natal care. (Uganda, Mission Report)

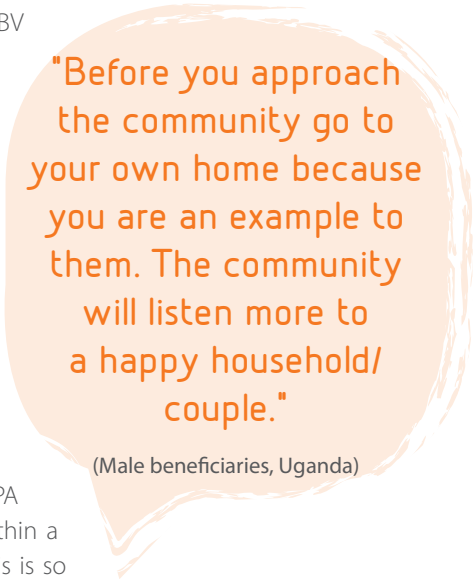
There is often a gap between policy and reality, when policy is poorly enacted as legislation or poorly enforced. This means that even good policies may not lead to their desired outcomes. People need social support in order to allow them to escape the cycle of violence. An example of a lack of social support is lack of access to public services and social infrastructure, such as health, education or justice services. (UNFPA staff) Support from these public services would provide the social support for sustained change both on a community and individual level (for example, keeping the youth in school and support for men who want to change).

Replicability and relevance to other conflict, post-conflict and humanitarian settings

In general, the programmes participating in the case study have the potential to be replicable in different crisis settings, as many strategies and programme areas have been used and appear to work in a variety of conflict, post-conflict and humanitarian settings within Uganda. These strategies/programme areas include community dialogues, workshops, positive messaging (utilising various media) and advocacy. However, if these programmes were to be replicated in other situations they must be contextualised geographically (for example whether a particular community has access to radio broadcasting), according to the political climate (such as the transition between conflict and post-conflict situations) and culturally. (*Uganda case study, Mission report*)

Strategies for involving men and boys

There are several positive strategies to involving men and boys in GBV prevention and response. Men can be engaged as agents of change and role models. They can be volunteers or peer educators who go to different places where men gather, such as pubs and bars. (*UNFPA staff*) Men's involvement in GBV programmes has been mainly at a community level, but also within the household.⁴⁹ For example, at community level, men were involved by being role models who demonstrate the benefits of behavioural change, who embrace gender equality and advocate to end violence against women. Community leaders mobilised other men, and men were also involved in advocacy, for example by campaigning for the development of anti-GBV laws and policies, and creating awareness around GBV issues. (*Uganda, Mission report*)



"Before you approach the community go to your own home because you are an example to them. The community will listen more to a happy household/couple."

(Male beneficiaries, Uganda)

One aspect of the ecological approach that was used by a UNFPA implementing partner was to look at how family structures work within a particular community instead of focusing solely on the individual. This is so that the support given is as comprehensive as possible. (*Implementing partner*)

One successful strategy to engage and target young men and women involved using football as a strategy and linking it with training and awareness-raising. The beneficiaries were thus engaged through entertainment. Counselling about GBV was included just before the matches, and discussions were created using positive messages so that the men and boys engaged in positive ways as allies against GBV. (*UNFPA staff*) The football tournament aimed to mobilise people and disseminate information about GBV. The organisation used open spaces at the stadium for people to write messages about GBV. The ball itself had messages written on it and the footballers talked about, "how GBV can be kicked out of your house". The players came from different villages and disseminated information after the tournament in their respective villages. (*Implementing partner*)

The Men As Partners programme (part of EngenderHealth and operates in more than 15 countries in Africa, including Rwanda, Uganda, Angola and Kenya) is an example of a strategy that took GBV work to a new level when men in the community started to sign up against GBV. (*Implementing partner*) This created a kind of community contract and pledge to prevent GBV.

"It appears that there has been two different focuses on involving boys and girls in GBV prevention and response. Whereas the focus for boys was mainly to start deconstructing what they were told in terms of masculinities, the focus for girls was empowerment." (*Implementing partner*)

⁴⁹This work mainly started during the recovery period from the conflict, when the IDPs started to return to their communities.

Helping men to understand a woman from her point of view is a gradual process, according to one UNFPA staff member. Men tend to open up and share their own experiences in the community dialogues. The purpose of some of the issues covered in the dialogues was to find ways to negotiate harmful cultural practices and how to prevent them, such as widow inheritance. (UNFPA staff) The issues discussed in community dialogues stemmed from an agenda which the communities influenced, meaning that the issues discussed were important to the community. In some community dialogues, it was discussed how harmful cultural practices affect the community in negative ways. (UNFPA staff)

When identifying men to be involved in GBV programmes, locating which public spaces men are part of and targeting those areas should be a starting point. It is also good practice to target influential people, which means there must be an awareness of the local power relations. (UNFPA staff) Engagement with traditional leaders was important for dealing with the cultural aspects of GBV. Communities decided to review some of the harmful cultural practices and to look at specific roles which were attached to men and women. One organisation worked with 32 traditional leaders and had them signing up to be community activists. (Implementing partner)

"Interestingly enough those that resisted the most became the best advocates."

(On involving men in GBV prevention/response, Implementing partner, Uganda)

It is important to send out positive messages like "it's part of men's work to take their children to school". (UNFPA staff) The positive messages should include positive roles and masculinities as alternatives to their violent manifestations. Women were central in involving men in GBV prevention and response since they decided to bring their partners to weekly trainings and meetings. (Implementing partner) Engaging men as partners means that it is important to understand that the projects are not only designed for women but for the whole community and different families. The language of blame needs to be removed in order to avoid defence mechanisms and rather try to clarify benefits and analyse power dynamics.

"Men should also learn how to swallow words from a woman, and not to question them but understand and internalise before passing judgment - which in most cases tend to include violence. They should learn to forgive as well. That is why they become violent because they don't know how to forgive." (Female beneficiaries)

In any attempt to involve men in GBV prevention and response through communication, it is important to understand that they need a trigger to become engaged. The communication must be pro-active and contextualised (including images on posters). The organisation Icon (Women and Young People's Leadership Academy) works with communities in Gulu, Uganda, and emphasises the need to take language, culture and age into account so that people can identify with the programme and ensure that the communication is based on understanding, dignity and respect. The communication is important and gives programmes a possibility to create a sense of value within people. Ambassadors are needed for the cause if the programmes are to be sustainable.

Women and Young People's Academy (Icon): implementing partner, Uganda

Icon pilots a new approach to building multi-generational leadership of children (male and female), women and young people (male and female) who have the passion and commitment to rid society of the core causes of under-development, conflict, gender inequalities and gender inequity.

Icon fulfils six of the seven good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of involving men and boys, it does this through targeting youth and leaders. Icon uses a generational strategy and links human rights with gender issues and uses role modelling as a method of influencing other men, but also to hold the role models to account. Men are influenced by showing them how behaviour and attitude changes can benefit them – that they have a stake in these changes.

