

Engaging Men and Boys in Gender Equality

Vignettes from Asia and Africa



International Council on
Management of Population Programmes



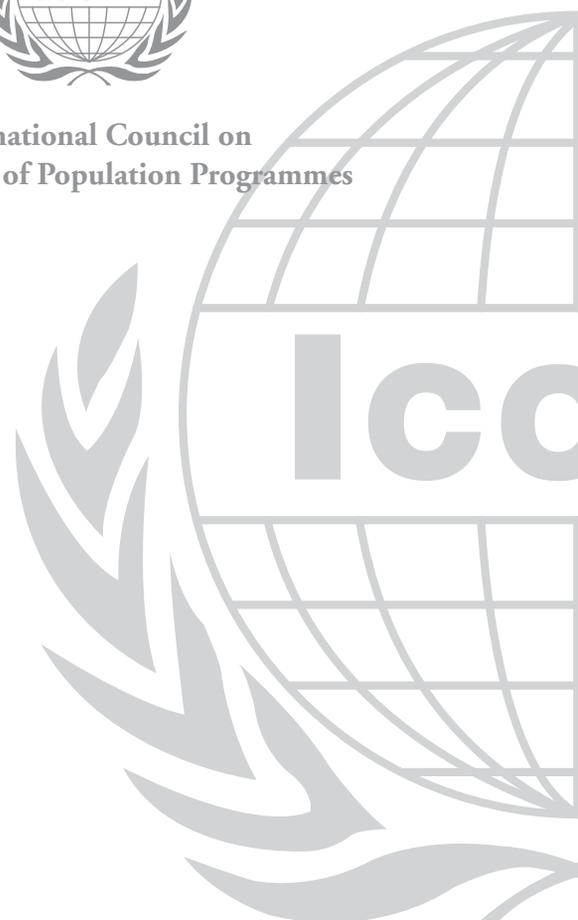
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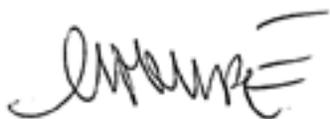
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Foreword

The Programme of Action from the International Conference on Population and Development was groundbreaking. It underscored the importance of involving men in efforts to ensure universal access to reproductive health and for addressing other critical population needs. Yet, reaching the development goals outlined by world leaders, including the Millennium Development Goals, will require a myriad of interventions. Engaging men and boys is just one of many ways to help realize such noble goals as gender equality and women's empowerment. Men and boys must be part of the solution. The rights and needs of women and girls as well as men's and boys' own well-being hang in the balance. Evidence points to the efficacy of such an inclusive approach.

It is my pleasure to introduce these case studies as examples of the wide range of innovative efforts that have advanced human rights. I hope you will find them useful and inspiring to your work.



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To our families who have lovingly supported us, this publication is much yours as it is the authors'.

Acronyms

AIDS	Acute Immune Deficiency Syndrome
BCC	Behavioral Change Communication
BPO	Barangay Protection Order
CBDA	Community-based Drug Agents
CBRHS	Community-based Reproductive Health Services
CBO	Community-based Organizations
CMC	Center Management Committee
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CMG	Community Men's Group
CMN	Cambodian Men's Network
CRVMG	Child Rights Violation Monitoring Group
CSEB	Commercially Sexually Exploited Boys
FLEP	Family Life Education Program
FP	Family Planning
GADNet	Gender and Development Network
GO	Government Organizations
HCT	HIV Counseling and Testing
HIV	Human Immune Deficiency Virus
HMRG	Health and Management and Research Group Foundation
IEC	Information, Education and Communication
INGO	International Non-government Organizations
INCIDIN B	Integrated Community & Industrial Development Initiative in Bangladesh
LEB	Local Elect Body
MPC	Monitoring and Planning Committee
MPP	Men's Perspective Project
NGO	Non Government Organizations
RH	Reproductive Health
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCSW	United Nations Commission on the Status of Women
UNDAW	United Nations Division for the Advancement of Women
UNFPA	United Nations Population Fund
VAWC	Violence against Women and Children
VCT	Voluntary Counselling and Testing
WCG	Women's Core Group
WELA	Women's Empowerment through Legal Awareness
YPE	Youth Peer Educators

Executive Summary

I. BACKGROUND

Embedded in the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is gender equality. Adopted by the United Nations General Assembly in 1979, CEDAW sets forth measures for the elimination of discrimination in all its forms and manifestations. Among its imperatives, the Convention underscores the responsibility of both men and women in the upbringing of children.

During the past 15 years, a growing response to the call for engaging boys and men in the promotion of gender equality has resounded (International Centre for Research on Women, Instituto Promundo, 2007). Several global agreements have formally recognized the importance of male participation in gender equality.

The 1994 Programme of Action of the International Conference on Population and Development, for instance, stated that a full partnership between men and women is required in both productive and reproductive life.

The United Nations Population Fund (UNFPA) released a technical paper in 2000, among the first to set guidelines for engaging men in gender equality, and in 2003 published *iT TaKes 2*, a programme advisory for engaging men in sexual and reproductive health. In 2007, UNFPA identified the engagement of men and boys in gender equality as one of its six priority areas.

The United Nations Division for the Advancement of Women (UNDAW) called for revisiting actions and programmes that engage boys and men including through reflexive recognition of diversity of boys' and men's experiences and contexts; connection between misogyny and homophobia in constructing harmful notions of sexualities; importance of cultures and personal meanings in shaping gender roles; and the interconnection of gender equality, human rights and social justice. It emphasized integrated policies and collaborative efforts for engaging men and boys (UNDAW, 2004).

The United Nations Commission on the Status of Women (UNCSW), during its 48th Session in 2004, encouraged initiatives for male participation in promoting gender equality. The UNCSW also developed a comprehensive list of recommended actions for governments, organizations, agencies, international financial institutions, civil society and other stakeholders (UNCSW, 2004). During its 53rd Session in 2009, it focused on 'Shared Responsibilities between Women and Men', including in the context of HIV caregiving. The Global Symposium on Engaging Men and Boys in Gender Equality in March-April 2009 echoed the growing chorus for male involvement in gender issues through the Rio Call to Action.

II. RESPONSE

Asia and Africa have some of the lowest Gender Development Index figures and continue to present a major challenge for empowering women and protecting their rights. Fortunately, there is building momentum to engage men and boys in efforts to achieve gender equality and equity.

This report sets out to strengthen the understanding of programmes that effectively involve boys and men in gender equality, equity and reproductive health by documenting those with demonstrated success. From this, government units at various levels, international non-governmental organizations (INGOs) and civil society initiatives can glean information from the ground on effective ways to engage boys and men in gender, sexuality, and reproductive health programmes and issues.

Structured questionnaires were sent to organizations that implement male participation programmes. As a result of their responses, 16 organizations are profiled in this report, providing information on their respective programme descriptions, objectives and activities. Additionally, literature and electronic searches identified 31 programmes, interventions or studies from Asia and Africa that engage boys and men in various activities that may eventually contribute to the achievement of gender equality and equity.

Four programmes – one each from Bangladesh, Cambodia, Philippines, and Uganda – were chosen for in-depth case studies.

III. LESSONS LEARNED

This report generated specific, detailed lessons for successful implementation of initiatives that engage men and boys in advancing gender equality. The lessons are fully developed in the report. In general terms, they include the following:

1. A gender perspective must be incorporated into every facet of programme design and cycle.
2. Starting points for engaging men and boys vary.
3. Programme designs need to be tailored to the practical and strategic gender needs of the community.
4. It is crucial to engage men from institutions mandated to implement specific laws for the protection of women and children.
5. Frontline gender and reproductive health service providers must be



strengthened and complemented to scale up responses to the needs of women, children and men.

6. Cross-cutting, gender-based issues, such as domestic violence, STIs including HIV, family planning/responsible parenthood and men's risky lifestyle must be recognized and addressed.
7. Male gender champions must be recruited as effective communicators of behavioural change for men.
8. Partner with faith-based organizations to increase community participation.
9. Various interventions and practices that inhibit gender-based violence should be developed.
10. Diverse notions of masculinities should be acknowledged.
11. Sustainability issues can undermine efforts towards engaging boys and men.
12. Programme methodologies and approaches for boys and men differ.
13. To date, little effort has been made to address sexuality.
14. Life skills and gender issues should be integrated into formal and non-formal education.

The report fleshes out these lessons to allow for a deeper understanding of the necessary steps to engage boys and men to further gender equality and equity.



IV. RECOMMENDATIONS

The lessons culled from the case studies and literature review generated specific recommendations. The report elaborates on the following:

1. Government agencies must be given the responsibility to articulate and craft national policies and mainstream boys' and men's involvement to complement overall efforts for gender equality, equity and development.
2. Frameworks and resource tools for programmes that engage boys and men should be enhanced to better assess, monitor and evaluate programmes, and training designs and learning modules should be strengthened.
3. Programme experiences and lessons should be shared in order to expand successful efforts that engage boys and men in promoting gender equality and equity.
4. A 'community of practice' – people who share an interest or craft – should be developed to promote and disseminate knowledge and skills, including resources and tools that arise from policy dialogues, South-South exchange or draw on the experiences of partners from the North.
5. The sustainability of government and NGOs working on gender and development, including programmes that engage boys and men, should be strengthened.
6. Policy dialogues and exchanges of information that enhance collaboration for gender equality, equity and development should be supported.
7. Evidence-based research should be conducted to evaluate programme success, generate additional questions and issues, and form the basis for ongoing interventions that advance gender and development.

This document highlights programmes that are working towards the same goal, albeit from different directions, to engage boys and men in the quest for gender equality and equity.





Chapter **1**

Introduction

SITUATION

The clarion call by communities and institutions to engage boys and men in gender, sexuality and reproductive health is a direct response to the harsh experiences of many women around the world. Gender-based violence knows no boundaries and is prevalent across countries, cultures and communities. Patriarchy, at the core of this phenomenon, fosters gender inequality and inequity. Gender bias manifests itself in higher maternal and infant mortality rates, violence against women and children (VAWC), and the disproportionate rise of sexually transmitted infections (STIs) and HIV prevalence among women. Communities have pushed for engaging men in the promotion of gender equality, equity, reproductive rights and the empowerment of women. Men's involvement will not only improve women's lives, but also the health and well-being of men and their families.

RESPONSES

Embedded within the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is gender equality and equity. Adopted by the United Nations General Assembly in 1979, the CEDAW sets forth measures for the elimination of discrimination in all its forms and manifestations. Among its imperatives, the Convention underscores the responsibility of both men and women in the upbringing of children:

To ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of the children is the primordial consideration in all cases.

During the last 15 years, programmes that engage boys and men in efforts to promote gender equality and equity have grown (International Centre for Research on Women, Instituto Promundo, 2007). Various global agreements formally recognize the importance of male participation in gender equality.

The 1994 Programme of Action of the International Conference on Population and Development which was drafted in Cairo (Egypt) states that "the full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household" (United Nations Population Information Network, 1995). The document further provides the rationale for the suggested paradigm for men's participation:

Men play a key role in bringing about gender equality since, in most societies, men exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and programme decisions taken at all levels of Government. It is essential to improve communication between men and women on issues of sex and [sexuality and reproductive health] and the understanding of their joint responsibilities, so that men and women are equal partners in public and private life.

In 2000, UNFPA released a technical paper on partnerships with men in reproductive and sexual health and rights with three basic expectations: (i) partnership in sexual and reproductive health, (ii) gender-equitable man, (iii) men taking ownership of problems and being part of the solution (Cohen and Burger, 2000). In addition, UNFPA also published a set of clear, specific programme guidelines intended to “increase men’s involvement in reproductive health issues through research, advocacy, behaviour change, communication and education, policy dialogue, and well-tailored and innovative reproductive health services” (UNFPA, 2003). *Delivering on the Promise of Equality: UNFPA’s Strategic Framework on Gender Mainstreaming and Women’s Empowerment 2008-2011* (UNFPA, 2007) includes engaging men and boys in gender equality and equity as one of the six priority areas in UNFPA’s work.

The United Nations Division for the Advancement of Women (UNDAW), in collaboration with other UN agencies, called for an expert group meeting “to clarify the roles that men and boys could play in achieving gender equality” with a special focus on “unequal power relations between women and men, on gender stereotypes, and on socialization processes as challenges to the achievement of gender equality” (UNDAW, 2003).

During its 48th Session in 2004, the United Nations Commission on the Status of Women (UNCSW) reiterated and encouraged initiatives with strong male participation in promoting gender equality. It included:

The Commission recognizes that while men and boys sometimes face discriminatory barriers and practices, they can and do make contributions to gender equality in many capacities, including as individuals, members of families, social groups and communities and in all spheres of society (UNCSW, 2004).

The UNCSW generated a comprehensive list of recommended actions that can be taken by governments, organizations, agencies, international financial institutions,



civil society and other stakeholders. Recommendations include crafting education and training programmes, networks, policies, advocacy strategies, research endeavours, and using political influence to ensure boys' and men's involvement in widespread efforts to achieve gender equality (UNCSW, 2004). At its 53rd meeting in 2009, the UNCSW focused on equal sharing of responsibilities between women and men, including caregiving in the context of the AIDS epidemic.

The Global Symposium on Engaging Men and Boys in Achieving Gender Equality, held in Rio de Janeiro (Brazil) in March-April 2009, brought together many United Nations agencies including UNFPA, World Health Organization (WHO), United Nations Development Fund for Women (UNIFEM), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), and United Nations Development Programme (UNDP) along with many other non-UN actors. The symposium participants drafted the Rio Call to Action, highlighting the need to "invest in men and boys to become engaged in changing their behaviour and attitudes towards gender equality supported by communities, systems and national policies."

Previous efforts have been reviewed and have generated lessons from men's and boys' participation programmes (Barker & Ricardo 2005; Barker, et al., 2007; RHO Archives; Sternberg & Hubley, 2004; White, et al., 2003). Early research noted that programmes engaging boys and men were limited in scale and reach (ICRW-IP, 2007; Barker, et al., 2007). Most of the evaluated programmes in previous reviews were from Latin America, North America and Africa.

The Asia Pacific Joint Initiative on Working with Men and Boys for Gender-based Violence Prevention identifies three components of the South Asian regional initiatives: (i) public awareness and education, (ii) networking and capacity building, (iii) research and advocacy. Under research, the need for mapping, compilation and literature reviews of existing works and resources was highlighted (UNDP, 2007).

LITERATURE REVIEW

The work of promoting gender equality and equity affects all areas of productive, reproductive and sociopolitical life (UNPIN, 1995). A review of existing literature on men's participation in promoting gender equality and equity through programmes and initiatives in Africa, Asia and the Pacific, especially in sexual and reproductive health and violence against women and girls, discovered three broad categories of engagement: boys and men as clients, partners or agents of social change. This is especially seen in the 31 programmes, studies and intervention in Asia and Africa. For many of these programmes, the categories overlapped.

Men and boys as clients of sexual and reproductive health services: Programmes that purely consider men and boys as clients are rare. Almost always, they include education, consciousness-raising, formation of identity or similar activities that engage men and boys as partners in bringing about women's reproductive and sexual health or attempt to instill values that promote gender equality and equity.

Thailand had early success with a programme to increase condom use, which was initiated by the Ministry of Public Health. Its goal was 100 per cent condom use during all commercial sex. The programme targeted male clients of sex workers and included mass television and radio campaigns, the provision of a continuous supply of free condoms to sex workers and sex establishments, and enforcement of universal condom use at commercial sex establishments (Program for Appropriate Technology in Health, 2003). The programme increased condom use from 15 per cent to more than 90 per cent within five years (UNAIDS, 2000). During that timespan, national rates of STI and HIV infections decreased considerably (Rojanpithayakorn, 2006).

The Bhoruka Public Welfare Trust in India did a survey of the sexual behaviours of truck drivers who pass through strategic stopping points on highways. After identifying gaps in health care, the organization set up four drop-in centres-cum-clinics and conducted outreach activities, each staffed by a medical officer, social workers and counsellors. Apart from general diagnostic and therapeutic interventions for a variety of illnesses, services included counselling, mainly to encourage compliance and completion of STI treatments, condom demonstrations and HIV testing. The clinics initially saw male truckers only, but eventually the services were extended to family members brought in by truckers. The programme evaluation found that clients' personal views play a crucial role in their eventual use of the products promoted by certain programmes (Majumdar, 2000).

A programme in Kenya was developed around the cultural tradition of male circumcision. Interactive educational activities were easily integrated into the boys' daily activities during their week-long recuperation in the hospital following the procedure. Through videos and discussions with peers, trainers and peer counsellors, the programme creatively combined the experience of male circumcision with practical education and value formation (Grant, et al., n.d.). The programme report states, "seclusion period may be the only time some of these adolescents will hear and want to hear appropriate health messages." Topics discussed during the sessions include HIV prevention, alcohol and drug use, life skills, becoming a man, psychology of youth, setting goals and achieving them, community expectations of new men and school life. These boys were not only regarded as recipients of male circumcision services, but also as agents who have the "ability to make positive life choices" (Grant, et al., n.d.). The programme demonstrated a timely, effective intervention that seizes the opportunity of a cultural practice to engage boys in reflecting on notions of masculinity.

An organization in India called "Talk about Reproductive and Sexual Health Issues" (TARSHI) initiated a telephone help line to generate frank discussions about reproductive and sexual health. Through trained counsellors, the organization offers over-the-phone information on caller-determined topics on reproductive and sexual health, as well as counselling and referral services. Originally intended to provide confidential information to women, the help-line service soon discovered that 80 per cent of the callers were men. The men are not only clients, but also agents of change by virtue of the liberating effects of talking about sexuality, especially in social contexts

normally considered taboo, and the transforming effect of liberation. After accessing programme services, the men demonstrated more positive behaviours. The technical structures and experiences of this programme identify important elements in engaging men. First, a help line provides anonymity and allows participants to determine their own informational needs (Chandiramani, 2000). This is part of honouring the participants' personal meanings of pleasure, desire, sense and experiences of sexualities. Second, the programmes accessed by men do not necessarily need male staff to run the programmes. Similarly, the Bhoruka Public Welfare Trust programme, which provides face-to-face counselling to male truckers and their families, reported in its evaluation that the gender of its counsellors did not affect the response of male clients (Majumdar, 2000).

The activities of programmes that deal with men and boys as clients are designed to respond to specific gaps in reproductive and sexual health services. As such, clients may not readily perceive the intended outcome of gender equality and equity unless the concept is pointed out to them. But the specificity of the activities makes outcomes more readily attainable. When coupled with principled social marketing of the value of a specific behaviour, programmes that deal with men and boys as clients have great potential to effectively enhance gender equality and equity.