It is relevant to UNFPA programming since it does constituency, training, capacity and network building, as well as work on SRH and HIV issues, and linking them to GBV. It is replicable in that its priorities are different in conflict and post-conflict settings. Programmes must adapt and address these changing priorities. Programmes are contextualised so that they reflect the needs of the people in the community that they are targeting. Icon's programme aims to be gender transformative by taking a holistic approach to GBV when developing GBV prevention and response programmes, taking into account the many factors that influence GBV. Furthermore, Icon's aim is that the attitude and behavioural changes promoted and created must be internalised. Icon has key partnerships with FEMNET and UNFPA. Moreover, Icon keeps track of the men and boys that participate in workshops to monitor their progress. Icon does informal evaluations of the programmes.

In order to improve programming and therefore fulfil all seven good practice criteria, Icon could develop resources and tools. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

*"The men were asked what they wanted out of the programme from the beginning and they were also told about how their good actions and attitudes can benefit them. You need to bring it back to what it means for the men as individuals. Men must internalise all these messages and ideas and realise that they have a stake in behaviour change."
(Implementing partner)*

There were different prioritised areas for involving and organising men and women in life and human rights clubs. The areas were identified on the basis of where it is easier for men and women to talk (safe spaces). Men are more easily involved if they are given tasks. This gives them responsibility and a feeling of ownership and commitment to the programme. It is important to try to provide this even if men are not interested at the beginning of the programme since they might change their minds later. It was easier to hold these men accountable through using role modelling and showcasing. (Implementing partner)

"As an individual I am not afraid of how men see me now, I am empowered and determined to speak against GBV." (Implementing partner, male)

Capacity building is key in helping men to face resistance and challenges, and it can develop their ability to network and build alliances. Men's work on GBV prevention can be a lonely process and men can build a constituency to deal with this. (Implementing partner)

ACORD: implementing partner, Uganda

ACORD's mission is to work with people who have been denied their rights to obtain social justice and development. It is a locally rooted civil movement, based on the belief that collective action can lead to the transformation of communities.

ACORD fulfils six of the seven good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of involving men and boys, it does this through couples' empowerment programmes that target both spouses by inviting both husband and wife to collect the start-up capital. This is so that there is not a backlash towards women by men who feel disempowered and so that they can see how they benefit from women's empowerment. ACORD also developed a football tournament, which used various strategies to engage men, including using popular football icons and messages in training sessions. Family structures within the community were targeted, not only individuals. ACORD has four themes: gender justice, HIV, conflict and good governance, and peace building and livelihoods (empowerment), making it relevant to UNFPA programming. It is replicable in that it has worked and evolved in both conflict and post-conflict settings. It started with emergency work (sensitisation) and then focused on development work in post-conflict times. It aims to be gender transformative by addressing economic violence through empowerment programmes, and thus the underlying causes of GBV. Icon has partnerships with ARC, IRC, War Child Canada, and UNFPA to mention but a few. An indication of the football tournament's progress can be seen by the fact that men approached the football tournament organisers after the tournament wanting to know more about GBV and how they could get involved.

In order to improve programming and fulfil all seven good practice criteria, Icon could develop resources and tools to improve programming and share with partners. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

American Refugee Committee (ARC): implementing partner, Uganda

ARC partners with international and local organisations to ensure that survivors, their families, and their communities have the essential services they need. They aim to amplify voices for change from within the communities where they work – engaging women, girls, community leaders, men, and boys – in the effort to support positive social change.

ARC fulfils five of the seven good practice criteria, making it an example of good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. In terms of involving men and boys, it does this by involving men and youth through providing access to resources. Some of these men then take on responsibility and initiative and became role models for GBV prevention. Engagement with men happens through community dialogues. In these dialogues, ARC finds out what men's perceptions of violence are and then encourages them to relate that violence to themselves in order for them to see GBV as their issue, not only a women's issue. It is relevant to UNFPA programming in that ARC works with social workers for psychosocial support and legal referrals. It relates GBV to HIV in programming, in the form of SHR decision-making. It is replicable in that it works with local capacity, with what is already in the community. ARC first started working in Uganda during the conflict period, with awareness-raising. Then it worked on capacity building during the post-conflict period and began to involve men at the request of women who said that they needed to be brought on board. It aims to be gender transformative by looking at the role that cultural institutions play and getting cultural leaders to tackle negative cultural practices, including changing traditional divisions of labour. In doing this, ARC uses a human rights approach. ARC has partnerships with EngenderHealth, UNFPA and Men's Family Networks (which consists of 34 organisations).

In order to improve programming and therefore fulfil all seven good practice criteria, ARC could develop resources, tools and conduct evaluations to improve programming and share with partners. For further details see the *Desk Review of Key Actors and Programs Involving Men and Boys in GBV Prevention and Response in Africa*.

Gender transformation

Key to a programme's long term success is producing gender transformation and addressing the underlying causes of GBV. One suggested way of doing this is by using "model families" which can demonstrate the benefits of behavioural change. Another method of addressing harmful cultural practices, which are often underlying cause of GBV due to their negative constructs of masculinity, has been attempted through community dialogues and sensitisation. (UNFPA staff)

"Men and women are equal – the head of household is cultural." (Community leader)



Rigid gender roles offer further challenges related to community, culture and socialisation. The division of labour is an example. An example shared in the focus group discussion was the demarcated gender roles when it comes to weeding, which is seen as a woman's job. When a man is seen weeding with a woman, community perceptions around manhood and masculinity are challenged. *(Community leader)*

An example of innovation is when one organisation challenged social norms in their design of a community resource centre. The design emphasised the fact that people are equal. It did this by putting only chairs and no mats in the centre. This meant that there was no option for women to sit on the floor while men sit on chairs, which is the social norm in that community. Thus, both men and women had to sit on chairs. *(Implementing partner)*

Women wanted and needed empowerment programmes so that they could generate money and become more independent. This would mean that abused women (for instance) could be financially independent and therefore have the option of leaving the relationship. *(Community leader)* Some NGOs use GBV-combating strategies (in particular, women's economic empowerment) that lead to more violence as a backlash. For example, when women are given money as part of an empowerment programme and take it home to support their household, a possible consequence is that men feel like their role as the head of the household is undermined and they resort to using violence against their partner in an attempt to reclaim power. *(UNFPA staff)* This is an issue of men's and women's possibly very different reactions to empowerment. It is also about the use of power. Drunkenness, poverty, richness and violence are factors that influence power relations. It is for this reason that it is important to be careful not to only focus on one group. *(Implementing partner)*

Initiatives that help women to support their families must also target men, helping them understand that when women are empowered, men also benefit. This would reduce the backlash and get men on board in supporting these programmes rather than fighting them. *(UNFPA staff)* It is important that GBV prevention programmes "do no harm", making the involvement of men and boys an important aspect of empowerment programmes in order not to increase GBV.

*"Pre-conflict: men looked after the home. Conflict: women looked after the home.
Post-conflict: Women look after the home, but they don't want to be submissive – they want to be part of the household decision-making." (UNFPA staff)*

Because of the problems experienced when only women are empowered (explained above), new economic empowerment programmes must include everyone. Men need to feel like they are part of the solution. Men's ideas of masculinity need to change so that they can provide economic and emotional support to their partners and families. *(UNFPA staff)*

Relevant partnerships

Important agents and partners in GBV prevention are women, since they are the ones that raise and socialise men. *(UNFPA staff)* Women can teach their children about gender equality at an early age and this can result in generational gender transformation. *(Community leader)* Women are beneficiaries of anti-GBV programming in the sense that they benefit from interventions that prevent and/or respond to violence against women (VAW). They were also key stakeholders and participants in various programmes, as well as in women's organisations that provided support to men's organisations and programmes (for example, FEMNET, which operates regionally, including countries such as Rwanda and Kenya). Women are also the overwhelming majority of those who bring up and socialise children, and thus have an impact on gender norms and behaviours. *(Uganda Mission report)* Elders are also well placed to get involved, because they are the gate-keepers of the community and culture. *(Community leader)*

The police are key partners since they deal with survivors of GBV (both men and women). Police stations across Uganda, as part of national policy, have a desk for the Family and Child Protection Unit. This deals with the rights of men, women and children at a family level. There needs to be respect, confidentiality and non-judgmental attitudes towards survivors. One UNFPA staff member said that there needs to be counselling and that this should be gendered (for example, men to men). *(UNFPA staff)*

The majority of politicians are men. A strategy adopted is to proceed with the assumption that politicians are not sensitised about GBV. Therefore, the UNFPA, as part of its policy and advocacy role, approaches politicians straight after elections to sensitise them on GBV issues, on what UNFPA's and their own roles are. UNFPA's purpose is to campaign for the inclusion of GBV initiatives in the budget to allow for an increase in community services and capacity building of key actors. This is hoped to result in an increase in GBV behaviour change communication at community level. *(UNFPA staff)* At a council level, UNFPA identifies and targets government officials with an interest in GBV. They are targeted as advocates so that they will go on to radio, for example, and talk about GBV. *(UNFPA staff)* The Ugandan government is starting to support some GBV issues through laws such as the Trafficking Act, the Domestic Violence Bill, and the Marriages Bill (this would also have an impact on land issues). *(UNFPA staff)*

Therefore, local and national government (and different ministries) are key partners in both enabling the different programmes involving men and boys in GBV prevention and response and in facilitating change. This partnership is considered important because of resources (gender budgeting and mainstreaming) and because of government officials' unique positioning to lobby for policy changes and negotiation at a national level.

The UNFPA is a key partner given its coordination role, but also because of its ability to influence government. The district or local government, CBOs, FBOs, and NGOs were considered key partners because they responded directly to the community and it was believed that if the community communicates its issues to the local/district government, these issues will be communicated on a national level. *(Uganda, Mission Report)*

CBOs play an important role in supporting the community in various ways. For example, one implementing partner who has a role as a facilitator and in conflict resolution, described in the focus group discussion how, as a widow, the organisation helped her to deal with different conflict-producing situations within the IDP camps. *(Women's focus group discussion)* The roles that CBOs

"The men were asked what they wanted out of the programme from the beginning and they were also told about how their good actions and attitudes can benefit them. You need to bring it back to what it means for the men as individuals. Men must internalise all these messages and ideas and realise that they have a stake in behaviour change."

(Implementing partner, Uganda)

play are particularly important as they are, as their name suggests, based in the community. This makes them empowering for the community and more sustainable than outside actors. Beyond the community, CBOs also offer training to police officers regarding laws, policy and gender sensitisation. (UNFPA staff)

Community leaders at all levels should be involved as stakeholders (women's leaders, village leaders, parish leaders, councillors, sub-county leaders, meeting leaders, church leaders, youth leaders, young people with disabilities, traditional leaders, elders, etc). (Implementing partner) This is because they have influence over the community and because their involvement will help make the programmes more sustainable. Traditional leaders were considered important to influence men due to their social position and they were seen as gatekeepers to the communities, families, men and women. (Uganda, Mission Report)

Men are important stakeholders, partners, beneficiaries and participants in men's movements - as agents of change, role models, survivors of violence, and so on. (Uganda Mission report) Through peer counselling and dialogues, the youth can also act as agents of change within their community. (Uganda Mission Report) It is for this reason, as well as for programme sustainability that there needs to be more programmes targeting youth. The youth are also important in influencing their peers' behaviour. Although most of the programmes did not specifically target the youth, the youth are nonetheless beneficiaries by virtue of a more stable and peaceful domestic life, as well as in school and in the community.

"Men and women are equal - the head of household is cultural."

(Community leader, Uganda)

Progress and results

In terms of progress and results, evaluations collected from UNFPA officers and implementing partners indicate that, in general, there was progress and positive outcomes in terms of behavioural and attitude changes that resulted from the programmes. However, if the approach used was not appropriate (for example, if it was not participatory and holistic) there were fundamental and often fatal flaws in the programmes. An example can be found in the *Mid-term Review of the Joint GBV Programme on Preventing and Responding to GBV in Northern Uganda* (Mid-term Review).⁵⁰

Further progress and results can be gauged by looking at particular areas of change that relate to the underlying causes of GBV and behavioural changes. Some of these areas are improved communication, shared decision-making, fewer GBV cases, changes in the division of labour, and men becoming involved in GBV prevention and family planning.

One woman expressed that she and her husband shared and agreed on the new changes, but that their in-laws would question them and sometimes enforce their own cultural beliefs. For example, they protested when her husband washed dishes while she sat down. The sensitisation helped her to address these challenges, and she and her husband were then more determined and able to talk about issues and to not involve their relatives. (Female beneficiaries)

⁵⁰ Kakande, Akiiki and Kagube, *Mid-term Review of the Joint GBV Programme on Preventing and Responding to gender based violence in Northern Uganda*, 2010, p.17-19, 24. The report stated, "The mode of delivery of some of the interventions, especially the community sensitization was a cause for concern. Listening to the informants that the team met, there seems to be a strong tendency of passing messages down to the villagers and to tell people what to do and what not to do. True that the ultimate objective of this programme is behaviour change, where present social norms will have to be challenged. However, in general, community conversations were not being used as an approach in this programme aiming at behaviour change. Communication for behaviour change should be interactive and non directive, facilitating sharing of ideas and views in the communities." "The approach should rather be engagement, facilitation and enablement."

"Other women used to gossip about me and fed my husband lies and as a result, I would be beaten by my partner. But after the sensitisation, I am able to invite my husband to the sessions, and he has been aware of what the other women have been telling him, and now he listens to me." (Female beneficiary)

When it comes to SRH decision-making, some women said that they can easily refuse to have sex with their partner (if they, for example, fear the risk of contracting STIs and HIV) and that pressure had decreased. Men would also understand why condoms need to be used as part of family planning and SRH. *(Female beneficiaries)* Women can now make decisions. The solutions have often come from dialogues and the dialogues are becoming easier. *(Community leader)*

In terms of there being fewer GBV cases,⁵¹ an implementing partner said that there were a lot of cases reported in the village before due to the violence caused by men and boys. Now that men have started educating other men on how to change their behaviour, fewer cases are being reported. *(Implementing partner)*⁵² The participants of the focus group discussion among female beneficiaries and participants of a GBV programme said that most of their husbands were drunkards and that they tended to be abusive and violent. However, ever since the SGBV programmes, they said that they are able to reach out to neighbours, both men and women, and educate them about GBV, and this in turn has helped to influence their husbands. *(Female beneficiaries)* Sensitising and involving men in empowerment programmes helped to open up communication between partners and to assist in creating a supportive environment for these programmes.