Men as partners: Many programmes underscore the importance of involving women's male partners in contraceptive use. A unique set of interventions carried out in Viet Nam was based on the transtheoretical model¹ of behaviour change. The interventions involved sending letters and providing interpersonal counselling to the married men in a village. The messages in the letters and counselling sessions varied with regard to the husband's readiness to support an intrauterine device (IUD) as a contraceptive method for his partner. After the interventions, the study found "a significant positive movement in men's stage of readiness for IUD use by their wives" (Ha, et al., 2005).

The Male Motivation Campaign in Guinea, carried out by PRISM (Pour Renforcer les Interventions en Santé reproductive et MST/SIDA – Strengthening Interventions in Reproductive Health and STD/AIDS) and Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (Baltimore, Maryland), held conferences and media campaigns that utilized videos, audio, printed material and music to increase married men's involvement in promoting family planning. The interventions were identified as 'family planning ideation', which operationally was measured by "awareness about family planning methods, approval of family planning, spousal communication about family planning, perceived spousal approval of family planning, perceived social support for family planning, discussion of family planning with friends and relations, social influence for using family planning, and personal advocacy of family planning." Religious leaders' involvement during the conference was unique. They eventually formed a support group, mobilizing Christian leaders to support reproductive health activities (Blake & Babalola, 2002).

¹ The transtheoretical model in health psychology assesses a person's readiness to acquire a new behaviour and gives strategies to get through the stages of change and anchor the behaviour.

There also are programmes that engaged men not only in family planning and contraception, but also in a range of issues around their partners' pregnancies, illustrating that offering information on pregnancy risks and the benefits of antenatal care can change attitudes and behaviour.

In Zimbabwe, Mira Newako Project ('stand with your spouse with pride') combined community outreach, clinic education and couple-oriented counselling to sensitize the community about male involvement, increase male attendance during antenatal care, and reduce HIV infection among pregnant women. Despite logistical, socioeconomic and political challenges, the programme reported that men participants showed interest in their babies' health and in supporting their pregnant partners (Pulerwitz, et al., n.d.). The programme's interventions also increased couples' attendance in antenatal care (Horizons Program, 2002).

In Nepal, an education intervention was carried out in 2007 with the aim of testing 'the impact of involving male partners in antenatal health education on maternal health care utilization and birth preparedness' (Mullany, et al., 2007). Wives, who participated with their husbands in education during antenatal care, were more likely to report making birth preparations and attending postpartum visits than women not involved or involved in the education without their husbands. A similar programme, Men In Maternity, in India (Varkey, et al., 2004) and South Africa (Kunene, et al., 2004) also demonstrated that involving men in antenatal care counselling is effective in changing certain maternal health-promoting attitudes, knowledge, and behaviours.

In India, the Society for Education, Welfare and Action Rural (SEWA-Rural) initiated a programme that helped men and other family members prepare for safe childbirth by supporting pregnant women to register early, obtain adequate nutrition, plan for delivery, and recognize signs and appropriately respond to complications (Program



for *Appropriate Technology in Health*, 2003). Every season, the programme held a fair with games interspersed with discussions to promote health awareness. The organization gave out contraceptives to couples – contraceptive pills were handed to the men and condoms were handed to the women in an attempt “to initiate discussion between the husband and wife.” The programme reported an increase of men seeking health workers to register their wives for early antenatal care, accompanying their wives to antenatal visits and bringing their babies to the clinic for immunizations. However, it also noted that the “men, family members and women themselves persistently believe that a man must not be present during his wife’s labor.” Thus, in the process of engaging men – and probably women – in issues of reproductive health, it may be difficult to overcome well-entrenched cultural beliefs (SEWA- Rural, 2000).

The Deepak Charitable Trust in India involved men in antenatal care through a programme called *Pati Sampark*, literally meaning ‘contacting husbands’ (Lakhani, 2000). The interventions included male outreach workers who visited the husbands of women who did not attend antenatal care clinics to “motivate husbands to monitor their wives’ clinic attendance and consumption of the iron and calcium supplements at the prescribed times” (Program for *Appropriate Technology in Health*, 2003). After the intervention, an increase in knowledge on antenatal care services was observed among the husband participants and an increase in attendance at the clinics was observed among their wives (Lakhani, 2000).

The Suami SIAGA programme in Indonesia launched television, radio and print campaigns, trainings, local mobilization events and mini grants to communities in an effort to increase public awareness about the danger signs of pregnancy and help instill a sense of pride in husbands who are involved in their wives’ pregnancies. The interventions improved husbands’ knowledge, attitudes and behaviours towards pregnancy (IMWE, UNFPA, JHU- CCP, 2003).

Several programmes in India engaged men not only as partners in achieving health for women, but also as agents of social change. Along with involving men in women’s reproductive health activities and antenatal care (Pal, 2000; Sharma & Sharma, 2000), contraception (Mitra, 2000; Sharma & Sharma, 2000), and STI and HIV prevention and care (Pal 2000), the programmes created men’s clubs, which recognized male role models concerned for the well-being of their families (Sharma & Sharma, 2000), conducted workshops on men’s roles in the family (Pal, 2000), and launched awareness campaigns, peer education and meetings to tackle issues such as egalitarian relationships in the family and gender-sensitive approaches to women’s health (Mitra, 2000).

The men’s clubs, chaired by village leaders, helped increase girls’ school enrolment and prevented changes in sex ratios and declines in female births. It was also successful in engaging adolescents through discussions on sexuality. This programme showed the feasibility of engaging influential leaders in bringing about a more egalitarian society (Sharma & Sharma, 2000).

The Community Aid and Sponsorship Program and Foster Parents Plan International (CASP-PLAN) also found that men can be effectively engaged when maternal and child health interventions are initially promoted as 'child-welfare' programmes. CASP-PLAN focused on the timing of activities and reported that optimal participation occurs when interventions are held in the evenings or during other times convenient for men. However, it noted difficulties in implementation, including problems transforming information into changes in attitude and practice, especially in the face of well-entrenched cultural beliefs. Men's participation programmes may inadvertently employ measures that discourage men participants, such as making men wait outside consultation areas when they accompany their partners for antenatal care (Pal, 2000).

Most programmes that engage men as partners are clinical reproductive health (RH) initiatives. These programmes are usually designed around heterosexual relationships, almost always within the context of marriage and monogamy. Engaging men as partners within this framework holds promise for introducing notions of gender equality and equity. Men are presented with real, rather than hypothetical, benefits – the health of their partners and children. Hence, the immediacy of engagement reinforces positive attitudes and behaviours.

Men and boys as agents of change: Some programmes were initially designed as formation trainings on RH issues, which then expanded into the bigger issue of gender equality and equity. The Men's Involvement in Women's Reproductive Health (MIWRH) programme, run by the Society for Integrated Development of Himalayas in India, engaged both men and women in training workshops on RH and gender issues. It developed a holistic, gender-sensitive curriculum for youth, which was implemented at its informal centres (Gupta & Joshi, 2000). In Egypt, the New Visions programme of the Centre for Development and Population Activities (CEDPA) engaged boys and young men in education that promotes RH knowledge, life skills, self-expression and gender sensitivity (Green, et al., 2005).



Some programmes focus on relationships to promote gender equality and equity. Spearhead Youth Health, developed in India by the Council for Sex Education and Parenthood, is a training programme that highlights interpersonal relationships, gender sensitivity and human sexuality to develop peer group leaders among boys and young men from 15 to 30 years old (Watsa, 2000). The Better Life Options Program for Adolescent Boys launched trainings for boys through CEDPA in India. Apart from dealing with interpersonal relationships and communication skills, sessions are designed to motivate young boys to plan for a healthy, productive future by discussing the value of self-confidence and gender sensitivity (CEDPA, 2002). Also in India, the Yari-Dosti project, based on the modules of Program H in Brazil, attempts to change negative stereotypes of masculinity and reduce young men's risky sexual behaviours. Through group exercises, discussion, and rehearsal of positive attitudes and behaviours, young men analyze relationships and interactions with women, gender, masculinity, sexuality, gender-based violence, and HIV risk reduction (Clarke, et al., 2004; Verma, et al., 2006).

The Horizons Programme, University of Dar es Salaam's Department of Fine Arts and the Kimara Peer Educators jointly launched a creative initiative for young men in Tanzania that conducts peer education and community theatre presentations to examine issues of infidelity and violence, promotes negotiation and conflict resolution skills, and instills values of respect, trust and communication in relationships (Weiss, et al, 2004).

Several programmes that engage men as agents of social change are worth highlighting. The Men's Action for Stopping Violence against Women (MASVAW) was designed to specifically tackle issues of violence against women and girls. The objectives of the programme are:

to increase the visibility of violence against women and facilitate the process of challenging set attitudes and beliefs around it; to develop a rights-based approach among NGOs for addressing and mainstreaming violence against women and initiating a campaign of men against it; to increase awareness among men about violence against women as a larger social issue; to motivate men to shun violence, protest against violence, support survivors and provide new role-models (MASVAW, 2008).

These objectives gave rise to diverse activities and engagement with different institutions in society. In university-based areas, the programme organized workshops and informal sessions with university students, built relationships with university departments and faculty and involved influential university leaders. To increase media coverage on violence against women, the programme partnered with the media "by identifying, training and supporting journalists from mainstream media based in rural areas." To address workplace gender discrimination, the initiative engaged owners and workers (MASVAW, 2008).



The Men as Partners programme, started by EngenderHealth and Planned Parenthood Association of South Africa, engages men in reducing gender-based violence and promotes men's constructive roles in sexual and reproductive health, including HIV prevention (Peacock & Levack, 2004). The main feature includes a workshop designed within a human-rights framework linked to historical experiences of the country. The programme, according to the report:

...draws the connections between sexism and racism and other forms of oppression and strives to get men to see the ways in which gender equality is a fundamental human right of comparable importance to those fought for during the anti-apartheid years. This approach connects gender equality to South Africa's rich tradition of social justice activism and situates it squarely within human rights discourses and traditions embraced by most South African men.

Men as Partners affected positive shifts in attitudes and practices of the men who attended the workshops. The programme's framework underscores the importance of engaging men not only through more universal issues of RH, sexuality and human rights, but also through men's particular historical contexts, in this case, through conceptual links between racism and sexism (Peacock & Levack, 2004). Context-specific programme designs hold great promise for creating positive change in participants who may relate to the conceptual contents within the activities.

In the Philippines, Harnessing Self-Reliant Initiatives and Knowledge, Inc. (HASIK) conducted Gender Seminars for Men, because it believed a programme specifically

designed for men was needed. The activities in the seminar utilized popular education techniques known to effectively engage Filipino men, such as songs, games and theatre presentations, rendered in a mood of creativity, emotionality, playfulness and religiosity – all suited to the participants' cultural context. The programme also teaches its participants four basic premises when talking about gender equality and equity: (i) it is not a war of the sexes, (ii) it is not anti-male, (iii) both women and men are victims, although women significantly more so than men, (iv) both men and women have a stake in the struggle for gender equality and equity. Since their inception, the seminars have engaged Filipino men from diverse backgrounds and positions (Cruz, 2002).

Programmes that engage men and boys as agents of social change tend to be formative, conceptual and holistic. Their contents are varied and have great potential for being incorporated within activities' inputs and exercises that enhance knowledge, skills and attitudes for promoting gender equality and equity. They can appeal to diverse groups of men, covering different socioeconomic backgrounds, age groups, cultures and nationalities. Evaluation of the effects of these programmes can be challenging in that the intended outcomes are not easily measurable. Yet, they hold great promise for catering to and engendering diverse epistemologies of masculinities, and in producing more lasting effects on men and boys, ultimately benefitting themselves and women and girls.

While the programmes recognize that not all perpetrators of domestic violence are men and that some males are victims of violence, the preponderance of perpetrators are male and survivors are women. There is a need for initiatives that address male victims. However, the purview of this publication is to examine effective ways to engage men and boys in promoting gender equality, equity and the empowerment of girls and women.



Chapter 2



Objectives and Methods

OBJECTIVES

The overall goal of this document is to advance gender equality and equity, reproductive rights, and the empowerment of women and adolescent girls through promoting sociocultural environments conducive to male participation. The review of successful initiatives looks to strengthen the understanding of programmes that involve boys and men.

Based on information from the ground, this report is a roadmap for governments at various levels, international non-governmental organizations (INGOs) and civil society entities to engage boys and men in gender, sexuality, and reproductive health programmes and issues.

Critical points documented in this report include:

- Men's participation within programme contexts, objectives, operating strategies, delivery of interventions and results;
- Institutionalization of gender within programmes that engage boys and men;
- Management aspects that promote organizational and programme sustainability.

METHODS

The documentation was prepared in two phases: (i) inventory of programmes and (ii) in-depth descriptions of four programmes that engage boys and men.





For the inventory, a form was developed to succinctly profile organizations and the implementation of their programmes engaging boys and men. Through a snowball sampling technique², known organizations with male participation programmes were asked to complete the form and to send a copy to their network organizations that are similarly engaged in this type of work. In Bangladesh, Cambodia and India, for instance, the men's network facilitated contact with non-governmental organizations (NGOs), of which 16 submitted their profiles in time for inclusion in this report.

To further expand the base, an Internet search, including PubMed, POPLINE, Google Scholar and Sage Online, was conducted to access published reports, monographs, journal articles, newsletters and similar material. This search provided historical background information and conceptual discussions on programmes and interventions that engage boys and men in activities that may eventually contribute to gender equality and equity. Keywords in the Internet search included gender, boys, men, participation, involvement, programme, equality, reproductive health, sexual health and violence. References cited in these articles were further tracked to maximize retrieval of relevant literature.

For this review, only programmes implemented in Africa, Asia or the Pacific were included. Programmes with specific behavioural, cognitive, or clinical interventions on reproductive and sexual health and violence against women and girls were selected. Because many programmes dealt with overlapping themes within the expansive efforts to achieve gender equality and equity, ample space for inclusiveness was allowed.

To examine programme contexts, implementation, processes, results and organizational sustainability in depth, four organizations were identified for case studies: Bangladesh (INCIDIN-Bangladesh), Cambodia (Gender and Development for Cambodia), the Philippines (Health Management and Research Group Foundation) and Uganda (Family Life Education Program). Programmes were selected for case studies based on the following criteria³:

² Snowball sampling is a technique where research subjects recruit future subjects through their network.

³ This is guided by the evaluation results of Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions, World Health Organization, 2007.

- They work in areas of: a) sexual and reproductive health, b) fatherhood, c) gender-based violence, d) maternal, newborn and child health, e) gender socialization;
- They have at least two or more components (e.g., training, organizing, service delivery) and are long-term projects or interventions;
- They have been in operation for at least two years;
- They include qualities of gender-transformative programmes.

Each country had a research writer who, together with the author, conducted focus group discussions and key informant interviews. Focus group discussions were conducted with the organizations' management and staff, boys and men leaders/partners in the communities, men's groups/volunteers, representatives of women's organizations and partner NGOs. A total of 22 focus group discussions were conducted in four countries. To elicit individual experiences, opinions and feelings, 14 key informant interviews were held with stakeholders, including one with a perpetrator of violence and another with a complainant of domestic violence.

In analyzing the gender perspective of programmes, Caren Levy's 'web of institutionalization' framework⁴ became an important aid in constructing focus group discussion and key informant interview guide questions.



⁴ From Levy, Caren, "The process of Institutionalising Gender in Policy and Planning: The Web of Institutionalisation," DPU Working Paper Series, Working Paper No. 74, 1996.



Chapter 3

Case Studies

Safe Night for Street Boys
(Bangladesh)

Bangladesh

Integrated Community and Industrial Development Initiative in Bangladesh (INCIDIN Bangladesh)

Safe Night Shelter for Boys Living on the Streets⁵

Boys living and working on the streets are vulnerable to human rights violations, falling easy prey to sexual abuses, mostly by men, and increasing their risk of contracting STIs including HIV. Protracted abuse fosters trauma, anger, frustration, despair, rejection and low self-esteem. 'Safe Night for Sexually Exploited Street Boys', a project by INCIDIN–Bangladesh, established night shelters to reduce child sexual abuse and exploitation. During the day, the shelter serves as a drop-in centre, thereby maximizing services for boys living and working on the streets in urban areas. To address child rights and gender-related needs of the boys, the project attempts a holistic human rights-based approach for meeting the developmental needs of its clientele through non-formal education, life-skills training, and medical and legal services. With guidance from the programme staff, the youth are trained at centre management, child rights advocacy, responsible citizenship and economic practices. They are encouraged to pursue formal education through special programmes linked to the public school system. INCIDIN-Bangladesh works with several NGOs and government agencies to address problems related to child rights violations. The programme has provided safe night shelter to nearly 70 boys, with more accessing the services of the drop-in centres.

1. BACKGROUND

Bangladesh is a small country (147,570 sq. km.) with an estimated population of 134 million, according to the 2001 census. In what's typical of a developing country with high birth and death rates, the population is expanding at a rate of 2.1 annually. Children from 10 to 24 years old account for 23 per cent of the population⁶.

Patriarchal values embedded in the sociocultural norms reflect the systematic subordination and inequality of women in Bangladesh. A patrilineal and patriarchal kinship system enforces social and economic dependence of women on men and prescribes their lower status. Women constitute the majority of the poor and experience greater deprivation and vulnerability due to their subordinate position and powerlessness. In 2010, Bangladesh ranked 129th out of 169 countries in terms of Human Development Index (UNDP, 2010).

Traditional attitudes and women's stereotypical roles often prevent recognition of women's equal rights in both private and public spheres. The underlying structural factors include not just poverty, but also a culture of acceptance, lack of effective

⁵ Case study written by A.K.M. Masud Ali.

⁶ Figures are for 2005. Source: [World Health Statistics 2007](http://www.who.int/countries/bgd/en/) <http://www.who.int/countries/bgd/en/>



community structures, harmful practices, and inappropriate and ineffective allocation and utilization of resources. Women are subjected to inequalities in the family, the community and the workplace. Discrimination against girls starts at birth and continues through the life cycle.

Domestic violence continues to ravage women. A survey of rural women found that 38 per cent reported physical abuse from husbands or other family members⁷. Rape is reportedly increasing and represents more than half of reported crimes against women. Each year, more than 200 women and girls are victims of acid attacks for such acts as refusal to pay dowry and rejection of sexual advances or marriage proposal from an ardent admirer (NCBP Report, July 2000 - March 2001).

Commercially sexually exploited boys (CSEBs) and other vulnerable young men living on the street can face the similar socioeconomic discrimination and violence that women and girls experience. In addition to their vulnerability, boys who experience violence and abuse may resort to aggressive behaviour in later life relationships if ongoing abuse is not disrupted. Protecting and intervening with CSEBS can effectively break the cycle of violence.

2. IMPLEMENTATION

Programme Rationale

CSEBs are on the continuum of gender-based violence found in a patriarchy, where vulnerable people are often exploited. The average age of sexually exploited boys is 16 years old (Masud & Sarkar, 2006). About 66 per cent are exclusively exploited by men and 28 per cent by both men and hijra (men who identify as female).