"Women would now challenge a man who beats his wife and report him to the authorities. Some men who have been exposed to the trainings are starting to speak up against GBV."

(Implementing partner, Uganda)

When it comes to the division of labour, traditionally men are the ones who made the decisions. For example, decisions about when a wife should go for family planning and when girls should start school are ones for the husband to make. The programme has helped men understand how to work together with their partners. *(UNFPA staff)* Family improvements include men taking women for pre-natal care more frequently and more men sharing childcare responsibilities. Women have more freedom and can discuss issues more freely now. *(Community leader)* The women in the focus group discussion also stated that relationships between husbands and wives have improved due to gender sensitisation. Participants said that men are more involved in sharing responsibilities such as paying school fees for their children. More men are beginning to participate in programmes and are beginning to help with household chores.

Men are starting to see themselves as important and contributing towards GBV prevention instead of seeing themselves as perpetrators. *(Female beneficiaries)* Men are now talking about their issues. They are talking about men and women's issues and seeing how these issues are interrelated. *(Implementing partner)*

"Men in general do not want women to use contraceptives, but they are increasingly supporting birth control when they understand how pregnancy impacts upon women and how improving their own SRHR is good for women and children's SRHR." (UNFPA staff)

⁵¹When it comes to GBV it is important to distinguish between, for example the number of reported cases and unreported cases. In this section the findings include individuals' perceptions which have not been cross-checked or verified by other data. The information is also not specified in terms of reported/unreported cases.

⁵²Please note that fewer reported cases are not necessarily a sign of less cases of GBV (it can mean that there is more social pressure not to report – which is negative in GBV prevention and response efforts). Increased reporting of GBV is often seen as a positive result of GBV prevention and response.

It is difficult to gauge what the results of the different programmes are, as gender transformation is a long-term process and involves different phases.⁵³ However, some changes can be seen in the short term, for example, a shift in behaviour, where more men accompany women for pre-natal care and more men participate in community dialogues. Whether these behavioral changes have resulted in gender transformation is much more challenging to measure. *(Uganda Mission report)*

Sustainability is an important aspect of GBV prevention and response programming since it allows programmes to work over a long period of time and therefore to produce gender transformation. Various methods were identified by informants as to how to produce sustainable programmes, and these methods include ownership of the programme by the community and capacity building.

A way to increase aspects of sustainability is to ensure that the community has ownership of the programme. Women decided to bring their partners for weekly trainings and meetings since they wanted men to be involved in what they were doing and because men showed an interest. From such gatherings, initiatives like the ones at Awach sub-county (where men organised against violence against women) were established. *(Implementing partner)* Using community languages helps with internalising the programme and prevents creating perceptions that messages are foreign. An example of this is when people communicated messages but kept emphasising that it was the organisation's message and not theirs.

(Implementing partner) Men get a sense of ownership of the programme if they can see the need for it in the community. If they are committed, the individuals will remain active even if the organisation pulls out. *(Implementing partner)*

"The work should not be left to NGOs; we need to be strong as women and find a way to continue with the programme."
(Female beneficiaries)

Sustainability was seen as a key factor for good practice on involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings, since the area is relatively new and institutions and capacities need to be built for sustainability. Fundamental aims involve changing attitudes and behaviours closely linked with unequal gender relations, the underlying causes of GBV. Achieving these aims requires time. UNFPA staff emphasised the need for building institutional capacity to enhance the government's ability to lead the process, which is more a sustainable method than outside actors. A community leader also expressed frustration when NGOs leave without a structure left behind for the programming to continue.

NGOs' resources need to be increased, and cross-learning from other countries would contribute to more long-term success. Local authorities would need to be involved in planning, budgeting and implementing programmes, and their local structures would especially need strengthening in the recovery period. When possible, the existing and local structures should be identified and used for GBV programming and engaging men. CBOs are good potential partners since many external organisations leave during the recovery period for more urgent conflict and humanitarian situations. It is the CBOs that stay and consequently it is more valuable to build their capacity. *(UNFPA staff)*

"Division of gender roles is a challenge and the community and culture socialise women and men in different ways. Traditionally, specified roles exist. For example, weeding is considered a woman's job. The program had helped to bridge the gap, and now more men help with weeding. Gender roles have also changed since men can sit down and talk about their issues and wives can be busy in the garden, while men are busy cooking."

(Female beneficiaries, Uganda)

⁵³ Following the SASA model; for more information see: <http://www.raisingvoices.org/sasa/index.php>.

Tools

The programmatic approach SASA was identified by informants as a key strategy to a programme's success. It uses a preventative approach to GBV and uses four strategies/phases: Start, Awareness, Support and Action. An illustrative example of this tool at work is to have a strategy that does not start with discussions on gender, but rather focuses on the individual (including the organisation's staff). One such topic could be how men feel powerless. It uses an ecological approach and focuses on local activism (in contrast to volunteerism), the development of materials and resources that other organisations can use through the Raising Voices/SASA website as well as policy and advocacy. *(Implementing partner)*

3.3.2 Challenges to involving men and boys in Uganda

Programmes and resources involving perpetrators of GBV – These kinds of programmes are very hard to find. *(Implementing partner)* This creates a gap when developing effective GBV strategies. A major category of perpetrators in humanitarian, conflict and post-conflict situations are uniformed personnel such as soldiers and guards. However, these perpetrators are also victims and play a dual role by being both the protector and perpetrator. They should be reached out to in a coordinated manner by UNFPA and other organisations. Dialogues should be created in order to positively reintegrate them into their communities. *(UNFPA staff)*

Changing key harmful cultural practices – In the IDP camps, cultural practices are not recognised as much as they were in settings before the camps. Women tend to be more empowered when compared to men, and men feel disempowered. When people start to return home to their communities and rebuild their lives, men often try to re-enforce cultural practices as a means of reclaiming their status in the community, thereby perpetuate stigma and social norms which include harmful cultural practices such as blocked access to land for women and female genital mutilation (FGM). These are traditional practices that are being renegotiated based on changing power relations. Changing these harmful manifestations of masculinity requires time and consistency. *(Implementing partner)*



Correlation between laws and culture - Harmful cultural practices (for example, widow inheritance) form a core set of challenges that inhibit gender transformation. Nonetheless, dialogue regarding culture needs to happen if progressive constitutional laws are to make sense to the people they target. Uganda has GBV legislation, but people need to understand this legislation. They need to understand the advantages and disadvantages of the laws and of their behavioural change in relation to existing cultural norms and practices. Men must feel that they are part of the solution and therefore their involvement in the creation of laws is vital if they are to feel a sense of ownership of a GBV law. GBV cannot be seen solely as a “woman’s issue”. (UNFPA staff)

Gender transformation that challenges the status quo - Central to preventing GBV is the type of change the various good practice programmes produce. The central question to ask is, ‘has there been gender transformation or merely sensitisation?’ “There is still a lot of covering up. A man can still accept two goats for the rape of his daughter. How do we go beyond the agents of change to build up mass support?” (UNFPA staff) At the heart of gender transformation is people’s understanding of masculinity and femininity. During the men’s focus group discussion, the issue of men’s understanding of masculinity and manhood was brought up. Participants came to the conclusion that a man is the head of the household. When asked what it means to be head of the household the answers related to decision-making processes in the household – although men and women can sit together and make decisions, the man is the chairman. “In the Bible, men were made first, women followed. Women are therefore the followers of men and second in command.” (Male beneficiary)

"The work should not be left to NGOs, we need to be strong as women and find a way to continue with the programme."