Family factors can force boys into the streets. Poverty may push them into child labour. Parental absence through death or abandonment leads to neglect, abuse and lack of protection. Violence in the home, including sexual abuse, causes psychological harm. When a boy migrates and is displaced from his family, he may take his first step towards commercial exploitation, which often leads to sexual exploitation. A significant proportion of boys who work are forced to leave their jobs due to economic exploitation, but even more leave because of sexual exploitation by employers and co-workers.

Among sexually exploited boys, 68 per cent had been sexually abused before they entered the sex trade. As with female victims of abuse, the perpetrators are generally people close to them (i.e., relatives, neighbours or other known persons) who under normal circumstances would not be considered threats to their safety.

⁷ Khan; Salma, Bhatia; Kiran, Khan; Mozaharul I., Pervin; Shamima, *Gender Thematic Review, UNFPA, Dhaka, June 2004.*

Traditional social prescriptions discourage boys from coming forward and reporting sexual abuse by adults, parents or relatives, leaving them no social support. They have no alternative but to suffer in silence.

Children living on the street who are sexually exploited experience protracted sexual abuse and exploitation in their crudest forms, thereby increasing their risk of contracting sexually transmitted infections (STI), including HIV. Access to public health facilities is marginal given the stigma associated with sexual exploitation, especially with injuries due to anal sex.

Because of excessive abuse, the children suffer acute psychological maladjustment and distress. The streets' harsh environment thwarts their social development. Moreover, they are stigmatized and considered social outcasts. Emotions such as anger, frustration, despair, rejection and low self-esteem emerge. Sexually abused children are often prone to suicide, self injury and mutilation, destruction of property, substance use and violence.

Bangladesh's Constitution calls for the protection of child rights to life and education. In 1995, a national policy for children was established to harmonize all child development activities, with six general objectives: (i) safe birth and survival, (ii) proper educational and psychological development, (iii) family environment for development, (iv) assistance to children in difficult circumstances, (v) ensure the best interests of the child and (vi) children's legal rights and protection from discrimination. The National Plan of Action II included the provision of health, nutrition and other services through child care centres, education of parents and caregivers to strengthen their knowledge and child care practices, and community development activities aimed at establishing an enabling environment to foster child development.

Program Overview

INCIDIN-Bangladesh's study on boys in Dhaka publicized the social phenomenon of economic and sexual exploitation of boys. The findings became the NGO's rallying cry for children's voices to be heard and for service providers to become nondiscriminatory in handling violations of girls' and boys' rights. Given the boys' precarious circumstances and the lack of NGOs that address their needs, INCIDIN-Bangladesh began caring for sexually exploited boys and the Safe Night for Sexually Exploited Street Boys project was conceived.

Utilizing a human rights-based approach, the project's goals are to reduce child sexual abuse and exploitation and mitigate unsafe nights for sexually exploited boys living on the streets in Dhaka. The project's specific objectives are as follows:

- For duty bearers and the local community to become more responsive and work with children to create safe spaces for sexually exploited boys who live on the street;



- For sexually exploited boys who live on the street to receive basic services and actively participate in project activities that enhance their livelihood options;
- For government to organize NGO service providers to become capable of better delivering services for sexually exploited boys living on the street;
- For children to become more responsive and actively participate in the protection of child rights;
- For sexually exploited boys who live on the street to gain knowledge and increased participation in project management.

Programme activities are anchored in two major strategies: prevention and holistic human rights-based interventions.

Preventive strategies: At the national level, the local elected body (LEB), child-led organizations, NGOs, INGOs, representatives of law enforcement agencies, charitable organizations and corporations, representatives from related ministries and other prominent people have formed an advocacy alliance to prevent child exploitation. This national alliance assesses the implementation of local interventions to further identify required action at the policy level. It utilizes various tools and means of advocacy to effect policy changes that will protect the rights of the children who live and work on the city streets. Activities include action research, workshops and seminars, dialogue with policy makers, media campaigns, signature campaigns, lobbying with duty bearers and mobilization activities.

An advocacy alliance at the local level also ensures community participation and integration of the sexually exploited boys into mainstream society. The local-level alliance comprises children living on the street, members of LEBs, community leaders, local businesses, local child rights NGOs, community law enforcement agencies, Kamalapur Rail Station's security force, school managing committees, benevolent and charitable organizations and local government officials. It also coordinates the formulation and implementation of the advocacy annual work plan. The alliance identifies service gaps for sexually exploited boys and arranges necessary resources, such as land, technical assistance and a lobbying campaign for community-based safe night shelters.

Action research is regularly conducted to generate information on children's situations, life



conditions and developmental needs. The findings are then analyzed and an action research report is formulated, becoming the basis for advocacy and programme design.

Holistic human rights-based interventions: While prevention of child exploitation through comprehensive policy work is the end goal, stopgap measures have been put in place to address the current needs of the sexually exploited boys.

Night shelters-cum-drop-in centres: Boys living on the streets are subjected to sexual and physical abuse by older men. Some are nabbed by thugs or apprehended by authorities for taking refuge on government or private properties. The boys tell of beatings and sexual encounters they endure in exchange for the chance to stay or sleep on the street.

INCIDIN-Bangladesh opened two night shelters for boys – one for 10-13 year-olds and another for older boys. These shelters are exclusively for CSEBs who have been found to be more vulnerable than others. A selection process involving both stakeholders and CSEBs identifies the boys who will be housed at the night shelters. The prevalence of male power dynamics in Bangladeshi culture requires boys to be separated by age in order to protect the younger ones from further exploitation. As an added precaution, each night shelter has surveillance cameras to monitor the boys' interactions within the premises.

The night shelters also serve as daytime drop-in centres for street-based CSEBs. Between 9:00 a.m. and 6:00 p.m., the shelter provides CSEBs with health services, psychosocial assistance, non-formal education, social and legal education, peer companionship, recreation, games and art competitions. The night shelter-cum-drop-in centre activities are designed to meet child protection policies and minimum standards of care.

Non-formal education programme: Boys living on the streets are highly mobile and are engaged in multiple odd jobs. As such, most do not attend regular school. To address their educational needs, INCIDIN-Bangladesh designed a non-formal education component where boys could individually work at their own pace. INCIDIN teachers assess the boys' current reading, mathematics and writing skills to determine their learning needs. With due consideration to the child's schedule and learning pace, an individual study plan is formulated. The study plan is kept at the centre, readily available to the learning guides on duty when the child comes to work on it.

The non-formal education programme's unique structure and approach ensure quality education for the boys and has the following features:

- Flexibility in time and space to foster children's enrolment;
- Flow of motivational inputs to facilitate children's enrolment and retention through completion of their educational work plan;



- Flexible curriculum to meet the needs of boys with learning challenges;
- Innovative and engaging teaching methods to make the class interactive and attractive.

The non-formal education programme is designed for the expediency of the child and requires his commitment to pursue his individualized study plan. INCIDIN teachers use alternative teaching methods, such as drawing and singing, to make learning interesting and to sustain the child's motivation. The boys are encouraged to come in at least three times per week to work on their individual study plans. Two teachers work different shifts as learning guides to ensure that a teacher is available whenever a child attends. Evaluations on measurable competency levels are conducted throughout the three-month period.

Formal education: Teachers encourage the boys to complete formal studies. An agreement with some Dhaka public schools allows children who live on the street to be admitted into the mainstream classroom. But since most CSEBs cannot attend classes everyday, the schools allow the curriculum to be taught by INCIDIN–Bangladesh teachers at the centre. The boys are required only to come to school during scheduled examinations. If they pass the school- supervised examinations, they move up the next educational level. INCIDIN–Bangladesh also rallies the business sector to sponsor scholarships for the CSEBs in formal schooling through corporate social responsibility.

Health care services: Harsh living conditions on the streets take its toll on the CSEBs' well- being and put them at higher risk of contracting STIs. To protect the children's health, the programme conducts awareness campaigns about the physical hazards and health risks that are linked to the boys' life circumstances. INCIDIN-Bangladesh networks with government organizations (GOs) and NGOs to promote issue-based discussions, information dissemination sessions, and video spots about health and hygiene, STIs, HIV prevalence, reproductive health, human trafficking and gender-based violence.

At the shelter-cum-centre, a full-time doctor provides health care services for the CSEBs, which include regular health checks and management of their health problems. INCIDIN–Bangladesh maintains essential medicines to minimize the child's expense when filling prescriptions. For secondary and tertiary health care needs, the boys are referred to INCIDIN–Bangladesh's network of service providers for diagnosis and illness management.

Psychological counselling service: A full-time counsellor at the centre is available, especially for children in distress or suffering trauma. In order to help staff improve counselling support for the CSEBs, INCIDIN-Bangladesh trainers regularly provide capacity-building workshops for project personnel. However, in cases where the CSEB may need specialized psychological or psychiatric support, he is referred to a partner hospital.

Life-skills training programme: Studies have shown that a predictor of future violence is witnessing or being a victim of violence. The trauma experienced by the boys within their families or at the hands of others can be mitigated by acquiring skills to process their violent experiences. The objectives of life-skill education/training are to: (i) develop the CSEBs' leadership skills; (ii) enable them to handle stress and trauma with positive coping strategies; (iii) help the boys acquire the positive virtues to become active, productive citizens.

Life-skills training includes: (i) stress management; (ii) anger management; (iii) crisis coping mechanisms; (iv) decision-making; (v) techniques for avoiding and handling physical and sexual abuse; (vi) self-protection mechanisms; (vii) masculinity and gender-relation analyses; (viii) substance abuse prevention; (ix) STI and HIV awareness and prevention; (x) peer-led violence prevention; (xi) violence against women prevention. These skills are necessary to break the endless cycle of abuse.

Examining the framework of gender-based violence, including sex trafficking and physical and sexual violence, fosters critical analysis of the CSEBs' situation. Life skills for the boys also emphasize how masculinity prescriptions influence substance abuse, risky sexual lifestyles, including non-use of condoms, and peer-led violence. Given the context of the CSEBs in the streets and their vulnerability to abuse, they are taught anger management and other techniques, which will help them avoid fighting among themselves or with other boys living on the street. They also learn how to negotiate positive, gender-sensitive relationships with girls.



Legal aid services: There are two main objectives of the legal aid protection activities: (i) raise awareness among stakeholders, including GO/NGOs, people's representatives and government officials and (ii) improve access to justice by promoting the United Nations Convention on the Rights of the Child. Ongoing training raises officials' awareness of the need to protect children's legal rights and the CSEBs in turn learn about the child protection policy. In cases where children's rights have been violated, the project links the affected CSEB with GOs/NGOs that provide legal support to children who come into conflict with the law.

Vocational training and entrepreneurship development: INCIDIN-Bangladesh believes that teaching CSEBs the basics of income-generating activities will help prepare them to lead more independent lives. Enhancing their marketable skills widens their employment options and gives them a chance to leave hazardous occupations. Vocational training provides instruction in such fields as eco-farming, mobile phone repair, computer skills and entrepreneurship. The project works closely with a local advocacy alliance, which connects the children to opportunities and resources within the communities.

Recreational activities: Recreation provides social, physical, emotional and intellectual stimulation necessary for healthy human development. For CSEBs, access to healthy sources of recreation is limited or nonexistent. Therefore, INCIDIN-Bangladesh emphasizes both recreation and creativity for the boys. Through cultural activities and games, the programme provides healthy sources of recreation to promote relaxation and boost the CSEBs' mental health.

Participatory management: The project involves CSEBs in identifying and correcting management problems of the shelter-cum-drop-in centre. A Centre Management Committee (CMC) composed of seven residents and two programme staff meets regularly to ensure optimal child participation in all project activities. The CMC is responsible for monitoring the quality of centre services in terms of adherence to the child protection policy. Centre management issues are raised in these meetings and the resulting decisions are conveyed to the appropriate service sections of the night shelter and drop-in centre for appropriate action.

Involvement in community concerns: The Child Rights Violation Monitoring Group (CRVMG), made up of 15 CSEBs, monitors child rights violations in the project areas. It meets every two weeks and is responsible for the preparation of a quarterly child rights violation report. The CRVMG members undergo leadership training and education on child rights to prepare them for these important tasks.

Being children themselves, the members can easily access information and link other children living on the streets to the support network provided by INCIDIN-Bangladesh at the shelter- cum-drop-in centre.

Linking CSEBs to holistic interventions: Boys come to avail themselves of the shelter-cum-centre services either through other children or the INCIDIN-Bangladesh staff. Upon registration, the CSEB undergoes a battery of medical tests, psychological evaluation and educational assessment. The evaluations become the basis of planned, structured individual interventions for the boys.

Preparing CSEBs for leadership roles and good citizenship: Children are active in running the night shelter and drop-in centres. This ensures that children-led endeavors bolster the centres and protect child rights in the project areas.

3. RESULTS AND ACHIEVEMENTS

Empowering CSEBs: The project's process and its implementation are designed to strengthen the boys' capacities and life skills in order for them to adjust to the adverse conditions they face on the street. INCIDIN-Bangladesh works to enable the CSEBs to comprehend their milieu and to recognize both the threats and the available resources for support and security. Discussions with them elicit and validate their perceptions of the daily dangers they face. Their input into child protection policy and child rights allows them to accurately judge violations of their rights. Through information, education and communication (IEC) activities on such issues as gender, STIs including HIV, health and hygiene, and reproductive health, the boys gain a clearer understanding of the need and means to safeguard themselves from threats.

The shelter-cum-centre takes a human rights-based, holistic approach to child development, providing services that address the boys' health needs, mental well-being, recreational requirements, socialization and emotional expression.

Perhaps the most important project outcome is the security it provides the CSEBs. They can take their safety for granted during the night and have the comfort of a roof over their heads, a reality that Dhaka CSEBs have been deprived of for far too long.

The project further empowers CSEBs to take responsibility and actively work to reorganize crucial aspects of their world, preparing them for leadership roles and good citizenship. Their participation in the CMC and the CRVMG allows them to practice the necessary skills to participate in agenda-based discussions and needs assessment, identify resources, weigh alternatives, and make sound judgments and decisions on matters crucial to their immediate experiences.

At the INCIDIN centres, resources are directed towards giving children the wherewithal to transcend their present circumstances. The literacy activities tailored to the individual, including life skills, vocational training and entrepreneurial skills acquisition, prepare the boys for a brighter future. INCIDIN-Bangladesh aggressively networks with GOs and NGOs to ensure scholarships, training support and job placements to make all options possible.



Data from focus group discussions indicate that the children are changing their perspective on current realities and future aspirations. They not only improve their ability to communicate their needs, but also learn to trust centre staff and the network of support agencies that will help meet their needs. For many, the future is filled with possibilities as they dream and work for something more concrete and sustainable.

Enhancing capacities of service providers: In working with Dhaka CSEBs, INCIDIN-Bangladesh had to modify its framework to more effectively deliver beneficiary-sensitive services. By listening to the CSEBs, the project better understood their clientele's life circumstances and needs. It devised specific strategies to balance respect for both children's rights and child protection policies. INCIDIN is unswerving in its mission to create a space for CSEBs to practice autonomy, responsibility and to gain control over their lives. Service providers learned to not only address the developmental needs of the children, but also to connect with other agencies and institutions to ensure CSEB-sensitive arrangements within the present structures and conditions in Bangladesh.

Engaging community leaders in project areas: The shelters-cum-drop-in-centres in the project areas have transformed the communities. The community leaders' involvement in INCIDIN-Bangladesh activities and initiatives has made the leaders more aware of the children's plight and more receptive to helping them. The presence of the CRVMG in the community has widened the understanding of child rights and child protection and, in many cases, allowed for collaboration among agencies and institutions to address violations. More importantly, the project has given hope to the CSEBs. As communities see examples of the children working to transcend their circumstances, a friendlier climate for the boys has emerged in the areas where they live.

The project has brought the community and boys together in the following ways:

- The boys disseminate information on child rights to other boys living on the streets so they will be able to protect themselves. They can identify child traffickers, perpetrators, abusers and the situations that can lead to child abuse, and report traffickers to the law enforcement agencies.
- In the last two years, 22 CSEBs have been placed in the formal educational system at the local government primary school. This was made possible through the support of a local level alliance.
- Some boys have found alternative work to hazardous labour.
- Corporate social responsibility initiatives have linked the project to the business sector. EKMATTRA, a local NGO, transferred 24,000 taka⁸ to INCIDIN-Bangladesh as a grant for CSEB education.

⁸ Taka is Bangladeshi currency. The 24,000 taka is equivalent to about \$350 US.

- The Ministry of Social Welfare (MSW) has gleaned valuable lessons from the project and has piloted a safe night shelter based on the INCIDIN model.
- The CSEBs actively participate in the centre's internal banking system. The project staff monitor and encourage the development of positive attitudes to savings and entrepreneurial activities.

4. LESSONS LEARNED

Unbridled participation and freedom of expression: Freedom of expression allows CSEBs to articulate needs that may not be among the organization's priorities. Within reason and following rules of appropriate conduct, freedom of expression is nurtured. Unconditional positive regard is also a crucial ingredient in helping the boys become constructive, rational and logical individuals.

Improved physical and social security: A safety net in the shelter-cum-drop-in-centre has been maintained through a minimum standards of care in terms of service delivery, capacity building through education and life-skills training, and ongoing training of caregivers to ensure that children enjoy family-like support.

Education, social participation, emotional management and access to various institutional services prepare the boys to negotiate life in the community at large. They learn to engage the wider economic, political, and social spheres as responsible citizens. Acquiring new skills also allows CSEBs to find safer work opportunities and to become resources for other CSEBs.

Non-hierarchical management: The power relations that proceed from the centre's unique management style produce implicit change within the whole dimension of organizational development. The value of non-hierarchy management empowers the children to explore their voices, negotiate the limits of their environment and influence positive changes.

Improved community involvement and building of networks: The transformation of the CSEBs through the nurturing environment of the night shelter-cum-drop-in-centres has inspired community appreciation for the CSEBs' capacity for positive change. As a result, there is a greater awareness and understanding of the CSEBs' difficulties and needs, sparking community-driven initiatives to help improve the children's fate. INCIDIN-Bangladesh is widening its network of like-minded individuals and organizations and consolidating efforts to protect and provide realistic hope for CSEBs.



5. SUSTAINABILITY AND THE WAY FORWARD

INCIDIN-Bangladesh looks to the future and has a solid plan of action. This includes (i) advocacy programmes at the local level to ensure safe nights for children living on the street in other cities; (ii) involvement of the private sector for sponsorship of the children; (iii) enhancement of child entrepreneurship and life-skills development through closer links with supportive GOs and NGOs.

Some challenges remain. Foremost among these is the ability to identify and recover CSEBs who are still unconnected to INCIDIN-Bangladesh's safety net and support system. Additionally, there is a need to overcome the community's negative views in order to provide an environment that is more sensitive and responsive to the CSEBs' unique needs.