(Female beneficiaries, Uganda)

Gender roles - “a man and a woman should be able to understand their roles and that they need to learn them well, but for men, they need a lot of teaching.” (Community leader) This sentiment is also found in a statement made by district councillors and policy makers saying that women can do whatever they want as long as they respect their husbands. (UNFPA staff) The challenge is that husbands do not show mutual respect for their wives. For example, seeing men’s roles as protectors of women does not address power inequalities, but could rather maintain them. “Though the Football Tournament organised in Gulu was hugely successful in effecting a lot of behavioural changes, it did not change the power dynamics between men and women in some ways, more specifically husbands and wives. This is because, although many messages reached many people, very few women participated in the football due to their husbands (or fathers) not allowing them to, even if they themselves were willing.” (Implementing partner)

Decision-making - is also a related area that needs to be improved upon. Men need to accept that women can participate in community dialogues and meetings, as well as take up leadership positions. (Implementing partner) The inability of women to be part of the decision-making process is particularly relevant when it comes to SRHR and economic decision-making. One implementing partner expressed a concern that women go to family planning trainings, but men are not accompanying them and therefore don’t understand why women want to (for example) use contraceptives. Furthermore, those men usually make all the financial decisions in the household, tend to take the income that their wives bring home and spend it on drinking. (Implementing partner)

Youth – was identified as a neglected target group (most notably the absence of programmes that address youth concerns). “The youth plays a vital role in sustainable gender transformation, since the youth will influence the generations to come. Although there are some programmes involving the youth in the prevention and response of GBV, there is still a demand for more infrastructure and programmes at a national and local level. This particular group has been reached the least.” (UNFPA staff)

Backlash for breaking gender norms - "Women would make funny remarks about your husband or even your son: 'this woman is managing her husband and her son well' when they came to your home and see your husband or your son doing women's work." (Female beneficiaries) Stigma and social norms enforced by the community are challenging. When a community does not allow individuals to change, the community as a whole will be hard to change. For example, in some communities beating a woman is seen as normal. In order to change this norm, there should be change happening not only within the individual, but also in his community. (*Implementing partner*) Stigma and negative social norms also mean that men who want to change are potentially discouraged from doing so for fear of being ostracised and ridiculed. (*UNFPA staff*) There is therefore a high drop-out rate of men who attend GBV workshops and community dialogues. (*Implementing partner*) This is also extended to the family structure whereby there might be change within the family, but this is not shown outside of the family due to the fear of possible stigma. (*Women's focus group discussion*)

Lacking support resources - A few manifest needs are more specific, such as data analysis and how to use data to guide the planning process, and a lack of reporting software that is user friendly. Other examples of lacking support resources are tools for structured community dialogues on Behaviour Change Communication (BCC) and strategies for mobilising and partnering with influential men in the private sector. A lack of monitoring and evaluation mechanisms and support in order to track and document progress is also challenge. (*Uganda case study*)

Linking to human rights - An area that is also shrouded in confusion is people's understanding of human rights. Currently, for the most part, both men and women do not fully understand what it means to have human rights. This needs to be internalised more fully by men, women and the community. (*Implementing partner*)

Lacking ownership - When people returned to their homes from IDP camps, many found it difficult to reintegrate into their communities. Community activists, youth and volunteers were recruited to help with this process. Although the process of reintegration and sensitisation was picked up by the communities, it was still seen as something that belonged to an implementing organisation. This lack of community ownership over reintegration and sensitisation programmes resulted in community members identifying the problems that arose as the organisations' problems, and not the community's. This creates a dependency cycle similar to handouts being given, for example, a donated bicycle that the community expects the organisation to fix if it breaks down. (*Implementing partner*)

Government specific challenges and support needs - There are several challenges that relate to bringing government actors on board. Government participation is of course crucial from a law and policy point of view and in order to ensure sustainability and political support, which is often described to be lacking. In Uganda, specific challenges include getting government officials on board in developing supportive policy frameworks and laws and following up on their implementation. There was also a need for government to get more involved at the community level in implementing GBV prevention programmes. (*Implementing partner*) There is a need to have a phasing-out approach, whereby CBOs are not just abandoned once external organisations (such as NGOs) leave. It appears that many of the difficulties described (weak implementation of policies and laws, dysfunctional systems and structures) are general problems that influence various political areas and not only GBV prevention. An additional difficulty in relation to GBV prevention is the kind of perceptions government officials have in regards to the subject, with GBV being seen as a "soft-core" issue. (*UNFPA staff*) Gender representation in government is also problematic seeing as most government officials are men, which does not mirror society.



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Strategies and recommendations for scaling up good practices in programming

4.1 General strategies and recommendations for scaling up good practice

From the desk review, sub-regional survey, and the Ugandan case study, certain gaps and needs were identified as common amongst organisations and programmes. These reflect generalised challenges that need to be addressed in order to improve and scale up good practice in involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. The recommendations are discussed according to weaknesses or gaps as follows:

- 1. Awareness-raising and capacity building.** One of the key challenges to involving men and boys in GBV prevention and response appears to be a lack of awareness and capacities. It is therefore recommended that the upcoming UNFPA annual work plans include conducting a national training and capacity building needs assessment in relation to engaging men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings. This could, following the UNFPA commitments in the *Strategy and Framework for Action to Addressing Gender-Based Violence*, result in public education campaigns for men opposed to violence against women. These campaigns should target negative masculinities and sensitise the public on violence against women and gender issues, and should be reflected in policies and training programmes.
- 2. South-south cooperation and experience exchanges.** Exchange visits (to other countries where gender norms and practices on how to involve men and boys in GBV prevention and response have improved) are called for by many informants. These should be not only for managers but for gender activists and field workers as well. A plan for information dissemination within the particular country, following the exchange, could be a prerequisite for attending. The exchange could involve participating in programme evaluations, joint programming exercises or a dissemination workshop of good practice (following the examples of this report). *This could potentially be partly addressed during possible future case-studies (similar to the Uganda study). Additional time could then be added for cross-organisational learning between, for example, actors on location and Sonke Gender Justice or other relevant organisations.*
- 3. Strengthening UNFPA's coordinating role** within GBV prevention and response, including how to involve men and boys. Coordination is mentioned as a gap in many country contexts. Coordination is also in line with UNFPA's role as the lead for the sub-cluster on GBV. There is a need to at least follow the minimum standards in the *Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies*. This involves, among other things, mapping coordination mechanisms and responsibilities and identifying and listing partners and GBV focal points and following up with a plan of action for coordination. A minimum coordination ambition can (apart from this) comprise coordinating GBV training events, including GBV activities in inter-agency strategies and appeals as well as identifying and mobilising resources. An improved coordination mechanism can also promote good practice as central components to programming.⁵⁴

⁵⁴ Adapted from *Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, September 2005. p.10.