Another challenge lies with the legal system. The Bangladesh Penal Code does not legally recognize male-to-male rape. Legal reform is necessary to allow CSEBs legal recourse to redress such violence and abuse.

Despite pilot projects, the CSEB situation is little understood in Bangladesh. GOs and NGOs have yet to agree on legal standards and operational guidelines for working with CSEBs, nor has a national policy been formulated.



Sustainability

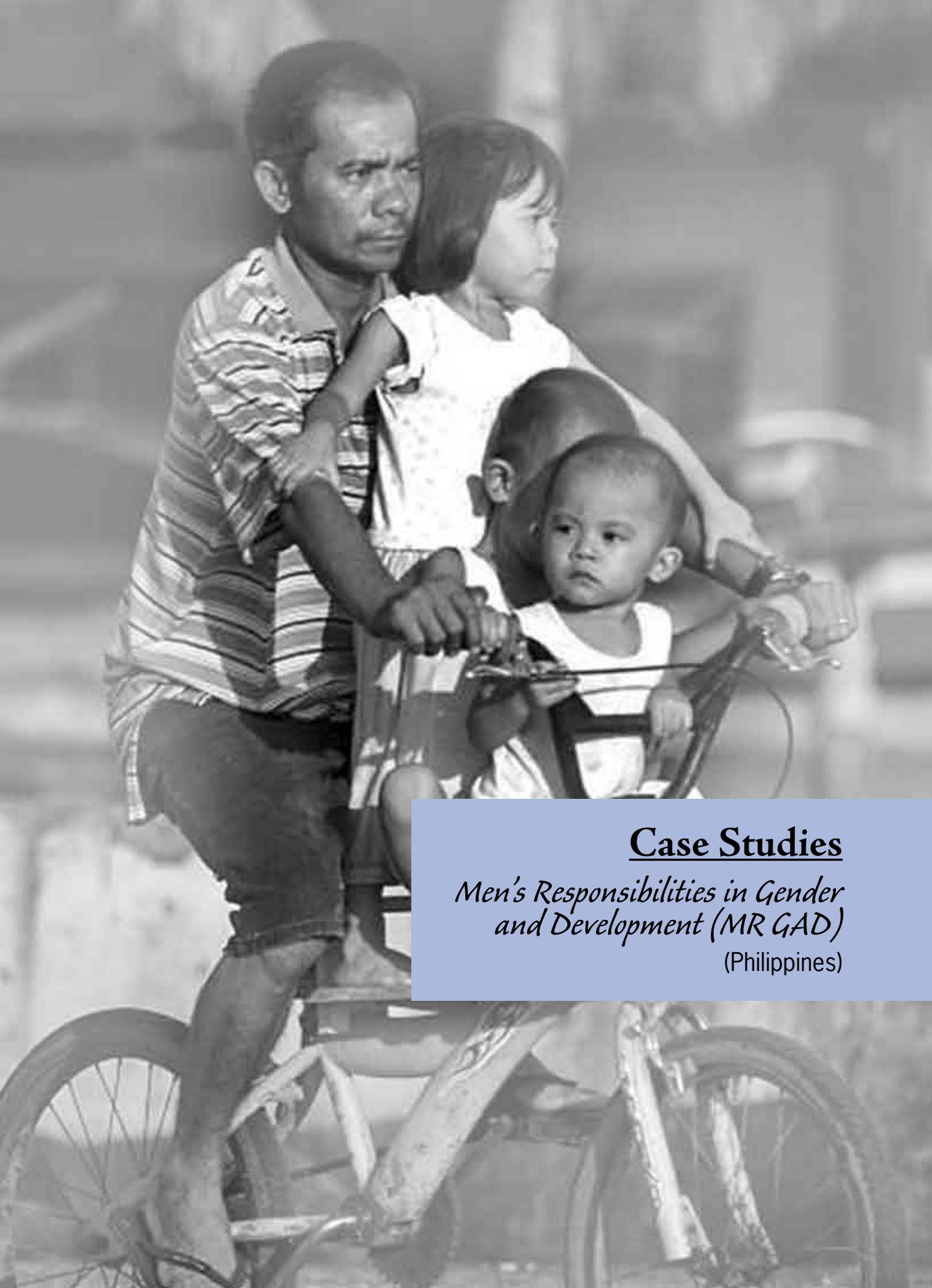
As with most NGOs, INCIDIN-Bangladesh is dependent on external funding. However, sustainability is fostered on many levels. Life skills and empowerment provide the project's beneficiaries with the means of creating a better life long after they have left the centre. The project's sustainability is linked to organizing stakeholders and supporting networks of NGOs and GOs, which are vehicles for promoting the ideas and ideals of child rights. Additionally, INCIDIN-Bangladesh ensures that caregivers acquire the necessary skills to provide continual and quality services to the boys who live on the streets. Changing the attitude of the community, media and state agencies towards CSEBs also leads to lasting changes not only with the CSEBs but also with macro issues of child rights, protection and gender equality and equity.

INCIDIN-Bangladesh strengthens its sustainability by mainstreaming its activities within the government, which has the primary responsibility for addressing the needs of children. Thus, INCIDIN-Bangladesh and other NGOs influenced the MSW to pilot a model community- based safe night shelter for children.

Aware of the resources within the private sector, INCIDIN-Bangladesh taps corporate social responsibility to ensure sustainability for providing care and support to CSEBs, particularly around their education. Thus, the organization diversifies its fund sources beyond external donor support.

While the informal structure of the shelter-cum-centre makes it unique, it also poses a potential challenge to its sustainability. As it veers away from the more traditional structure of formal organizations, the roles and concerns become fluid and require constant adjustment. As it eliminates both the more traditional lines of authority and communication, responsibility, command and control become more diffused. The innovative redefining of the organization's power dynamics may prove to be a welcome novelty in the short run, but potential problems must be constantly monitored.





Case Studies

*Men's Responsibilities in Gender
and Development (MR GAD)*

(Philippines)

Philippines

Health Management and Research Group Foundation
(HMRG)

Men's Responsibilities in Gender and Development⁹

The 'women laws' enacted in the Philippines during the past 15 years have mainstreamed legal, institutional and social support for gender equality, equity and empowerment and redefined gender relations in all social spheres, including the family. In enacting these laws, government officials and service providers recognize the need to provide support for men to enable them to adopt harmonious relations and nurture individual growth. This study spotlights a pioneering community-based, male-participation project designed to generate discussion on domestic violence at the grassroots level, and encourage men and boys to accept concepts and values of gender and reproductive health (RH) and to embrace the spirit of the women laws. In doing so, the Men's Responsibilities in Gender and Development (MR GAD) has established gender-responsive budgeting, early gender-sensitive socialization of boys and improvement of gender-sensitive RH service delivery for both women and men. It has created the necessary critical mass to transform communities and the next generation to adopt gender-fair and non-violent practices.

1. BACKGROUND

Davao City, with a population of 1.3 million people across 244,000 hectares, is the regional centre of Philippine South.¹⁰ In 1997, it became the first local government unit in the Philippines to adopt a Women and Children's Code.

Since 1990, the Philippines has passed several laws to institutionalize a societal response to structural and gender-based VAWC. Yet, they have fallen short in providing avenues for male participation in changing the climate to be more conducive to non-violent male behaviour.¹¹

The Davao City-based Health Management and Research Group Foundation, Inc. (HMRG)¹² believes that women are more likely to be victims of gender-based violence and RH problems within society's prevailing gender inequity and inequality. It argues for protecting women from abuse and making services accessible. With current laws to protect women, the presence of functional women's organizations and halfway houses, integration of gender within the formal curricula, and counselling

⁹ Case study written by Gail Tan Ilagan, M.S. PhD.

¹⁰ <http://222.davaocity.gov.ph/welcome-to-davao.htm> accessed January 19, 2009.

¹¹ The laws are Republic Act 6955, Republic Act 7610, Republic Act 7877, Republic Act 8505, Republic Act 8353, Republic Act 8972, Republic Act 9208, and Republic Act 9262.

¹² The HMRG is a non-stock, non-profit organization registered with the Securities and Exchange Commission on 28 July 1998. It provides primary health care insurance and service delivery, Research and Program Evaluation training and technical assistance, and Social Franchising of Medicines.

and medico-legal assistance in communities in most of Davao City, men lag behind in understanding gender-based violence and lack skills to address it.

The MR GAD programme evolved from the involvement of HMRG in De La Salle University research in 2000. The research found gaps in institutional responses and the capacity to deal with men's RH concerns. The findings became the impetus for HMRG to initiate MR GAD.

In 2002, as a separate component of HMRG, the MR GAD programme was begun at a relocation village where abuse was prevalent. A programme of services was designed to provide male-sensitive and male-sensitizing training and counselling to government officials, service providers and perpetrators of violence as a way to involve men in community-based efforts to curb gender-based violence.

Over the years, the programme has expanded to six pilot communities, winning advocates and champions among government officials, community residents, service providers, and community-based women's and youth organizations. The hope is that the programme has gained sufficient momentum to scale up at the city level.

2. IMPLEMENTATION

Programme Design

There are three main objectives of the MR GAD programme:

1. To harness the influence and respectability of men in key government positions to advocate for reforms and become champions of gender and RH concerns by mainstreaming gender and RH issues into service delivery of local government units, developing community-based advocates, influencing appropriate implementation of the GAD budget and the Republic Act (RA) 9262¹³ law, encouraging passage of ordinances, policies and statements related to gender and RH, and improving governance to make gender- and RH-related services accessible;
2. To improve how survivors and perpetrators of violence are handled and processed by community-based service providers through enhancement of capacity, immediate and appropriate referral of clients, and collaborative understanding and design of interventions related to gender and RH problems in the community;
3. To provide men with the necessary skills to manage their own gender and RH issues through small group discussions in the communities and workplaces as a means to reduce violence, risky lifestyle behaviours (alcoholism, smoking, etc.), and encourage the adoption of safe sex and responsible parenthood choices. Community-based peer counsellors are trained to facilitate behavioural modification for men caught in the cycle of domestic violence or who have RH-related issues.

¹³ Republic Act 9262 defines violence against women and their children and provides protection for victims.

This project works on three levels. First, it engages local government leaders, mostly men, to provide an enabling environment for gender and RH-related activities and interventions within their area. Since they are mandated by law to issue Barangay¹⁴ Protection Orders (BPO)¹⁵ to protect women from further domestic violence, these leaders will be able to implement the law, especially the stipulation to provide counselling to survivors and perpetrators of violence.

Second, it provides technical training for community service providers, particularly those agencies or institutions of first contact with victims and perpetrators, including the City Social Services and Development Office (CSSDO) personnel, the barangay health centres, the Women's Desk of the Philippine National Police,¹⁶ faith-based organizations, schools and the Lupon Tagapagpamayapa.¹⁷ While most of these offices received gender training, their understanding and skills in holistic responses to domestic violence was inadequate. In the six barangays, discrepancies in the reporting of domestic violence among these offices suggested insufficient interagency coordination.

Third, men in the communities are the identified participants for training in gender, RH, interpersonal communication, counselling, cognitive restructuring and anger management to help them address the complexities of confronting men's violence and changing their behaviour. The urgency to prevent gender-based violence has led to the establishment of youth camps where boys receive training on gender and RH.

Programme Implementation

The MR GAD programme was designed to run for three years, ending in August 2009. Given this deadline, there was a pressing need to train community-based MR GAD advocates and peer counsellors to handle and deliver workshops and other related interventions in their barangays. Regular community visits and meetings with MR GAD advocates, peer counsellors and barangay functionaries are held to update programme staff on accomplishments and difficulties. The six pilot barangays routinely submit quarterly reports on matters pertaining to domestic abuse in the community.

In the barangays where the MR GAD project is currently operational, HMRG took the following steps to deliver services:

¹⁴ Barangay is the smallest administrative division in the Philippines.

¹⁵ Barangay officials and law enforcers are empowered to issue and enforce a protection order to remove abuser from a residence and direct him to stay away from the abused woman or any household member. The BPO is a measure to prohibit the abuser from harassing, annoying or communicating with the abused woman directly or indirectly and allows the woman to remove her personal belongings from the dwelling and to claim temporary or permanent custody of children. The BPO is good for only 15 days.

¹⁶ The Women's Desk of the Philippine National Police was created to ensure the immediate protection of women and their unbridled disclosure of violence when they report to the police.

¹⁷ The Lupon Tagapagpamayapa is a functional committee in the barangay system tasked to resolve disputes in the communities, including marital conflicts.

- **Identification and selection of partner barangay:** Selection criteria were discussed with barangay officials prior to the execution of a Memorandum of Agreement between the barangay and HMRG.
- **Selection of MR GAD advocates:** The barangay appointed MR GAD advocates who attended capacity-building training, liaised with community-based clientele, implemented the GAD budget and the law, developed a MR GAD advocacy plan, officiated in the service providers' quarterly assessment, and acted upon the recommendations for the general improvement of service delivery on gender and RH needs in the community. MR GAD advocates oversaw the peer counsellors' activities and conducted training and small group discussions.
- **Capacity development for MR GAD advocates:** Once the advocates were identified, they participated in a series of trainings on gender and RH, leadership and team- building, advocacy, counselling, interpersonal communication, anger management, gender and development (GAD) budgeting and the law.
- **Integration of gender and RH service providers within the communities:** At this stage, gender and RH service delivery by agencies of first contact with survivors and perpetrators of violence was assessed. Through focus and small group discussions in the communities, concerns about service delivery, network interoperability and the referral system were shared. Monitoring and feedback concerning the MR GAD programme could be done on a quarterly basis.
- **Selection and training of peer counsellors:** With the formation of MR GAD advocates and strengthening the network of service providers, the programme then selected peer counsellors who would provide counselling to perpetrators and would support the network of service providers.



- **Establishment of a counselling centre:** Recognizing that counselling is crucial to women and men to facilitate behavioural change, the programme encouraged the establishment of a centre where one-on-one counselling, small group discussions and screenings could be done with privacy and confidentiality. Not all barangays have counselling facilities, therefore a collaborative effort to identify and mobilize resources took place.
- **Implementation of the advocacy plan:** Based on MR GAD consultations with stakeholders, a barangay advocacy plan was developed for promoting ordinances that would provide counselling to perpetrators and raise gender awareness in the workplace. Youth camps and small group discussions enhanced gender awareness among young people, women and men, particularly on four cross-cutting issues – domestic violence, sexually transmitted infections (STIs), family planning and risky lifestyles. To ensure that these activities were implemented, the barangays earmarked additional funds for GAD-related activities.
- **Monitoring and evaluation:** Together with the MR GAD advocates, service providers and peer counsellors, the programme periodically established indicators for measuring the relative attainment of objectives. The periodic monitoring provided feedback for planning and recommendations for timely adjustments in service delivery. New tools were developed, pre-tested, and integrated into the programme's strategic methodology.

As recipients of training, men in the communities gather for small group discussions to talk mainly about four critical issues – domestic violence, STIs including HIV, responsible parenthood and risky lifestyles (i.e., smoking, drug and alcohol abuse). Gender sensitization includes discussions on masculinity to help men understand the negative consequences of gender-based violence and to recognize it as a human rights violation. This became the venue for educating men on pertinent laws.

Early in the project, HMRG's baseline research in the pilot communities identified some men who rejected the basic assumption of patriarchy and its condonation of VAWC. Some men felt that these laws inadequately addressed their needs. They pointed out that there was no provision for temporary housing for men who have been removed from their homes as a result of the mandatory 15-day BPO.

Duly noting their concerns, HMRG reached out to men in the



communities through training, and an information, education and communication (IEC) package that would educate them on the role they play in domestic violence. MR GAD activities paved the way for men to acknowledge male violence and to recognize the role of patriarchy in gender-based violence, a critical phase towards promoting a gender-sensitive community response. Care was taken to move away from the use of emotionally laden terms, such as 'abuser' or 'batterer', which could intensify their resistance to further dialogue and intervention. Programme staff referred to men who inflicted violence upon women and children as 'doers of violence', focusing on the violent behaviour and thereby building the necessary bridge for them to seek help.

MR GAD activities have significantly reversed both leaders' and men's misconceptions of gender-based violence in the pilot communities. The programme has won over advocates who now support gender-sensitive RH activities.

3. RESULTS AND ACHIEVEMENTS

In the last six years, several trainings on gender and RH were held for local government units and service providers. They clarified their roles and functions and appropriately directed referrals of clients who are survivors of domestic abuse or have RH concerns. Additionally, small group discussions with men in the communities and workplaces screened men on problems related to RH, family relations and substance abuse. As a result, the programme has improved the referral system in the pilot barangays. Modules on gender and RH have been developed and are regularly updated to be more responsive to clients' emerging needs.

In the six barangays, a total of 36 MR GAD advocates and gender and RH champions were recruited by the close of 2007. Identified by their respective barangays, these community advocates and champions have been trained to deliver quality gender and RH services in their communities. They now conduct trainings and counselling even without the supervision of MR GAD personnel. Police officers, CSSDO counsellors and health workers have been trained to ensure holistic responses to both survivors and perpetrators of violence.

MR GAD developed an additional 36 peer counsellors among adult volunteers in the communities (six from each community). The peer counsellors involve their friends and neighbours in both formal and informal small group discussions and help raise community awareness on cross-cutting issues of domestic violence. A total of 56 youth leaders also were trained to work with young people.

As part of its effort to mainstream gender and RH concerns, the MR GAD programme works within the requirements of applicable laws and provides clarification for appropriate implementation. The law mandates that the barangay must issue a BPO to a partner/husband at the time the partner/wife reports that she has been physically

abused. As a result of the training of barangay officials, compliance has increased, with 100 per cent compliance in three of the six barangays in 2007.

In the six barangays, the Women's Desk of the Philippines National Police now routinely takes domestic violence complaints and provides counselling. Similarly, CSSDO personnel state that they are more confident in their ability to counsel about violence in the home.

In the course of operation, MR GAD has generated screening tools to assess the training needs in the pilot areas and prepare for more effective counselling sessions with perpetrators of violence. These tools are easily administered and have uniform criteria for assessing community training needs and planning one-on-one counselling. They provide baseline information for measuring the programme's effectiveness. About 300 participants in various MR GAD trainings have filled out the screening tool.

MR GAD advocates with the assistance of programme staff regularly hold small group discussions in the communities. The discussions involve the purok¹⁸ leaders and men (who may or may not be perpetrators of violence) in an orientation on MR GAD and talks on gender sensitivity, domestic violence and the law, STIs, HIV prevalence and prevention, responsible parenthood, including family planning, and risky lifestyles. In the last two years, over 2,500 men have participated in these small group discussions.

The programme staff also provides technical advice on crafting more appropriate barangay projects to address the gender and RH needs of their constituents. Since partnering with MR GAD, the pilot barangays have included budget appropriations for the construction or renovation of counselling rooms.

The programme has documented some success in which former perpetrators of violence have taken responsibility for their behaviours. Men in the community and workplace are more open to attending and participating in MR GAD trainings.

4. LESSONS LEARNED

Raising awareness and breaking the culture of silence: Domestic violence has been traditionally considered a topic unfit for polite discussion in Filipino society. However, framing domestic violence as a violation of human rights has brought about a concerted effort to alleviate abusive conditions for women and children. Laws were crafted to redefine public policy and institutional structures and responses were revised to protect women and children. However, the more recent involvement of men in these endeavours has been crucial for emboldening laws to effectively keep women and children safe within their homes.

¹⁸ Purok is a small section of a barangay usually consisting of clusters of households. The purok leader represents the purok and often sits on the barangay council.



The MR GAD experience has opened the bigger discussion on domestic violence within the community, creating a climate that allows people to examine socialization relative to gender roles, male psychology, family relations and related social morbidity issues. The community and workplace discussions have sparked wide participation, allowing men to publicly express their views. In some instances, such participation became a catalyst for a more gender-sensitive understanding of the men's own personal circumstances and their commitment to engage in behaviours that address their gender and RH concerns and those of their partner/spouse and children.

Male gender champions as effective behavioural change agents with other men:

While women are effective in implementing anti-domestic violence programmes with men, MR GAD found that male participation and acceptance of the project were maximized when other men administered the programme. When influential men in the community voluntarily become gender champions, a ripple effect was created among other men, further facilitating community acceptance of the programme.

Tailor-fitting the training design for men: MR GAD found that when discussions on issues of family planning, risky lifestyle, gender relations and STIs are kept objective, men are better able to understand the issue of domestic violence and make conscious commitments to handle themselves responsibly.

Mainstreaming gender and reproductive health concerns: Until officials are educated to adopt a gender-sensitive and gender-responsive framework, the gender and RH-related concerns of their constituents may not be given appropriate attention. Thus, government officials need to be included in information campaigns and trainings to educate them about their roles as stipulated by laws, gender and reproductive health.

In the past, family laws called for service providers to attempt to resolve marital disputes by encouraging the couple to come to an amicable settlement, which often

meant pressuring the woman to submit to the man's authority. However, the recent feminist discourse on the cycle of violence has pushed for empowering abused women and assisting them in addressing abusive intimate relationships. The law intends to remove women from a situation that poses an imminent threat to her health, if not to her life.¹⁹

There were concerns that the timeframe for separation and marital counselling was not conducive for effective implementation. Thus it was crucial that this issue of timeframe along with the voicing of gender and RH concerns were addressed to ensure efficacy of the law implementation.

Engaging men at the local government level: In the pilot barangays, government functionaries, who are predominantly male, shared that some had previously dismissed reports of abuse. However, after MR GAD interventions, they recognized the need to provide a nonjudgmental and objective perspective. They then could draw out the details and help women process their experiences of abuse, examine alternatives, access pertinent social services and decide on appropriate actions.

Under the law, agencies are mandated to provide services to both survivors and perpetrators of violence. The MR GAD activities strengthened the ability of the police, social service institutions, health services providers, and NGOs including faith-based organizations to deliver quality care in the pilot barangays. Interagency communication opened up, improving interoperability and the referral system.

The stories of social transformation and stronger networking from the MR GAD barangays have spread by word of mouth to other barangays and organizations working to end domestic violence. Many have sought to learn from the experience of the pilot communities and to replicate these strategies in their areas. Pertinent government institutions such as the Population Commission and the local government unit of Davao City have been supportive of programme objectives and activities. Their personal advocacy has helped generate public acceptance of the need for male participation in gender and RH concerns.

Importance of agenda setting: From the outset, programme planners must understand that efforts should be geared towards shaping men's cultural roles in family relations, with the ultimate objective of enabling men to handle themselves responsibly. In practice, all interventions must be fine-tuned for the unique requirements of the participants and their respective communities. Careful screening and profiling are necessary to appropriately customize the delivery of training modules.

¹⁹ Under the RA 9262 law, barangay officials and law enforcers can confiscate weapons, transport victims to a safe place or hospital, remove victims' personal belongings from a dwelling, arrest abusers without a warrant if the incident has just occurred or if the perpetrators pose imminent danger. The victim must then immediately report to the Department of Social Welfare of Development, the local government, or an NGO and ask for assistance.

Working with elected leaders as advocates: Government support allows the organization entry into the community, facilitating the adoption of enabling policies and ordinances, sourcing additional budgetary support and improving access to the perpetrators of violence. Through close coordination with key officials, the programme can provide timely technical assistance on issues of gender and RH policy planning.

On the other hand, programme objectives may be challenged by some political concerns, such as in the selection of MR GAD advocates. As focal persons who champion gender and RH concerns in the community, they should meet an ideal set of criteria in order to function most effectively in their role. However, this set of criteria may be compromised if the appointment of the MR GAD advocates is contingent upon nomination by the barangay leadership and may be subject to other priorities. The programme honours the community leader's choice based on the assumption that he knows who can be trusted to realize the programme objectives.

Variations in acceptance at the local government level: In the various communities where MR GAD has partnered, local leadership support has varied. In some barangays, priorities may change with the turnover of political leadership, which may hinder support for programme implementation.

Some barangays proved more receptive to the programme and have exceeded expectations. Barangay Sasa, for example, included a detailed budget proposal in its approved three-year Barangay Development Plan, allocating more resources to improve community-based male participation. And faith-based groups are routinely providing marriage counselling. In Panacan, local MR GAD stakeholders are actively reaching out to men in the workplace. Early into the programme, Barangay Daliao passed an ordinance that requires counselling for perpetrators of violence. In Barangay Calinan, the local government made the construction of a counselling room a priority.

Connecting with and counselling perpetrators of violence: When perpetrators of violence are issued BPOs, pursuant to the law, they often become defensive or are in denial. In the pilot barangays, an invitation for MR GAD counselling is attached to the BPO and is issued by barangay representatives, sometimes with a barangay police escort. The invitation to counselling assumes the formality of an institutional summons. The entire procedure conveys to the perpetrator that he is up against the institutions of law and governance for doing something that, despite its seriousness, he may not perceive as reprehensible. Thus, he initially participates in the MR GAD programme with wariness, resentment and aversion. Since heightened emotions are not ideal for the perpetrator to benefit from MR GAD activities, time needs to be allotted to clarify programme objectives before actual counselling takes place and the necessary behaviour change occurs.



Transforming communities through partnering with women’s and youth organizations: In the pilot barangays, gender and RH issues had for some time been women’s domain. MR GAD entered into these communities with the resolve to not be combative and confrontational. MR GAD recognizes that usually women and children are the victims and men are the perpetrators of violence. However, a shared understanding of the root causes of male violence, as well as the laws that protect women, could actually provide a climate for a more rational response to domestic violence, vastly improving the situation for many women.

Training directed towards women’s and youth organizations have allowed women and young people to realize that GAD issues are men’s issues as well. In many instances, women helped set up alternatives, allowing for couples’ counselling²⁰ and counselling perpetrators while they served the duration of the BPO. Women’s organizations in the pilot barangays appreciated MR GAD’s intentions of bringing understanding to the issue of domestic violence while curbing repeat violence.

The youth, on the other hand, gained crucial information on gender, RH, risky lifestyle and STIs, helping them to better advise their peers, siblings and even their parents. The trainings helped form the values that guide their own personal behaviour and influence others to change their perspective. Youth camps and conventions taught leadership and communication skills to the MR GAD peer counsellors and fostered intercommunity networking for vibrant social involvement of the youth.

²⁰ In Sasa, nontraditional and religious leaders have been trained to counsel couples in conflict upon request. Barangay officials, prohibited by law to mediate, may refer couples to counsellors within the BPO period.

5. SUSTAINABILITY AND THE WAY FORWARD

In its final year of operation, MR GAD hoped to complete the delivery of all intended interventions to the various sectors in the pilot barangays. This would raise community awareness about acknowledging needs in sustained efforts to eradicate domestic violence and would also create the impetus for the local governance to consider these needs. At a bare minimum, community interventions would bolster the community structures to sustain the engagement of men and boys in gender and RH concerns. This requires the development of human resource in the community, vibrant sharing of product knowledge, passage of pertinent barangay ordinances, and provision of essential material and structure. Within the final year, network linkages in the communities had to be fortified.

MR GAD's experience had to be documented and its theory of male involvement in VAWC mainstreamed so it could be better appreciated by policy makers, especially at the national level. Much work remained for popularizing community-based, anti-VAWC interventions that hold men's responsibilities and rights as crucial to the process.

For HMRG to sustain the MR GAD programme, alternative funding support is needed. For several years, the programme depended on foreign grants. Some barangays expressed an interest to fund the initiatives through their respective GAD budget allocations once the three-year partnership agreement with HMRG expired. Alternative funding could also be raised by charging for training network agencies and non-beneficiary communities.

With its wealth of experience running the MR GAD programme, HMRG is ideally positioned to provide technical support to scale up the project at the city level. There are indications that male participation in gender and RH is being mainstreamed in the barangays. The mainstreaming of male participation does not signal the programme's phase out, but rather another opportunity for the HMRG to further disseminate the practices that work for MR GAD. Such practices include:

Applying male psychology: In gender-sensitizing, for example, empathy exercises are designed to speak to men in a language they understand, thus helping them to reflect on those situations where they feel powerless and have lost self-esteem.

'Men-talking-to-men' strategy: Among Filipinos in the grassroots communities, the gender divide is most evident in the care people take with the words they use in the presence of the opposite sex. 'Men-talking-to-men' can be effective in creating a climate where sensitive questions are aired and addressed.

Helping the institutional system work: The MR GAD programme engages existing laws and representative political structures to help mainstream male participation in gender- and RH-related issues. It works with the laws on domestic violence as

they are currently applied and encourages the development of political commitment, involvement and advocacy of local government officials and service providers.

Justifying the gender and development budget allocation: Local government units have mandated gender and development budget allocations. MR GAD provides assistance in policy and programme development to improve the lives of men, women and children and advocates for the passage of ordinances that address the counselling needs of the whole community.

Inclusive partnerships that enhance gender equality and equity: Partnering with civil society and including faith-based organizations and advocacy groups that work to eradicate domestic violence is crucial. Networking with women's organizations has been particularly effective for gaining their support and creating referral avenues for case management of the partners/husbands of abuse survivors. Engaging young people also bodes well for continuing the work for gender equality and equity.





Case Studies

Men's Perspective Project (MPP)
(Cambodia)

Cambodia

Gender and Development for Cambodia

(GAD/C)

Men's Perspective Project²¹

Working with men to implement the 'Anti-Domestic Violence Law'²² in Cambodia, the Men's Perspective Project (MPP) supports and collaborates with Women Empowerment through Legal Awareness (WELA), a women's organization, in nine communes²³ in three provinces. The project engages men, particularly those in key institutions (i.e., village chief, police), who are mandated to implement the Anti-Domestic Violence Law. Most of these male-led institutions still enforce existing power dynamics that perpetuate partner violence, requiring training in gender sensitivity, consciousness-raising on violence against women and appreciation of the law. At the core of this project is the community-based men's group, which works with other men to challenge violence against women and interrupt the cycle of violence. Initial results have shown an increased level of awareness about domestic violence among men, speedier action in domestic violence cases by men in authority and male-led counselling of men caught in the cycle of domestic violence.

1. BACKGROUND

Cambodia, with an area of 181,035 square kilometers, borders Laos, Thailand and Viet Nam.

Cambodia's history is marked by colonization by France and a brief Japanese interregnum during World War II. In 1975, the Khmer Rouge regime forced thousands into hardship and starvation, with an estimated 1.5 million Cambodians executed by the communist regime. The 1981 Peace Accords restored normalcy to the country, paving the way for slow, steady progress.

Today, 35 per cent of Cambodia's population lives below the poverty line. Cambodia ranks 124th out of 169 countries in terms of Human Development Index (UNDP, 2010), with its gender empowerment measure among the lowest in Asia. Propagated by deeply rooted patriarchal scripts, gender inequality and gender based violence cuts across every social sphere. Infant and maternal mortality rates are high due to the interplay of several factors, including limited resources for health and reproductive health (RH) services.

²¹ Case study written by Aurelio Camilo B. Naraval, Jr., M.D., M.Sc.

²² Anti-domestic violence law's official name is the Law on the Prevention of Domestic Violence and The Protection of Victims.

²³ Communes are administrative divisions consisting of three to 30 villages, depending on the population.

Beginning of Gender and Development for Cambodia (GAD/C)

In 1992, Cambodia signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), paving the way for gender equality and equity to be promoted and mainstreamed within government institutions. Emerging from a decade-long civil war, the country had limited resources, which constrained government institutions charged with administering gender-related activities.

With Cambodia's adoption of the International Conference on Population and Development (ICPD) Programme of Action in 1994, several women's organizations and NGOs emerged to work on gender and women's RH needs. Research on women's situations found that their access to and control of resources were limited and domestic violence was rampant. The study recommended the formation of a Gender Team, a precursor to Gender and Development for Cambodia (GAD/C). In 2000, GAD/C was established as a full-fledged NGO. Its primary mission is to promote gender equality and equity in social, economic and political processes in Cambodia. Today, GAD/C has three programmes: (i) community outreach; (ii) advocacy and networking; (iii) training and internships. Within the community outreach are Men's Perspective Project (MPP) and Women Empowerment through Legal Awareness (WELA). The advocacy component has two important networks: Gender and Development Network and Cambodian Men's Network.

Men's Involvement

In the communes, domestic violence is viewed as a family matter to be resolved within the family without outside intervention. Even with a constitution that guarantees gender equality and equity and the passage of the Anti-Domestic Violence Law, intervening in domestic violence is still shunned in Cambodia. The cultural norms that tolerate domestic violence must be changed through public discourse, debate and by engaging men.

Few people understand the Anti-Domestic Violence Law and how it works to protect abused women and keep them safe from further harm. Raising awareness and empowering women to stake claim to their rights had been stalled because those in influential positions in key agencies typically assumed the traditional view of families. Because the Anti-Domestic Violence Law did not fit their view of family relations, they were unmotivated to give this law authority.

GAD/C recognized that to fully reach women in the communities, men needed to be involved in gender work. Thus, engaging men was a strategic decision to improve the lives of Cambodian women.

2. IMPLEMENTATION

Rationale of the Men's Perspective Project

With the rise in domestic violence, GAD/C reached out to women through its WELA programme. WELA organizes women by involving them in the Women's Core Groups (WCG), which oversees and implements programmes for women. Emboldened by the passage of the Anti-Domestic Violence Law, WELA teaches women about their rights, provides them with skills to claim these rights and provides psychosocial support for women experiencing violent relationships. In the communes, WCG members counsel women victims of domestic abuse to help them make sound decisions based on accurate information and an understanding of their situation and rights.

To some extent, efforts by GAD/C's WELA are stifled by authorities' and law enforcers' inaction in domestic violence cases. Women receive inadequate support when seeking refuge or reporting the matter to authorities. Law enforcers often go through the routine of gathering data and information related to the complaint but put forth little energy in making arrests or confronting the violence. Frequently, the commune village chief – who is often male – is unaware of problems related to domestic violence and the provisions of the Anti-Domestic Violence Law.

Based on GAD/C's experiences in implementing WELA, it realized that men also had to be engaged to fully achieve equality, equity and women's access and control over their own resources. Men in the home, male law enforcers, men in authority, farmers, bystanders, brothers, fathers, uncles and grandfathers must understand and acquire



necessary skills to end tolerance of domestic violence. Thus, a community-based men's group (CMG) was born, composed of gender-sensitive men who work with other men to change the predominant male perspective and collaborate with the WCG to achieve full equality of men and women.

Overview of the Men's Perspective Project

The MPP arose with the establishment of the community-based men's group to end violence against women. These local peer groups created a support system to implement the Anti-Domestic Violence Law and to change men's behaviours and mores related to violence against women. Its goal is to achieve full equality and equity between women and men in the homes and villages. Generally, the members of the CMG are office holders charged with implementing the Anti-Domestic Violence Law or who have leadership roles within the communities.

The MPP works closely with WELA at the grassroots level and also collaborates with the Cambodian Men's Network at the provincial and national levels, supporting advocacy and policy reforms for women's equality and equity.

The programme provides grassroots interventions to change men's behaviour and attitudes. Its objectives are to:

1. Increase mutual recognition of and respect for the rights and contributions of men and women in the family, community and nation;
2. Mobilize and support effective men's networks at national and local levels to promote gender equity and a culture of nonviolence;
3. Ensure that men's networks have access to tools, publications, knowledge and communication strategies to support their leadership roles in promoting gender equality and equity.

Formation of Community-based Men's Core Group

The CMGs are in nine target communes in three provinces: Kg. Chhnang, Prey Veng and Pursat. Each commune has an existing WELA programme.

At the onset of implementing MPP in the commune, the staff met with leaders, including the village chief, local authorities and other men from the commune to assess their support and prepare them for programme ownership. At the same time, programme staff scouted for prospective CMG members, assuming that community members knew best who would have leadership qualities and could command respect. Background checks were done on potential CMG members to determine whether they were free of any violence history – in the home or community.

CMG members undergo training on gender, masculinity, advocacy and basic counselling. GAD/C provides speakers from among its staff for the first three topics.

Training on counselling is handled by an NGO that specializes in such skills. Orienting the CMG members of their responsibilities and ensuring that they understand the intricacies of gender-based violence have allowed trainees to acquire skills as well as change their perspectives and attitudes towards violence. Most of the CMG members emerge from the training professing to be a 'new person'.

There are no more than eight CMG members in each commune, with 67 CMG members actively working in the communities. Most, such as police and village chiefs, work with government offices charged with enforcing the Anti-Domestic Violence Law. They are crucial in that they are mandated to immediately respond to any complaints of domestic violence and have the authority to temporarily, but immediately, remove perpetrators from their homes to ensure the safety of the victims.

A major part of programme implementation was conducting a baseline survey for benchmarks and future references for measuring success. Research objectives and questions were crafted and, with the help of men, questionnaires were distributed to study participants. Delineating women's realities and describing men's roles in perpetuating violence, the research results spurred the village chief, key leaders and members of the community to take active roles in the programme. After the research was disseminated, community actions were designed.

Programme in Action

CMG members have three important tasks and responsibilities: (i) coordinate the overall response to domestic violence with WELA and the authorities; (ii) conduct group meetings with men in the communities; (iii) counsel perpetrators of violence.

In the communes, when a woman is abused by her husband it gets reported to WELA's WCG. This triggers a process that starts with WCG members providing the survivor with information on domestic violence and the law, either one-on-one or in meetings. Face-to-face counselling helps the survivor decide what to do. If she chooses to file a complaint, the WCG provides assistance.

While the case is being investigated, the WCG informs the CMG that in turn invites the husband to the regular men's meetings or talks to him about the incident. During the process, CMG members provide the husband with an overview of domestic violence and what the law requires. Counselling is also provided. This initial contact between the husband and the CMG may occur in the home or the police station. After counselling, the village chief or the police asks the husband to sign a promissory note, pledging to not repeat the violence.