Coordination can also include looking into what sectors defined in the Guidelines for Gender-based Violence Interventions in Humanitarian settings are relevant for the context.⁵⁵ When the clusters are rolled out in emergency contexts, it would be useful to increasingly connect the work on involving men and boys in GBV prevention and response (which is not mainstreamed in the IASC guidelines) to the relevant clusters.

4. Analyse and monitor gender relations/power dynamics, taking gender transformative aspects into account. This is important for addressing the underlying causes of GBV to increase gender equality or at least “do no harm” in terms of GBV. It must be a requirement to involve men at the initial stages of GBV prevention and response programming in order to avoid a backlash against women and enhance ownership of the programme amongst men. This is particularly important in conflict, post-conflict and humanitarian settings which can have recurrent transitions which impact on gender relations. *Previous programmes have started with addressing women’s empowerment and then added components of involving men and boys when there was, for example, a backlash and increase in GBV.*

5. Include key neglected groups such as perpetrators and youth in programming.

6. Include supporting mechanisms for men who are involved in GBV prevention and response (to increase sustainability and to counteract stigma and possible backlash from the community).

7. With regards to work conducted on policy level, it is necessary to put a stronger focus on engaging men and boys in GBV prevention and response. This is important in order to **develop policies or laws that seek to address GBV while engaging with men and boys and transforming gender norms.**⁵⁶

8. The UNFPA should **ensure that valuable resources and lessons learned** on involving men and boys in GBV prevention and response in conflict, post-conflict and humanitarian settings are consistently **gathered and disseminated.**⁵⁷

The recommendations of this study should build on the UNFPA commitments⁵⁸ stemming from the *UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011* (see page 11).

⁵⁵ *Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, September 2005. p.3.

⁵⁶ Hayley Thomson, Sonke Gender Justice Network: “It is ideal if the link between GBV, patriarchy and especially negative masculine gender norms is acknowledged together with the need to address and transform them. Policies should also acknowledge the potential that men have to prevent GBV, influence other men to prevent GBV, and support survivors of GBV. Laws and policies therefore, should not assume that all men are perpetrators; ideally they should not focus predominantly on punitive measures, but rather preventative ones.”

⁵⁷ This study is one part of that process. This work could be conducted in cooperation with for example the MenEngage Africa Network, Sonke Gender Justice Network and RaisingVoices.

⁵⁸ *UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011* . p.24-25.

4.2 Country level strategies and recommendations for scaling up good practice

Most of the challenges and recommendations in this section stem from the UNFPA informants in the respective country offices. The recommendations are kept on a national level but it would be advisable for the UNFPA Africa sub-regional office to coordinate this work in order to avoid duplication and enhance the sharing of resources and exchange of experiences between the mentioned country offices (in line with general recommendation 2 above).

Country	Key challenges	Strategies to scale up good practice
Uganda	<ol style="list-style-type: none"> 1. Institutional government capacity and political will is lacking: government is seldom involved in managing GBV prevention programmes; government officials are generally not on board in developing supportive policy frameworks and laws. 2. Resources and services are not available for men and boys to help men and boys cope with trauma and cater for their specific needs. These services include social, health, and counselling services, etc. 3. GBV prevention and response programming lacks gender transformative approaches. 4. Lack of access to transport (for example bicycles), for expanding programmes. 5. UNFPA appears to often have good working relations with government actors and consequently has the potential to influence national and regional policy regarding GBV. CBOs expressed that there was a challenge to form similar relationships with the government. 	<ol style="list-style-type: none"> 1. Inclusion of men and boys in GBV prevention and response forms part of advocacy plans/work and long-term capacity building efforts to scale up the capacity of government partners. 2. Map GBV prevention and response services in order to find out how they include/target women and men, to inform future programming. 3. Develop support tools for increasing application of strategies that lead to gender transformation in GBV programming.⁵⁹ 4. Look into the feasibility of including a larger budget for transport in order to increase the geographical span of successful programmes. 5. UNFPA should work on increasingly bridging the gap between relevant government and civil society actors in relation to GBV prevention and response.
Burundi	Lacking programmatic support for involving men and boys in GBV prevention and response.	Involve the UNFPA Burundi country office in a study ⁶⁰ to further investigate specific challenges and lessons learned to be used for information, education and communication materials and case studies which illustrate successful implementation strategies.
Kenya	Improving coordination mechanisms.	Involve the UNFPA Kenya country office in a study ⁶¹ to identify more specific challenges and compile and disseminate resources (including mapping of GBV networks/actors/working groups) to be used for improving coordination mechanisms.
Rwanda	Lack of experience and examples from other countries who worked successfully on involving men and boys in GBV prevention and response.	Organise experience-sharing opportunities with countries running successful or similar programmes, and provide exchange visits to relevant countries.

⁵⁹This could possibly be done conjunctively with the SASA tool, including behavioural and attitudinal change; sensitisation concerning masculinities; eliminating stigma for men who challenge gender roles and power relations to make their involvement more sustainable; inclusion of awareness of FGM and land reform; getting men on board at the beginning of a programme to avoid men's feeling of disempowerment; and to FBOs and community leaders.

⁶⁰This study can build on the experiences from the Uganda case study in this report.

⁶¹This study can build on the experiences from the Uganda case study in this report.

Ethiopia	Lack of programmes which target men and boys.	Include capacity building and training components on programming concerning involving men and boys in GBV prevention and response (by actors with experience in the area – possibly other UNFPA country offices).
DRC	<ol style="list-style-type: none"> 1. Lacking tools, guidelines and south-south cooperation. 2. Technical support needed in order to ensure that programmes do not contribute to gender inequality. 	<ol style="list-style-type: none"> 1. Involve the UNFPA DRC country office in a study⁶² to identify and analyse more specific challenges and national lessons learned, to be used for tools and guidelines which can also form a base for south-south cooperation. 2. Set up monitoring systems for programmes (based on a gender analysis) which indicate to what extent the programme is contributing to or if it is counterproductive to gender equality.
Zimbabwe	<ol style="list-style-type: none"> 1. Limited funding, which leads to limited geographical coverage which in turn inhibits national impact. 2. Lacking resource materials and training. 	<ol style="list-style-type: none"> 1. Review of existing donor sources for involving men and boys in GBV prevention and response. Exchange of experiences with other UNFPA country offices which have a variety of funding sources in similar programming areas. 2. Plan for capacity building events, for example based on the resources stemming from this study.
Angola	Lacking awareness of the national GBV stakeholders (and their efforts to address GBV) which inhibits implementation in the provinces.	Raise awareness on national and provincial GBV prevention and response efforts, including how men and boys are involved.