If the wife pursues the case, the husband is issued an administrative order that mandates he stay away from their home for a period of time. In this instance, the CMG works with local authorities to bring the perpetrator to court.

CMG members need to be prepared when confronting perpetrators of violence and need to fully understand the psychological framework of violent behaviour and how it is rationalized. As the investigation proceeds, perpetrators often argue that their actions were justified (i.e., the wife did not prepare the meal or take care of the children) or make excuses (i.e., he was drunk and did not know what he was doing) or blame others (i.e., problems on the farm).



In addition to direct involvement with perpetrators of domestic violence, CMG members conduct men's training-cum-meetings once a month in seven villages. The meetings cover three major topics: (i) gender concepts; (ii) human rights and women's rights; (iii) the Anti-Domestic Violence Law. About 30 to 40 men participate in these meetings, which are open to all men from the commune. Although men who are known to abuse their wives are invited, their attendance is uneven, with some attending and others making excuses for not attending.

After the community training-cum-meeting, CMG members discuss the challenges and constraints encountered over the month and specific domestic violence cases. Individual cases are examined in the hope of improving interventions. In the monthly meeting, the programme staff listen and observe the flow of the discussion. When the meeting concludes, CMG members go house-to-house with messages on domestic violence. They also follow up on the progress of those they had previously counselled.

To synchronize community efforts, WELA and MPP created a committee to monitor implementation and plan the next steps. This Planning and Monitoring Committee (PMC) comprises people in authority from both the women's and community-based men's groups and meets every month to discuss scheduled activities in the communes and the services that are provided to the victims and perpetrators of violence. The PMC collates reports from the CMG and WCG to formulate a commune report.

3. RESULTS AND ACHIEVEMENTS

From lukewarm reception to owning the programme: The programme has come a long way since its implementation in 2007. At the beginning, the strategy to engage men was met with skepticism because of the prevailing notion that violence is a family matter and that perpetrators will always be perpetrators. This reflected society's patriarchal script, which sees men as the heads of households who exercise power over the family.

Through consultations with key leaders, meetings with the community men and the endorsement of the WCG, the programme slowly gained acceptance. The results of the baseline survey powerfully depicted the violence women endure, underscoring the prevalence and persistence of domestic violence. This created a ripple effect within communities, with awareness subsequently trickling down to the volunteers and to CMG.

Engaging male-led institutions charged with implementing the domestic violence law: While a set of criteria became the central basis for the selection of the 67 CMG members, MPP also strategically selected community leaders and key government officers, especially those in institutions that implement the Anti-Domestic Violence Law. Some leaders failed to meet the ideal standards of the selection criteria, but they were included nonetheless to engage their institutions in the CMG. Their involvement in the programme would hasten the implementation of the law and get institutional support for the project.



Involving men in key positions is a sound strategy to counter potential obstacles. The social institutions responsible for the protection of women run the risk of reflecting the patriarchal norm of inequitable gender relationships (Harway & O'Neil, 1999). Some women felt as if their reports of abuse were met with inaction or victim blaming. The legal and judicial systems may enforce existing power relationships. Thus, by engaging men charged with enforcing the law, perpetrators will more likely be brought to justice and survivors of abuse will be protected.

Underscoring masculinity in the training: In the MPP training, CMG members acquire an understanding of gender inequity and inequality, the Anti-Domestic Violence Law and counselling basics to enable them to appropriately intervene with perpetrators of violence. As cases are increasingly reported in the communes, the CMG members find themselves frequently called upon to perform these functions.

MPP's training relies heavily on discussions about masculinity and what manhood means. This is important given that masculine ideology²⁴ implies that a) men are superior to women and masculinity is superior to femininity; b) power, control, competition and dominance are essential to prove one's masculinity; c) emotions, vulnerability and intimacy are to be avoided because they are considered feminine and weak; d) one's masculinity is measured in terms of career success and heterosexual potency. This rigid stereotyping puts men in a box.

Counselling men: Based on CMG records, 76 perpetrators of violence (36 in old areas and 40 in new areas) were counselled. Monthly CMG reports indicated that success occurred in 65 per cent (n=50). Of the 50 cases, about half had stopped physically abusing their spouses. Moreover, in 2008, about 6,322 (3,524 from old communes and 2,798 in new programme areas) were reached through information campaigns, fliers or house-to-house visits.

Modifying men's behaviour: Addressing domestic violence is seen as a priority for commune leaders. Most of the commune leaders, including the police, have been recruited to become members of the CMG. The programme utilizes its influence and that of their institutions to institute changes in the community, particularly among other men. These prominent men are involved in one-on-one counselling of perpetrators of violence. They also hold community meetings among male residents to discuss issues on domestic violence. Engaging men in anti-domestic violence interventions is not easy. Structures are such that some men look down on those who seek counselling or those who resolve to mend their ways. Social pressure makes behavioural changes harder to sustain and recidivism more likely.

²⁴ From Thompson, E.H. & Peck, J.H. "Masculine Ideologies: A review of research instruments on men and masculinity" in R. Levant & W. Pollack. *The New psychology of men*. New York: Basic Books, 1995.

4. LESSONS LEARNED

To empower women, men must be engaged as partners: Institutions mandated to protect women and provide services are mostly led by men (i.e., police, elected officials, health professionals). Institutional silence over domestic violence further perpetuates violence. Empowering women to understand and claim their rights (as done by WELA) occurs when the community, particularly institutions charged with protecting women from violence and providing related services, recognize women's experiences and rights. MMP and WELA engage men as partners in implementing the law, counselling perpetrators of violence and enabling other men to understand gender-based violence. Gender-aware men in institutions mandated to protect and provide services to abused women will support women to claim their basic rights.

A different angle in approaching the training of men: While MPP recognizes that the facts under discussion in trainings hold true for both genders, the approach in handling the topics needs a different tack for men. A logical sequence begins with digestible, less intimidating concepts before transitioning to hard facts and tackling the emotionally-charged issue of violence.

While the trainings do attract men, including perpetrators of domestic violence, a significant proportion of men do not attend. Thus, MPP staff have adapted training elements and design to attract more participants.

CMG members also experience difficulty in performing their duties when they are labeled by commune residents as 'pro-women' or when defensive husbands put their character in question. This must be addressed through appropriately revising the training design.

Peer-to-peer strategy works: Although some training methods and approaches have not been redesigned, the meetings' domestic violence messages have been delivered without much resistance from male participants. Men leaders of the trainings-cum-meetings have softened opposition and challenges by men when such discussions are facilitated by women.

Vetting members of the CMG is crucial: The bar for CMG members' conduct – privately, publicly and especially around gender-based violence – is high because they play significant roles in prescribing behavioural changes for other men. Thus, strict criteria for CMG selection is imperative.

Capacity building and working with men for change: MPP's training focuses primarily on (i) enabling men to become gender sensitive, (ii) qualifying them as basic counsellors, (iii) educating them on their roles in implementing the Anti-Domestic Violence Law. The training facilitates CMG members' personal transformation

and strengthens their resolve and commitment to MPP activities. However, these trainings may not be sufficient for CMG members to grasp the complex psychological frame of the perpetrators of violence. Modifying perpetrators' behaviours requires an understanding of how patriarchal ideology is manifested in masculinity and the different factors that lead to male violence.

Research for data-driven awareness campaign: Research has been found to be an important component in making communities appreciate the burden of gender-based violence and the factors associated with it. In the case of the adoption of the CMG at the community level, the dissemination of research findings allowed the community to better appreciate the good fit of the project with its specific needs.

Working on cross-cutting issues: Responding to the context of domestic violence and the passage of the Anti-Domestic Violence Law, MPP has focused largely on domestic violence. However, domestic violence is only one form of gender-based violence. Both men and women have RH and sexuality needs, problems related to family planning and questions around STIs. Analyzing masculinity prescriptions in the context of sexual relations, STIs, reproduction, risky life styles (i.e., drinking alcohol) and domestic violence can effectively connect cross-cutting issues that affect that entire community.

5. SUSTAINABILITY AND THE WAY FORWARD

Confirming GAD/C's vision of a 'Cambodian society where all people are equally empowered to use their potential to participate in national development with full dignity and justice, thereby creating a fair, just and stable living environment'²⁵, the organization has established a strategic plan in pursuit of its mission. This plan includes: 1) gender-sensitive laws, policies, plans and decision-making institutions in place; 2) elected bodies, ministries, NGOs, and national and local institutions able to implement gender-sensitive laws, policies, plans and programmes; 3) effective advocacy networks of civil society, youth and State institutions that promote gender equality and equity; 4) increased mutual recognition of and respect for the rights and contributions of men and women in the family, community and nation. Their core strategies include training, advocacy and information sharing for the promotion of gender equality and equity.

Sustainability

Two things have been achieved in terms of sustainability – work with the policy makers and with the community.

GAD/C recognized the need for policy makers to appreciate the Anti-Domestic Violence Law and their roles in implementing it. At the outset, the Anti-Domestic Violence Law was crafted by Cambodia's policy makers and the agencies charged with

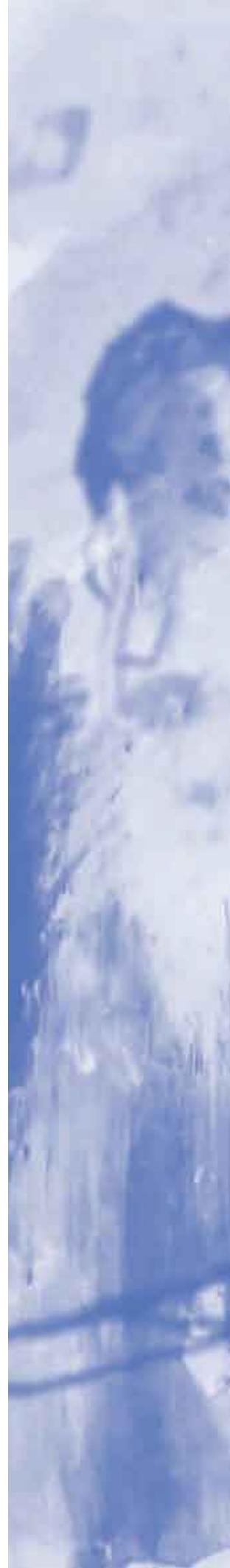
²⁵ Gender and Development for Cambodia, Vision Statement.

its implementation. However, greater understanding of the law and policies on gender and domestic violence was required. Thus, GAD/C engaged policy makers to help them appreciate their crucial roles.

The strategy has borne fruit. For one, the ministries recognize the importance of women's representation in their committees. They also ensure that the law and policies filter down to government agencies, NGOs and communities.

However, sustainability is also defined by GAD/C as the empowerment of people at the grassroots level, where people sustain and use the concept of gender to lead to behavioural changes. There is reason to hope that the MPP and WELA collaboration will bring about lasting change for improving women's conditions in the communes.

There is no doubt that MPP has influence with policy makers and at the grassroots level. Yet, GAD/C faces funding problems during the global economic downturn and competing global priorities. To make GAD/C sustainable during these uncertain economic times, transparency and accountability are emphasized through the next 10 years and beyond.





Case Studies

*Community Based Reproductive
Health Services Project (CBRHS)*
(Uganda)



Uganda

Family Life Education Program (FLEP)

Community-Based Reproductive Health Services²⁶

The Family Life Education Program (FLEP), through its Community-Based Reproductive Health Services (CBRHS), implemented strategies to engage men and male adolescents and improve access to family planning and reproductive health services in order to remedy Uganda's high maternal mortality rate, poor antenatal care, low contraceptive use and increasing cases of STIs, including HIV. FLEP collaborates with the Church of Uganda through Parish Development Committee on programme implementation and monitoring. Community-based drug agents (CBDAs) are trained to deliver health education, group discussions and couple counselling on family planning, STIs, HIV and other reproductive health issues. FLEP recruited male CBDAs to work along with female CBDAs and strengthened men's involvement in pregnancy and women's reproductive health. The programme operates from stationary and mobile clinics. Additionally, youth centres were established to develop youth peer educators (YPEs) who provide counselling, information sharing and basic health care services to young people. A radio teen show, drama skits and sports are also used to reach teens.

1. BACKGROUND

Uganda has an estimated population of 27.3 million people, of which 34 per cent are between 10 and 24 years of age. Uganda has one of the fastest growing populations in Eastern Africa (3.2 per cent),²⁷ but also a high maternal mortality rate.

About 19 per cent of women 15 to 49 years old have never been to school compared to 5 per cent of men in the same age group. For that age group, only 56 per cent of women are literate compared to 83 per cent of men.²⁸

The combination of poverty, low literacy, poor health-seeking behaviour and lack of access to household resources is behind the high maternal mortality rate, STIs and HIV infections and low utilization of family planning.²⁹

Uganda's Constitution recognizes equality between men and women and provides for gender balance and fair representation of marginalized groups.³⁰ This lays a firm foundation for the implementation of gender-responsive programmes by the Government and private sectors.³¹

²⁶ Case study written by Francis Victor Ngarambe.

²⁷ Uganda Bureau of Statistics. Uganda Housing and Population Census of 2002. p.16. 2002.

²⁸ Uganda Demographic Health Survey, 2006.

²⁹ DHO Kamuli District, Summary of focus group discussions with programme implementers, Review of Boys/ Men's Participation in RH/SRH programs ICOMP, 2009

³⁰ The Constitution of the Republic of Uganda, National Objectives and Directives of state policies, 1995

³¹ The Uganda Gender Policy, MGLSD, 2007

The Ministry of Health enacted the National Health Policy 2007 to give greater attention and support to health promotion, disease prevention and empowerment of individuals and communities to take more active roles in health development. It calls for equity in service delivery and a gender-sensitive and responsive national health system. Gender mainstreaming is required in the planning and implementation of all health programmes.³²

Although the Ministry of Health had developed numerous policies and guidelines to promote sexual and reproductive health (SRH), limited change has occurred. Most change has been in the area of HIV and AIDS prevention and treatment. Nationwide, the use of contraception remains low with a combined national prevalence rate of only 23 per cent.³³

Family Life Education Program

Family Life Education Program (FLEP) is a non-political, non-profit organization founded in 1986 under the auspices of the Church of Uganda – Busoga Diocese. FLEP serves local communities in the Busoga region by promoting and providing integrated, high quality community-based and mobile reproductive health (RH) services.

The FLEP service delivery system operates in the region's seven districts in one semi-urban, two urban and 49 rural communities. Each community is a family planning catchment area with a Development Committee and a Health Unit Management Committee, which together lead and mobilize the management and provision of family planning (FP) services.

2. IMPLEMENTATION

Project Rationale

In Kamuli District, one of three districts covered by CBRHS, the contraceptive prevalence rate is 7.2, with a total fertility rate of 6.9. With 5.1 persons per household, the average household size is higher than the national average of 4.7.

The proportion of pregnant women attending antenatal clinics at least four times is 27 per cent. Deliveries in health units are only 32 per cent. Several factors have led to the inadequate coverage of RH services, including poor health-seeking behaviour, cultural factors, low access to health units, gender bias, scarcity of community health workers and poor community mobilization.

Overview of the Community-Based Reproductive Health Services Project III

The Community-Based Reproductive Health Services III (CBRHS III) is implemented by Plan Uganda in partnership with the Family Planning Association

³² Guiding principles in policy development, Ministry of health national health policy, 2007.

³³ Uganda Bureau of Statistics (UBOS) and ORC Macro. Uganda Demographic and Health Survey 2006.

of Uganda, FLEP and the district health offices that cover the Plan Uganda partner-communities in three districts. Broadly, the project aims to ensure good RH education and services for adolescents and adults, especially women of childbearing age, through the promotion of safe motherhood, responsible parenthood and prevention of STIs and HIV. It also encourages positive attitudes towards antenatal and postnatal services and creates an environment that enables mothers to demand quality care.

CBRHS III's objectives are to increase the number of:

1. Children, adolescents, women and men who receive information and can make informed choices about child health, safe motherhood, responsible planned parenthood and prevention of STIs, including HIV;
2. Men and women using modern contraceptives to protect against STIs and unwanted pregnancies;
3. Women who receive antenatal and postnatal care;
4. Adolescents who receive SRH services;
5. Children under five years old who receive Integrated Management of Childhood Illnesses services;
6. Women of childbearing age who receive immunization services.



Strategies

Capacity building in gender, STI and HIV prevention, and communication skills: CBDAs play a key role in reaching women, men and adolescents. An important task is to conduct group discussions and couples' counselling on family planning, STIs, HIV prevention and other RH issues. To ensure that the CBDAs have these necessary skills, FLEP conducts training to strengthen their ability to deliver accurate and adequate information. As stakeholders in the community, the CBDAs are highly motivated to conduct health education and execute information campaigns within their neighbourhoods. An interfaith approach was taken so that people of different faiths from the community, were also recruited to become CBDAs as important links to reach all members of the community.

Addressing myths and misconceptions: Aware of the cultural myths that hamper family planning, FLEP set out to allay community fears by providing CBDAs with the required skills to debunk myths about FP and to deliver quality and timely FP services when needed.

The CBDAs facilitate interactive educational groups with anywhere from three to 15 residents at a time. Misconceptions about FP are clarified to encourage the use of these services. Some groups reversed long-held beliefs that all forms of FP are forbidden by religious doctrine. Largely through the efforts of the CBDAs, more couples now choose FP services that are culturally attuned to their beliefs.

Given the low antenatal and birthing services figures, FLEP recognizes that there are barriers to women's accessing FP services at the static clinic. In response, FLEP is aggressively reaching the community through home visits and mobile clinics that encourage informed choice with various services and contraceptive methods. This strategy had increased the clientele base for FP services.

Still, many believe that FP is contrary to their religious teachings. In developing RH champions from among the population, FLEP recruited and trained CBDAs who could effectively sensitize and raise awareness among their community.

FLEP works with faith-based leaders and at religious ceremonies and festivals to reach the communities. During the religious festival Muledi, for instance, the district Khadi – the head of the Muslim community in the district – gives talks on embracing modern methods of FP.

Supporting mothers in the community: The project utilizes community 'behaviour change communication',³⁴ mobilizing pregnant women for antenatal care and mothers for postnatal care at health centres. At each project site, the health centre devotes a day each week solely for the delivery of antenatal and postnatal care, drawing many mothers to the centre.

³⁴ Behaviour change communication is an interactive, research-based strategy that uses communication to promote positive health changes.

As a way of preventing pregnancy complications and maternal and infant mortality, the CBDAs and health centre staff stress the need to deliver at birthing facilities or, failing that, for deliveries to be assisted by skilled service providers. The CBDAs and health centre staff also counsel couples, stressing the need for HIV counselling and testing services during pregnancy, nutrition for the baby and mother, exclusive breastfeeding up to six months, prevention of malaria through the use of insecticide-treated bed nets, and male participation in antenatal and postnatal services.

Outreach to men about reproductive health and family planning: A key strategy for improving men's attitudes about FP services is to educate them about RH and FP. The goals are to improve the utilization of FP/contraception services by men, particularly male-based contraception such as condoms and vasectomies, and gain male support for women to practice FP. By educating the men, the participants can then educate other men on FP and contraception. The male CBDAs play a crucial role – and often face an uphill battle – in changing men's perceptions that FP is solely a woman's responsibility.

Improving youth access to information and health services: FLEP established and strengthened the 'youth centre' to provide counselling, information and basic health care services to young people. The centre disseminates information on RH and HIV. The youth are also trained in behaviour change communication and life-skills education, covering such topics as responsible behaviours and lifestyles, negotiation skills and computer training.

Programme in Action

The CBDAs and the YPEs are the core of the project. They are selected in consultation with the community without gender discrimination, although men and boys are specifically recruited to improve male participation. Men and boys are integral in pregnancy and sex-related risks for women and children, such as STIs including HIV. Therefore, male CBDAs and YPEs must reach out to their peers on a range of crucial RH issues in order to affect positive change.

Training CBDAs and YPEs: To become a CBDA or YPE, one has to participate in FLEP's training of trainers, which is based on the Stepping Stones approach³⁵. The training-of-trainers package is a five-day course on gender, HIV, communication and relationship skills. Basically a life-skills training package, it includes such topics as: (i) Let's communicate; (ii) Our perceptions; (iii) What is love; (iv) HIV and AIDS; (v) Condoms; (vi) Let's assert ourselves; (vii) Let's change ourselves. The schedule is adjusted to accommodate participants' work schedules. The trainings use familiar elements, including board games and materials readily available in the community, for teaching-learning exercises.

³⁵ Stepping Stones is a grassroots training packet on HIV and AIDS, communication and relationship skills, gender relations and community mobilization developed by Dr. Alice Welbourn. It includes peer group discussions, interactive activities, role playing and other dynamic exercises with a focus on gender relations.

Conducting behavioural change communication: Community-based awareness approaches are pivotal to the behavioural change communication campaign. These campaigns cover a wide range of issues, including: (i) family planning, (ii) adolescent sexual reproductive health, (iii) male participation, (iv) maternal health, (v) child health. Interpersonal methods, such as home visits and educational groups, are the backbone of the behavioural change communication campaign carried out by the 128 CBDAs.

The community service delivery project staff supervises the CBDAs/YPEs and provides technical support during CBDA / YPE - organised reproductive health talks. Each of the 15 parishes has a project focal person who oversees the campaign within the parish. To increase contraceptive use among couples, the project staff makes home visits to find couples together. During home visits, the CBDA often learns their myths and misconceptions about contraception. The home also provides a congenial environment for couples to discuss these issues openly.



If the couples agree to use a contraceptive method, the CBDAs conduct follow-up home visits to ensure that the new clients' needs are addressed. The follow-up increases the likelihood that the couple uses the contraceptive method, avoids failure rates and minimizes dropouts.

CBDAs also maximize in-community educational talks by scheduling sessions when three or more participants indicate that they are available. Potential participants are encouraged to bring a friend or neighbour since the sessions can accommodate as many as 15 people.

Working in collaboration with churches, NGOs and government health agencies: FLEP collaborates closely with the Church of Uganda through its Parish Development Committees. The Church primarily manages and runs the structures in the communities where FLEP works. FLEP collaborates with Plan International and Kamuli District Health Office for health care services.

Each CBDA and YPE makes a monthly ‘behavioural change communication’ work plan and submits a copy to the Parish Development Committee chairperson, the parish supervisor and the project service delivery point within the CBDAs and YPE’s catchment. The Parish Development Committee uses the work plan to monitor service delivery quality in the community and to anticipate the support required by the CBDA and YPE.

Reaching young people: The project targets two categories of young people between 10 and 24 years of age – those in school and those who are not. YPEs lead activities to increase youth participation, visit homes, refer peers and conduct follow-up.

The project also initiated Behaviour Change Advocacy Clubs in six secondary and 11 primary schools. The clubs’ leadership committees submit monthly work plans to the project. Their activities include organizing in-school and interschool debates, quizzes, skits, poetry and films on adolescent sexual and reproductive health topics.

FLEP also sponsors a teen talk radio show and feedback and listenership sessions. Selected pupils from different schools go on air to discuss specific adolescent sexual and reproductive health topics. Young people call in, giving feedback and adding to the discussions.

The project also organizes sporting events, such as football, where sexual and reproductive health information is disseminated. Appropriate sexual and reproductive health themes are chosen based on the age limit of the leagues.

To address young people’s health needs, the officer in charge of the Kamuli youth clinic routinely visits schools to provide adolescent health education and in-school HIV counselling and testing. NGOs supply materials, such as newsletters and pamphlets on adolescent sexual and reproductive health, which are regularly distributed to the in-school population.

The project decentralized its adolescent sexual and reproductive health activities to make them accessible to young married girls who would otherwise be missed because of their security concerns about traveling to the central Kamuli district. The varied methods for delivering adolescent sexual and reproductive health activities have increased young people’s participation in addressing unwanted pregnancy, unsafe childbirth and STIs including HIV. The project particularly works to reach vulnerable youth, such as young people who are physically disabled, married, have given birth, live with HIV or AIDS, or are pregnant.

Monitoring and evaluation: The project’s monitoring and evaluation strategy measures the outputs of the implemented activities within the set objectives as well as elicits testimonies from communities that have utilized the services.

FLEP has instituted a client feedback system to enhance quality of care, which is managed by Quality of Care Monitors. It conducts client exit interviews as well as “mystery client”³⁶ sessions to ascertain community feedback and the perception of services offered.³⁷

Programme and field staff monitor the activities conducted in the communities by the volunteers and CBDAs to assess the activities’ effectiveness. Weekly monitoring tracks the number of homes visited and individuals reached with FP materials, including people reached with various behavioural change communication materials.

3. RESULTS AND ACHIEVEMENTS

Reaping the gains from engaging men and boys. Without a doubt, engaging men improved overall access to RH services, especially FP. Training men as CBDAs enabled the project to reach more men.

The CBDAs conducted health education sessions in the community on issues related to gender roles, FP and contraception, STIs including HIV, and other emerging health issues. A total of 249 complete ‘stepping stones’ sessions have been conducted, reaching 8,084 men with RH messages. Men have become more aware of their wives’ and families’ needs and the role that both partners play in deciding family size.



Many men initially resisted the use of FP methods because of strong cultural myths attached to contraception. With community-based efforts, however, this project showed that resistance can be overcome.

With men’s increasing knowledge on the need for FP, wives have begun to enjoy their husbands’ support and involvement in their RH concerns. Some wives disclosed that their husbands remind them to take their pills and help monitor entries into their FP cards. Husbands now accompany their pregnant wives to prenatal checkups at health centres and, after delivery, bring them in for postnatal services. Some husbands now share child-caring and household chores.

Reaching men and women through home visits and group discussions: Over the past six months, the 128 CBDAs and YPEs aggressively conducted 3,102 home

³⁶ Mystery clients are people trained in monitoring. They generally come from the same community where the service facility is located. These mystery clients visit programme facilities in the assumed role of clients, and then report on their experience.

³⁷ <http://www.flep.busogadiocese.org/services.html> (Accessed April 7, 2009)

visits in 15 parishes. Of these, 995 were initial visits. In total, 6,894 men and women have received FP messages through these visits. During the same period, 834 FP educational groups were conducted in the communities, reaching 6,113 people.

Expanding the reach of family planning and reproductive health services: From 2006 to 2008, FLEP served 16,921 clients who adopted various forms of FP methods – injectables, pills, male condoms, moon beads,³⁸ tubal ligation and vasectomy. Women still make up the majority of the service-seeking clientele, however, male condom use has increased.

FLEP, through the CBDAs and health centres, provided more than 22,000 (12,807 female; 9,456 male) home-based HIV counselling and testing and more than 2,500 (1,616 female; 1,004 male) facility-based HIV counselling and testing in 2008.

Engaging boys and girls: FLEP is proving that it is never too early for young people to be educated on sexuality and reproductive health issues. By meeting them where they are and embedding key message into youth-oriented activities, adolescent sexual and reproductive health education has become part of their normal community experience. Moreover, with YPEs advocating for life-skills education and responsible adolescent sexual and reproductive health and contraception, the young audience is more receptive to the message.



³⁸ Moon beads are a string of coloured beads based on natural family planning, which helps women keep track of the days in her fertility cycle.

4. LESSONS LEARNED

Engaging community volunteers at the grassroots level ensured community participation. The CBDAs are an important link between FLEP and the community. They are recruited from the local community and enjoy an increased level of acceptance. An independent study found that male health volunteers are important to success and can foster better reproductive health outcomes in the FLEP programme area³⁹.

Working closely with faith-based organizations validated the programme within the community. The Parish Development Committees have the respect and trust of the parish communities. As the project gatekeeper, their blessing of FLEP eased the project's entry and ongoing implementation of activities in the communities. To their credit, the Parish Development Committees have remained steadfast in their support of the project, involving themselves in every phase – from inception, to selection of CBDAs and YPEs, to conducting and monitoring FLEP activities in the communities.

The interfaith collaboration with Christian and Muslim religious leaders has led to project success. While FLEP is strongly identified with the Parish Development Committees, the project recognizes Muslim couples' needs for services. Specific, culturally-sensitive strategies were adopted to better serve the interest of Muslim residents. Perhaps the most remarkable accomplishment of this project is the Muslim reception and acceptance of FLEP prescriptions. Despite religious differences, community members express that they share similar family values and desires to protect family members and future generations through responsible behaviours.

FLEP has engaged Muslim religious and youth leaders as CBDAs and YPEs. Their participation breaks sociocultural barriers with their fellow Muslim couples, making it easier for them to accept FP. During focus group discussions, women happily reported that their husbands were becoming increasingly supportive.

Providing multiple choices of family planning. Family planning has increased with the provision of multiple FP choices. Currently, FLEP offers several methods of contraception through its static and mobile clinics and home-based family planning services. The varied selection allows for informed choice, enhancing quality of care and encouraging communities to better access FP options.

Role modelling male participation in family planning. FLEP promotes male participation in FP by using community role models. The selected couples from various sociocultural and religious backgrounds sensitize other community members to the benefit of FP and emphasize the importance of male participation. Improved male participation has largely been through the CBDAs' efforts to reach out to more men in the community and change their family planning and reproductive health perceptions and beliefs.

³⁹ Patel, Sangita, Positive Deviance and the Role of Male Health Volunteers in Family Planning Processes in the Kamuli District, Uganda, Poster Session at Canadian Conference on International Health, 2009.

Using a participatory approach that involves community members. FLEP adapted the Stepping Stone approach, designed for HIV programming, and used its gender components and participatory method. The Stepping Stone approach addresses local social and cultural barriers towards contraceptive use and safe reproductive health behaviours. FLEP's programme staff and volunteers (including Parish Development Committees and CBDAs) were trained in this participatory approach.

5. SUSTAINABILITY AND THE WAY FORWARD

FLEP has existed for more than two decades and has well-established community structures and networks, which hopefully will remain in place.

Working with the local church's Parish Development Committees ensures that some project activities will be mainstreamed. The Parish Development Committees' taking on supervisory functions and their strong links to the programme should allow for the smooth delivery of basic services. Since the permanent structures and facilities at the grassroots level are owned by the local church (the people), the churches are also motivated to keep the programme running. FLEP believes that the networks of CBDAs, YPEs and health volunteers will sustain the community programme. At the onset, the community had a stake in the selection of the volunteers and now the volunteers have acquired necessary skills.

Plan International and the Kamuli District Health Office, partner organizations of FLEP, report difficulties in maintaining trained health professionals and FP supplies. This puts project sustainability in question. One problem faced by the programme is that the number of health workers and medical personnel is inadequate to respond to the demand created for FP services, in part due to intensive FLEP campaigns at the grassroots level. Experiences on the ground have shown that there are constraints in accessing surgical FP services.



Chapter **4**



Lessons Learned

The initiatives that have engaged men and boys to protect children living on the streets, reduce domestic violence, improve sexual and reproductive health or increase family planning have different objectives and strategies, yet they yield overall important lessons for improving gender equality, equity and health. These lessons include:

- 1) **Institutionalization of the gender perspective in every facet of programme design and cycle.** Institutionalization of gender means integrating women or gender issues into regular development practices, starting with the interpretation of constituents' gender realities. The programmes that were reviewed demonstrated their strong commitment to challenge and transform the power structure and relationships between individuals and within the communities. In reversing patriarchal prescriptions, men's and women's interpretation of gender-related issues were challenged by gender-sensitivity training and awareness-raising. This brought about personal changes among men in key positions, ordinary citizens and perpetrators of violence. Within each programme – MR GAD advocates, peer counsellors, MPP's community-based men's groups, various committees managed by the boys of INCIDIN-Bangladesh, the community-based drug agents and youth peer educators of FLEP – boys and men were organized to challenge and transform existing power structures, dynamics and relationships.

Operating on the higher level of awareness and heightened gender consciousness, the programmes were scaled up to mobilize collective action in the political arena. Not only did the interventions empower men and boys to change behaviours, cognitions and attitudes, but also influenced the representative political structures within the communities to be more receptive and responsive to the needs and situations of women, children and men. In Cambodia, the commune chief along with key people in the areas of MPP formed monitoring committees to oversee care for abused women and appropriate counselling for perpetrators of violence. In the Philippines, MR GAD mobilized elected town officials to pass ordinances that protect women, compel perpetrators of violence to undergo counselling, and augment the budget for gender and development-related activities. INCIDIN-Bangladesh's Safe Night for Children has a similar structure of local councils that create an environment whereby children have access to and control over resources. Acting on the collective pressure by children-related NGOs, the Government of Bangladesh has opened night shelters patterned after those of INCIDIN, allowing more children to be kept from the dangers of living and sleeping on the streets.

To guide the crafting of policies, decisions and future directions, INCIDIN-Bangladesh, MPP, FLEP and MR GAD have undertaken ongoing action research to better understand their partner-beneficiaries and the context where the programmes exist.



- 2) **Although the starting points for engaging men and boys vary, similar basic end points exist.** Efforts to enlist men's and boys' participation in securing gender equality and equity start from different, albeit sometimes overlapping entry points. Men and boys who eventually become members or clients of the programmes may be recruited by virtue of having committed acts of violence, having experienced violence or exploitation by other people, having a need for reproductive and sexual health services, or having shown interest in efforts they believe will benefit themselves and the people around them. Some are bystanders who are won over or reached by word-of-mouth.

In Cambodia, community-based men's groups and men who participate in trainings and regular discussions on gender sensitivity may not necessarily be perpetrators of violence, but after the meetings, they discuss what they have learned with their peers, winning over recruits to attend future meetings.

Boys accessing INCIDIN-Bangladesh's services came in as clients and became partners in the various programmes, becoming members in committees that work to protect child rights. They then became community guardians and enforcers of child rights. INCIDIN initially involved boys in non-formal education and life-skills training, with the ultimate goal of mainstreaming them into the formal education structure. For those who continue to work, INCIDIN provides training in marketable skills that can increase their chances to find less exploitative and abusive livelihood opportunities. INCIDIN also provides a banking system that introduces money management to the boys.

In Uganda, FLEP works to maximize men's efforts to decrease maternal mortality and morbidity and increase contraceptive use in the community. It involves the Parish Development Committee in 15 out of 19 parishes to spearhead planning and implementation of project activities. The involvement of these Committees is important as they influence community members, especially men, to participate in RH and HIV testing and counselling services, and change their perceptions of gender roles and reproductive rights issues. FLEP also engages men and women as CBDAs, providing not only medicines and supplies but also education on RH, safe pregnancy and HIV services.

Safe Night Shelter for Boys, FLEP, MPP and MR GAD recognize the important roles of community leaders and men in the institutions mandated to protect women, providing them with a gender lens and the necessary skills in governance and implementation of applicable anti-domestic violence laws. Their different entry points lead to varying initial approaches, but the results are similar. Men are taking positive roles in support of women and children and are addressing their own needs in gender, sexuality and RH.

- 3) **Tailor-fitting the programme design to the community's practical and strategic gender needs contributes to success.** With the underlying principle of responding to the practical and strategic gender needs of women, men and children, the design of the four programmes revolved around improving access to basic services. Men were of special interest for two reasons: (i) service providers on gender issues are predominantly men (i.e., law enforcers, health centre personnel, lawyers, community leaders); (ii) men are the actors in social behaviours and pervading beliefs that influence the gender needs of women and children. Service providers must ideally respond to the felt and objective needs of women and children in the communities or, as an offshoot, implement laws for the protection of women and children. Cognizant of men's role in domestic violence, STIs including HIV, family planning and risky lifestyles that significantly affect the lives of girls, women, boys, and men themselves, these programmes promote boys' and men's positive roles and responsibilities as leaders, husbands, fathers or peers.

Training design should be responsive to the programme's assessment of the unique needs of different clients or participants. Because of the varied ways by which men and boys are engaged across programmes, and because of their (and women's) different needs, interventions must differ. As opposed to offering a generic framework in addressing gender-based violence, MR GAD and MPP activities start with the clients' perception of personal behaviour. For instance, both MR GAD and MPP counsellors are trained to administer client-centred, as opposed to advice-based, counselling. The empathy exercise in MR GAD gender sensitivity training also derives its content from affective experiences of survivors of violence. These feelings are then shared in a small group, but are processed in such a way that the learning experience becomes individualized. Made aware of the underlying patriarchal scripts during the gender sensitivity training, participants gain ownership of their take-home lessons. Participants who underwent gender sensitivity training reported important personal realizations that have translated into their rejection of violent relationships with their partners.

Whether by habit or tradition, people may find it hard to translate new knowledge into new practice. MPP, for example, found that despite the new Anti-Domestic Violence Law, male-led institutions did not always understand women's experiences. Some women who tried to stake claim to their rights felt stymied. Some felt as if their experience of violence was being trivialized. MPP saw fit to engage community leaders to ensure that the law was being adequately implemented.

INCIDIN-Bangladesh gives its clients the freedom to pursue formal education or not during their stay in the Safe Night Shelter for Boys. By providing various training options, INCIDIN-Bangladesh ensures that programme activities



are designed around the specific context of each boy's life. The boys report satisfaction about their lifestyle change and exhibit greater confidence in facing daily challenges.

- 4) **Engagement of men in institutions mandated to implement laws protecting society.** With the enactment of anti-domestic violence and child rights laws, the courts, law enforcers and elected officials are thrust into the new role of implementing the provisions of these laws. Thus, adequate time must be allocated to sensitize and raise awareness of the significance of their enforcing the law among the various parties.