⁶²This study can build on the experiences from the Uganda case study in this report.

Conclusions

This report contains lessons learned and identifies good and promising practices in male involvement in GBV prevention and response in conflict, post-conflict and humanitarian settings which will hopefully contribute to improved programming in this area. The desk review, the regional survey with UNFPA country offices and the case study in Uganda provided evidence of good practice in existing programmes, following the good practice criteria presented in chapter 3. This is encouraging, especially since involving men and boys in GBV prevention and response is a relatively new field. However, from the desk review, sub-regional survey and case study, very little information was gleaned regarding economic violence, which is why it has not been dealt with extensively within this report. This could therefore be a possible area of improvement for organisations.

5.1 Findings regarding key partners and methods of involving men and boys in GBV prevention and response

There are a few key partners who are essential for addressing GBV and engaging men and boys in the process. Key stakeholders involve politicians and government actors who are important for capacity and institution building efforts to increase the sustainability of programming. In conflict, post-conflict and humanitarian settings, uniformed personnel are particularly important to involve in GBV prevention and response programmes. Women and elders were identified in the study as crucial partners since their roles have the potential to contribute to generational gender transformation due to the fact that they make up the majority of care-givers who raise and socialise men.⁶³ A general lesson learned in terms of key partners is that women need to be included at different levels, and it is important not to reinforce unequal power relations by, for example, only addressing male community leaders. There are some neglected target groups that appear throughout the study. A general lack in the region is the presence of programmes and services targeting perpetrators (most programmes are survivor-centred) since they too are integral to changing men's behaviour and therefore reducing the incidence of GBV.

Using separate spaces for women and men is a good method for assisting men to open up and therefore to induce attitude and behaviour change.⁶⁴ Nevertheless, these groups need to integrate at some point so that there is dialogue and understanding between them.

Some of the main good practice themes which stood out in the empirical data gathered include: successful methods of involving men and boys in GBV prevention and response, how to avoid a backlash for both men and women who challenge gender norms, how to increase sustainability and community ownership of programmes and how to address culturally harmful practices.

With regards to different methods of involving men and boys, it appears that concurrent strategies for involving women, men, girls and boys are necessary – where the focus for men and boys is to deconstruct masculinities and the focus for women and girls is empowerment. The study shows that it is essential to address men's potential feeling of disempowerment in order to avoid a backlash towards women. Consequently, because of the problems experienced when only women are empowered, economic empowerment programmes must include men and boys from the onset. The benefits for men and boys also need to be highlighted when involving them in GBV prevention and response programmes - and the programmes need to link with the realities of their everyday lives. Positive messages involving how good actions and attitudes can benefit men are crucial. The language of blame should be avoided whenever possible since it easily creates defence mechanisms. Men must be able to internalise messages and ideas in a positive way and realise that they have a stake in their own behaviour change.

⁶³ However, this statement should be treated with caution so as not to cement traditional gender roles where women are care-givers and men are excluded.

⁶⁴ World Health Organisation and Promundo study, *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*, by Gary Barker, Christine Ricardo and Marcos Nascimento, 2007. p.30.

5.2 Effectiveness in addressing underlying causes to GBV⁶⁵

It appears that it is more common for programmes to have a gender sensitive approach. However, these programmes need to promote equitable relationships and challenge male gender norms, negative models of masculinity and inequitable power relations⁶⁶ and hence move towards gender transformative programming. Most programmes in the Ugandan context concentrated on behavioural change and awareness-raising without specific strategies for assisting men to internalise the change. This was illustrated through negative remarks when discussing power relations between men and women, and perceptions of masculinity in the men's focus group discussion with beneficiaries in Uganda. Not addressing issues such as culture and masculinities would likely inhibit internalising new attitudes and behaviours, as well as inhibit more long-term change (since culture and views on masculinities shape both attitudes and behaviours).

One obstacle to gender transformation is the community context: even if men want to change, a community can make this very hard. Hence it is essential to work at both the individual and community levels to ensure a supportive community context. Examples were encountered throughout the study which indicated that it is necessary to actively avoid a backlash for men who break gender norms.

A lack of programme ownership is another obstacle to gender transformation, for example when the programme is seen as something that belongs to an implementing organisation rather than to the community. This can result in community members identifying problems and ideas as the organisations' agenda and problems and not the community's. It appears that gender transformative programmes must also be linked to the existing culture for them to be successful.

The study further shows progress stemming from programmes. This is manifested through informants' views that GBV has decreased, that men increasingly solve conflicts through dialogue and that gender norms now allow men to take on traditionally female tasks.

⁶⁵ Such as norms and attitudes in relation to masculinity, gender equality and sexuality resulting from socialisation processes and childhood experiences, patriarchal pressures, access to and control over resources as well as decision-making processes within the family, community and society.

⁶⁶ See 2.1 Good practice criteria in this report. The text regarding programmes being gender sensitive and gender transformative is adapted from Gupta G. R., Whelan D., & Allendorf, K. *Integrating gender into HIV/AIDS programmes: review paper for expert consultation*. Geneva: WHO, 2003. http://www.who.int/gender/hiv_aids/en/Integrating%5B258KB%5D.pdf (Accessed 2 October 2011).



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⁶⁷ The references both stem from this final report as well as from the resources from the desk review of Key Actors and Programmes Involving Men and Boys in GBV Prevention and Response in Africa.

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6.2 Evaluations and surveys

International Centre for Research on Women (ICRW)

The ICRW's website provides an extensive range of materials (including evaluations) on the involvement of men and boys in conflict, post-conflict and other settings. For ICRW's evaluations on different programmes involving men and boys in GBV prevention and response programming see: <http://www.icrw.org/publications?title=&text=evaluation&author=®ion=All&subject=12&type=All&ear%5Bvalue%5D%5Bdate%5D=>

International Men and Gender Equality Survey (IMAGES Study):

IMAGES is a multi-country household survey that offers one of the most comprehensive analyses to date of men's attitudes and practices on a variety of topics related to gender equality. It also includes women's opinions of men's behaviour. Instituto Promundo and the International Center for Research on Women coordinated the survey which includes interviews with more than 8,000 men and 3,500 women about their intimate relationships, health practices, parenting, sexual behaviour and use of violence. The questionnaire was conducted in one to three cities in each of Brazil, Chile, Croatia, India and Mexico, and in urban and rural settings in Rwanda. This study is useful in understanding the different dynamics of masculinities and how they are formed. This is relevant to understanding and identifying the underlying causes of GBV, which is relevant for programming in conflict, post-conflict and humanitarian settings. Go to <http://www.promundo.org.br/en/wp-content/uploads/2011/01/Evolving-Men-IMAGES-1.pdf> to download the study.

The study was also conducted in the Eastern Democratic Republic of Congo in 2012; the initial results can be found in the following source:

Slegel, H., Barker, G., Ruratotoye, B., and Shand, T. 2012. *Gender Relations, Sexual Violence and the Effects of Conflict on Women and Men in north Kivu, Eastern Democratic Republic of Congo: Preliminary Results of the International Men and Gender Equality Survey (IMAGES)*. Sonke Gender Justice Network and Promundo-US: Cape Town, South Africa, and Washington, DC.

6.3 Programme documents

Preliminary Country Programme (Zimbabwe), 2011:

This document targets six areas: Community Opinion Leaders, Coordination, Economic empowerment, Broad-based solutions, Care for the survivors of GBV and perpetrators, and Reporting GBV-related cases. Since the programme was created and implemented in Zimbabwe (conflict setting), it provides useful lessons for programming elsewhere. Go to <http://zimbabwe.unfpa.org/> to download the document.

UNFPA Strategy and Framework for Action to Addressing GBV, 2008 – 2011:

The UNFPA developed a Framework for Action, which is applicable at both a regional and national level. It tries to identify priority areas in which UNFPA should strategically direct its GBV programming. To download the document, go to www.unfpa.org/webdav/site/global/shared/.../2009_add_gen_vio.pdf.

6.4 Tools and guides

African Transformation:

This is a tool designed to promote gender equity, participatory development and community action by helping women and men critically examine gender roles. The African Transformation tool kit features nine profiles – in audio, video and written form – of women, men, and couples from Tanzania, Uganda, and Zambia who overcame gender barriers and challenges in their lives and by so doing became role models in their communities. Go to <http://www.k4health.org/toolkits/malawi-hiv-aids/african-transformation-tool-kit-jhuccp-0> to download the toolkit.

Engaging Men and Boys in GBV Prevention and Reproductive Health in Conflict and Emergency-response Settings, 2008:

The ACQUIRE Project's and MenEngage's workshop module is called Engaging Men and Boys in GBV Prevention and Reproductive Health in Conflict and Emergency-response Settings. It is a module designed to build the skills of participants working to engage boys and men in GBV prevention and reproductive health in conflict, post-conflict and humanitarian settings. See http://www.rhrc.org/resources/Conflict%20Manual_CARE_for%20web.pdf.

Engaging Men at the Community Level:

MenEngage has an interactive manual, *Engaging Men at the Community Level*, that offers master trainers approaches for working with community-based health outreach workers and gender activists a means to mobilise community members to take action related to HIV and AIDS and gender. Following a brief section defining male gender norms' linkage to negative health outcomes, the manual offers numerous strategies for community engagement for change, such as conducting a needs assessment, conducting marches and rallies and engaging theatre practitioners. To download this manual go to <http://www.acquireproject.org/archive/html/7-engage-men/tools.html>.

MenEngage’s Synchronising Gender Strategies:

This is a cooperative model for improving reproductive health and transforming gender relations. It is therefore useful for GBV prevention and response strategy formation, including in conflict, post-conflict and humanitarian settings. To download this document go to www.prb.org/igwg_media/synchronising-gender-strategies.pdf.

MenEngage’s Yaari Dosti: Young Men Redefine Masculinity:

This is a training manual for government and non-government organisations that aims to promote gender equity and address masculinity as a strategy for the prevention of HIV infection. Several activities are discussed in the manual. The activities are organised around four key themes: (1) gender; (2) sexuality and reproductive health; (3) violence; and (4) HIV and AIDS prevention. It promotes the positive aspects of masculinity, encourages men’s participation in sexual and reproductive health, promotes respect for sexual diversity and improves the understanding of the body and sexuality. In this manual, HIV prevention is addressed within the larger framework of gender roles and relationships. To download go to: http://www.menengage.org/index.php?option=com_docman&task=cat_view&Itemid=23&gid=17&orderby=dmdate_published&ascdesc=DESC.

The SASA! Activist Kit for Preventing Violence against Women and HIV:

SASA is a programmatic approach and an “activist kit” for mobilising communities to prevent violence against women, focusing in particular on the connection between HIV and AIDS and violence against women. It targets community norms and traditional gender roles and aims to change knowledge, attitudes, skills and behaviour to redress the power imbalance between men and women. It was created by Raising Voices, a Uganda-based non-governmental organisation that works in the Horn of Africa, and Southern Africa. This approach has been used extensively in conflict, post-conflict and humanitarian settings. Go to <http://www.raisingvoices.org/sasa/index.php> to see evaluations and to download the SASA toolkit.

Stepping Stones: A training package in HIV and AIDS, communication and relationship skills:

This tool was developed working with a rural community (mainly in Uganda). It was created, published and distributed as part of the Strategies for Hope project, which, at the time, was a project supported by ActionAid. Stepping Stones is a gender transformative approach designed to improve sexual health through building stronger and more gender-equitable relationships among partners, including better communication. Stepping Stones can be found at <http://www.mrc.ac.za/policybriefs/steppingstones.pdf>.

The Breakaway Game:

This is a free online football game produced by UNFPA, in conjunction with Population Media Centre, which specialises in using entertainment as an entry point for changing attitudes, and the Emergent Media Centre at Champlain College. The game was launched during the World Cup in South Africa as part of the UN Secretary-General’s UNITE Campaign, with a trailer featuring football star Samuel Eto’o, who urges viewers to be champions by ending violence against women. This tool is used regionally in Africa. Go to <http://www.unfpa.org/public/cache/offonce/home/news/pid/6506> to view the game and videos.

The Sexual Violence Research Initiative:

This research initiative has tools regarding involving men and boys in GBV prevention and response. See <http://www.svri.org/>. This tool is being used in various countries in Africa, including Burundi, Angola, DRC, Eritrea, Ethiopia and Sudan.

UNFPA Plan of Action for Kebri Beyah and Shimelba Refugee Camp:

Guidance is based on a multi-sectoral model, which recognises that GBV prevention and response programmes require the participation of the health, psychosocial, legal/justice and security sectors. Go to www.unfpa.org/emergencies/docs/gbv_assessment_ethiopia to download the report.

UNFPA/Promundo Toolkit for Working with Men and Boys:

Promundo and UNFPA, in collaboration with WHO, are developing a toolkit of emerging good practices on engaging men and boys in SRH, HIV/AIDS prevention and treatment, MNCH, GBV prevention, and fatherhood. The toolkit is partly a synthesis of existing good practice materials that Promundo and other MenEngage partners have already developed. To download the toolkit go to <http://www.unfpa.org/public/home/publications/pid/6815>.

6.5 Other

For the policy report series by MenEngage Africa and Sonke Gender Justice Network see <http://www.genderjustice.org.za/africa-policy-reports/projects/advocacy/sonke-and-menengage-africa-policy-report-series>

For Sub-Saharan laws see <http://www.nycbar.org/pdf/report/GBVReportFinal2.pdf>

The Rwandan Gender-based Violence Bill:

During the drafting of the GBV Bill, men were involved at every stage of the policymaking process, including taking up leadership roles in promoting women's rights and gender equality. The causes and solutions to GBV were discussed in the community public participation. The actual drafting was done by one man and one woman. To download a summary of the Bill and its effects, go to <http://www.siyanda.org/search/summary.cfm?nn=4053&ST=SS&Keywords=gender&SUBJECT=0&Donor=&StartRow=61&Ref=Sim>.



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