Men on the frontline of intervening in domestic violence or protecting women's and children's rights must be included in programmes and training that will transform them into gender champions for women, children and men. Both MR GAD and MPP have enlisted village chiefs, town officials and community leaders to attend training on gender, masculinities, domestic violence, counselling and leadership. This develops a block of male advocates who can articulate the issue of domestic violence, speedily address the needs of women, men and children, and talk to other men about relationship issues. Building their capacity as gender champions brought about their own personal transformation and also enabled them to proactively live up to their public roles and responsibilities.

The success of engaging male leaders has been documented through such activities as the village chief and other men in Cambodia implementing the Anti-Domestic Violence Law, village chiefs conducting one-on-one meetings with perpetrators, and data from MR GAD pilot areas indicating 100 per cent issuance of protection orders when women have reported domestic violence. Gender-related budget has increased and is being allocated for the establishment of counselling rooms for women, men and children.

- 5) **Strengthen and complement frontline gender and reproductive health service providers to scale-up responses.** While focusing on men and boys, the highlighted programmes have trained and organized frontline service providers for women and children (i.e., health centres, police officers, counsellors). In order to provide holistic care to 'survivors of violence' and address the needs of boys and men, MR GAD, MPP and Safe Night Shelter for Boys conducted interventions for service providers to enhance their counselling skills. The training raised awareness and increased understanding of masculinities, perpetrator profiles, interventions for male violence and protection of child rights. Data provided by participants were utilized to design and establish a referral protocol and strengthen the referral process. Thus, when a woman reports domestic violence or a child is violated, the frontline service providers ensure they receive health, legal and psychosocial support. In Uganda, FLEP strengthened the capacity of their health workers and community volunteers

to address gender and RH rights issues. At the community level, CBDAs hold gender sensitivity training for both men and women on RH, with an emphasis on male participation. During community outreach, the beneficiaries of FP services share their experiences and demystify misconceptions about contraception, encouraging others to seek FP services.

- 6) **Integration of cross-cutting gender-based issues.** Programme emphasis varies depending on the community context, with most organizations either engaging men in domestic violence intervention/prevention or delivery of FP services, HIV testing and counselling, maternal health care, etc. While there is a compelling need to redress the most prevalent gender-based issue in a particular community, programmes must also engage boys and men in cross-cutting gender-based issues, such as domestic violence, STIs including HIV, FP, and responsible parenthood including men's risky lifestyles. Men's behaviours affect the life experience of girls and women, as well as boys and men themselves, which to a large extent are by-products of patriarchal scripts and need to be addressed.
- 7) **Enlisting male gender champions as communicators of behavioural change with other men.** While women can effectively work with men on issues of gender equality and equity, male implementers may maximize male participation and acceptance of projects and activities. When influential men in the community voluntarily become gender champions, as in MR GAD and MPP, there is a ripple effect among other men. This furthers community acceptance to deal with these issues openly, replacing a culture of silence.
- 8) **Partnering with faith-based organizations increases community participation.** Most faith-based organizations hold sway among the community. In partnering with these groups, NGOs gain the people's trust, which is essential for building rapport and relationships. Religious leaders' delivering gender equality, equity, RH and FP messages made it easier for the community to accept. Interfaith collaboration ensures even greater reach and acceptance of gender and RH needs through culturally-sensitive approaches.

In each programme, religious leaders were mobilized to support gender equality, equity and RH activities.

- Safe Night for Street Boys met with religious leaders to discuss the plight of the CSEBs and the need for nurturing environments that support their transformation;
- MR GAD trained religious leaders to provide gender-sensitive counselling upon the request of couples in conflict;
- MPP included monks in their community men's groups and high-profile rallies to support women's rights;
- FLEP engaged religious and youth leaders as CBDAs/YPES and their participation ensured greater acceptance and access to RH services.



- 9) **Working with other constructs of masculinities.** Men and boys who have internalized harmful gender norms or have committed acts of violence must learn that their privilege over women and girls is socially constructed and a manifestation of patriarchy. Not all males, however, are privileged in society. Discussions among MR GAD participants indicate that, while rare, some men have experienced violence from their female partners. Some gay, bisexual or transgender men face discrimination. The partner-beneficiaries of the Safe Night Shelter for Boys are males who have been physically and sexually abused by other men or have run away from home because of domestic violence involving their parents.

Particular economic statuses, academic achievements, jobs, age, social classes or self expressions can render some boys and men vulnerable to violence and powerlessness at the hands of other men or women. Engaging boys who have been exploited or marginalized in society requires approaches and services that are different than those used with privileged men.

With empowerment of both women and men as the general goal, the programme designs and activities address both the practical and strategic gender needs of particular subsets of males. To tackle the practical needs of boys who would otherwise be vulnerable to exploitation in the streets, INCIDIN-Bangladesh offers shelter that ensures their safety. The organization offers psychological, academic and medical assessments, bathing facilities, practical livelihood skills-trainings, non-formal education, life-skills education and a banking system. As a means of ensuring that strategic needs of the boys are met, INCIDIN-Bangladesh uses non-hierarchical programme management, where the boys can voice and share their opinions to staff as equals. More importantly, children sit, deliberate and decide in committees and policy-making bodies that protect child rights. This comprehensive approach with boys who have been victims of violence is designed to make them exercise their rights, plan for their future and develop an attitude of respect for others.

- 10) **Sustainability issues can thwart programme efforts.** Programmes are heavily dependent on external resources. The organizations' long-term efforts are not secure, especially with their dependence on donor funding. As countries undergo the transition to middle income, NGOs in the South already have felt the effects of funds being scaled down. Funding agencies require efficiency in programme management. Thus, NGOs must not only become sustainable financially but also in propagating organizational culture and procedures, ensuring their effectiveness and documenting results.
- 11) **Programme methodologies and approaches differ for boys and men.** There is a tendency to categorize boys and men together around issues of masculinities and gender roles, norms and behaviours. However, programme methodologies and approaches for boys and men must differ.

Men, unlike boys, generally have a prominent voice and decision-making power at home, in organizations and in their communities. Without access to adult male privilege, boys require programmes with enabling environments that allow them to understand their rights, actively identify their challenges, and craft options and choices. They should have access to and control over services and resources, and initiatives that promote gender equitable behaviours. These ultimately support women's and girls' rights as well. On the other hand, strategies for men are designed to ensure that they recognize and change harmful gender norms and behaviours, while also influencing other men to do the same.

- 12) **More effort is needed to engage men and boys around sexuality.** The programme interventions in the case studies dealt for the most part with violence against women, RH or general life-skills education. All people, regardless of their backgrounds are entitled to be free from violence and to have access to RH services. Little effort has been made thus far to address men's and boys' sexual health needs. Including various interventions that engage men and boys around sexuality may reinforce concepts of role diversity, respect for differences, which may lead to gender equality and equity.
- 13) **Integration of life skills, including gender-related issues, into formal and non-formal education.** Teaching life skills to boys, especially during their adolescence, is an effective intervention to promote practical knowledge, attitudes, behaviour, gender sensitivity, and respect for differences and diversity. They can manage their emotions, relate more effectively with women and girls, and articulate and execute healthy pursuits of personal goals. However, because organizations tend to pigeonhole their clientele, the life-skills curriculum is not as extensive as it should be. Non-formal learning skills (i.e., mathematics, readings) often are detached from life skills. Yet, these can be interfaced at both levels. Both formal and non-formal education should incorporate life-skills training, gender, sexuality and RH. Their integration into the curricula at the primary, secondary or tertiary levels would prepare women, men and children to cultivate positive roles in relationships and gender dynamics.





Chapter **5**

Recommendations

National articulation and development of policies that integrate boys' and men's involvement in overall gender and development work

Government agencies must articulate and craft national policies and mainstream the concept of boys' and men's involvement in complementing overall efforts in gender equality, equity and development. Government leadership will anchor strong collaborations among community efforts for engaging boys and men with women's organizations and national agencies.

This policy responsibility should be situated within the appropriate ministry, department, commission or structure mandated to oversee gender and development. However, gender and development efforts towards ensuring women and girls' rights and the engagement of boys and men are the responsibilities of all government agencies, not just the task of the mandated ministry, department, commission or structure.

Enhancing frameworks and resource tools for programmes engaging boys and men

The knowledge and lessons learned from this document, together with information from the global knowledge base and available resources, should contribute to the development and innovation of more responsive programmatic frameworks for boys and men's participation programmes. Similarly, this could contribute to further enhancement of tools for assessing, monitoring and evaluating programmes that engage boys and men. Training design and learning modules must also be strengthened.

Urgency to exchange programme experiences and lessons learned

The depth and diversity of resources on programmes engaging boys and men provide an excellent opportunity for exchange and cooperation. This would create an enabling environment in Asia and the Pacific, as well as Africa, for organizations and people to build partnerships and learn from each other. Given the dearth of resource tools for engaging boys and men and the scarcity of information on the processes, strengths, challenges and the how-to of programme implementation, there is a compelling need to exchange information and practices. This can best be achieved when trailblazing information, experiences and practices in engaging men from countries are included in dialogue and cooperation.

Develop a community of practice

A community of practice can be formed to promote and disseminate knowledge and skills, including the use of resources and tools that arise from policy dialogues and South-South exchanges. E-learning can help bring resources and training modules to scale and allow organizations with interest in programmes engaging boys and men to have ready access to relevant information.



3 MEN



Sustainability of government and NGOs that work on gender and development, including programmes engaging boys and men

Reducing gender-based violence and increasing universal access to and utilization of RH services call for the sustainability of male participation programmes and women's organizations working towards gender and development. Currently characterized by high dependency on external funding, organizations that work on engaging men and boys should ensure that organizational vision, mission, goals (VMG) and objectives are aligned. Programme effectiveness needs to be strengthened by empowering constituents and financial security must be bolstered by exploring non-traditional funding sources.

Support policy dialogues and exchanges of information

Meetings and Internet teleconferencing and other web-based technologies are crucial for holding policy dialogues that build resource tools and frameworks. Policy dialogues help to 'bottom-up' resources, best practices and evidence from the ground and make them the basis for policy development, which strengthens programmes that engage boys and men and enhances collaborative work in gender equality, equity and development.

Research

Emerging issues on the ground require research to clarify the following phenomena:

- Extent of the implementation and effects of the laws banning domestic and gender based violence;
- Evaluation of the effectiveness of different strategies in modifying and changing behaviours of boys and men (do they result in gender equality and equity?), tools to evaluate and measure effectiveness of current interventions, ways to document evidence and produce literature that will help scale up interventions;
- How exactly do men and boys differ? While there is the assumption that they indeed differ, the crucial criteria have yet to be set that would allow for effectively zeroing in on one or the other for engagement in gender and development. A clearer understanding would allow for the design of programmes specifically intended for one or the other, and methodologies, strategies, content and focus for optimal effectiveness.

Ongoing research and evaluations must shed light on how best to engage boys and men as crucial actors in the pursuit of gender equality, equity and justice. Gender-sensitive boys and men will challenge patriarchal structures and help build a more egalitarian society.



Chapter **6**



**Summary of
Programmes for
Engaging Boys and
Men in Asia and Africa**

Engaging Men/Boys Project Description		Activities
Title of the Engaging Men/Boys Project, Name of NGO (Country)		
Southeast Asia		
Men's Group – Transcultural Organisation	The Community Mental Health Project of the Transcultural Psychosocial Organisation (TPO) was established to heal the Cambodian people's psychological wounds, which resulted from the country's protracted civil war, and to care for those who suffer from psychosocial and mental health problems. These issues include stress-related disorders, anxiety, depression and post-traumatic stress disorder (PTSD). The programme initially worked with women survivors of domestic violence. However, women in the self-help groups suggested that men be engaged in the programme. Through the help of trained community resource persons, such as village chiefs, village development committee members, village health volunteers and other local activists, men became involved in programme activities.	<ol style="list-style-type: none"> 1. Psychosocial education; 2. Training community human resources; 3. Forming and facilitating self-help groups; 4. Individual counselling.
Transcultural Psychosocial Organisation – Cambodia (Cambodia)		
Reproductive Health Association of Cambodia	Reproductive Health Association of Cambodia (RHAC) was established to address the reproductive health needs of poor Cambodians. RHAC's mission is to help people exercise their right to an optimal quality of life through model services, gender-sensitive health communication and trainings focusing on family health, including sexual and reproductive health, maternal and child health and HIV services. RHAC does not have a specific programme for men. However, its programmes are designed with the principle of engaging men and promoting gender equality and equity. For example, RHAC employs both female and male health providers and deploys male contraceptive distribution agents to set an example for other men. It also promotes the prevention of parent-to-child HIV transmission to both men and women.	<ol style="list-style-type: none"> 1. Clinical and outreach services: FP, STI and reproductive tract infection treatment, voluntary counselling and testing (VCT), antenatal, postnatal and newborn care, prevention of mother-to-child transmission HIV, medico-psychosocial support to rape survivors, post-abortion care, early cervical cancer detection, infertility and menopause, laboratory services, and community and home care for people living with HIV and AIDS; 2. Youth health programmes: youth centres, peer education and involvement of stakeholders in creating an enabling environment; 3. HIV prevention for high-risk groups: education and information through one-on-one and group discussions, drama and quiz shows.
Reproductive Health Association of Cambodia (Cambodia)		

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
<p>Men Involvement in Ending Violence against Women</p> <p>Rifka Annisa (Indonesia)</p>	<p>Rifka Annisa Women's Crisis Centre, established in 1993 by five women advocates, works to mitigate Indonesia's patriarchal structures, which regard men as more important and powerful than women, marginalize women, and discriminate and make women vulnerable to abuse in the home, at work or in public life. Rifka Annisa, which means 'women's friend', adopted a 'men's involvement' approach in 1997 by recruiting men as volunteers and community educators. This emerged with the realization that violence against women is not solely a women's problem, but also an issue for men, and men must be involved if violence against women is to end.</p>	<ol style="list-style-type: none"> 1. Providing behaviour change counselling services to abusive men; 2. Promoting men's involvement in ending violence against women through seminars, publications and radio talk shows; 3. Organizing anti-violence against women campaigns with Futsal⁴⁰ competitions and through debates among high school students, seminars and band performances.
<p>Male Involvement Programme</p> <p>Indonesian Planned Parenthood Association (Indonesia)</p>	<p>This programme aims to reduce maternal mortality and morbidity through behavioural communication change (BCC) that focuses on men, especially husbands, to promote their involvement in maternal health. The project includes development of BCC tools and materials, community radio programmes, religious and village community gatherings, male volunteers' home visits and local traditional performances. After three years, the project increased husbands' knowledge and improved their attitudes about maternal health and prenatal and antenatal care, contributing to the reduction of maternal mortality and morbidity.</p>	<ol style="list-style-type: none"> 1. Behaviour baseline study; 2. Training of motivators and formal and informal leaders; 3. Community organizing; 4. Encouraging families to save for delivery expenses; 5. Developing information, education and communication (IEC) materials; 6. Home visits; 7. Weekly meeting among local institutions; 8. Monitoring and evaluation.

⁴⁰ Futsal is indoor football.

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
Men Opposed to Violence Everywhere – Davao (Philippines)	The National Commission on the Role of Filipino Women (NCRFW) launched 'Men Oppose to Violence against Women and Children Everywhere' (MOVE). To expand the anti-domestic violence movement, MOVE was developed in Davao City to engage all interested men, youths and adults from diverse social backgrounds.	<ol style="list-style-type: none"> 1. Trainers' training, including workshops on gender, culture and violence; 2. Evaluation and strategic planning.
Cooperative Movement for Encouraging Non-Scalpel Vasectomy (Philippines)	<p>Cooperative Movement for Encouraging Non-Scalpel Vasectomy (CMEN) is a primary service cooperative for men who have attained their desired family size and who accept non-scalpel vasectomy (NSV) services as a way to secure a better life for their wives and children. The project has a three-pronged approach to engage men in NSV services:</p> <ol style="list-style-type: none"> 1. identification of couples with unmet FP needs, including NSV and other long-term methods; 2. establishment of NSV-FP teams to provide the necessary technical assistance and FP information and services; 3. implementation of IEC to address misconceptions around NSV and FP. <p>Barangay health workers, satisfied vasectomy clients and other motivators encourage men to become more involved in FP.</p>	<ol style="list-style-type: none"> 1. Household surveys; 2. Organizing NSV-FP teams; 3. Provision of NSV services; 4. FP education.
Men for Violence-Free Communities Gender Watch Against Violence and Exploitation (Philippines)	Men for Violence-Free Communities (MVFC) started in 2005 as a project of Gender Watch Against Violence and Exploitation (GWAVE). Involving men and youth, GWAVE redesigned its module on masculinity and strengthened male trainers' competencies. It forged an agreement with the local government unit to conduct a series of workshops with men. A group of volunteer peer trainers emerged from among the men who attended the workshops. They conduct 'friend-to-friend' counselling and have deepened their own understanding of gender issues and the law.	<ol style="list-style-type: none"> 1. Seminar-workshops on masculinity, gender relations, gender-based violence and the law, skills and issues training for peer trainers; 2. International Women's Day programmes; 3. Town fiesta parades and programmes; 4. Seminar-workshop on men and family planning; 5. Actions against gender-based violence.

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
<p>South Asia</p> <p>Male involvement in Sexual and Reproductive Health and Rights</p> <p>Family Planning Association of Bangladesh (Bangladesh)</p>	<p>As an affiliate of International Planned Parenthood Federation (IPPF), Family Planning Association of Bangladesh (FPAB), the oldest and largest family planning NGO in Bangladesh, played an important role in formulating national FP programmes. Having realized the importance of men's and boys' involvement in sexual and reproductive health and rights (SRHR) programmes, it initiated men's and boys' engagement programmes which is in sync with the IPPF's Engaging Men and Boys in SRHR and HIV/AIDS.FPAB is also a member of the Campaign to Work with Boys and Men – a national network in Bangladesh.</p>	<ol style="list-style-type: none"> 1. Voluntary counselling and testing, STI services, FP that provides condoms, NSVs, pregnancy testing and RH services for men; 2. Consultations with stakeholders and organizing youth debates on SRHR; 3. Organizing youth peer groups, youth coordinators and gatekeepers, linking with youth partner organizations, establishing youth-adult partnerships, organizing advisory groups; 4. Conducting courtyard meetings with men; 5. Madrasa students programme that provides information and services on SRHR.

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
<p>Male-Friendly Services Project</p> <p>EngenderHealth Bangladesh (Bangladesh)</p>	<p>The Access, Quality, and Use in Reproductive Health in Bangladesh (ACQUIRE/Bangladesh) has implemented a demonstration project on male-friendly services. It began with a five-month 'pre-project' phase to design intervention methodologies and strategies and to train staff in their implementation. Over the next seven months, project activities were implemented and evaluated. The primary goals are to encourage and increase male access to FP and RH services and to help them support their partners' RH decisions, especially acceptance of permanent methods, and other maternal health issues.</p>	<ol style="list-style-type: none"> 1. Managers and field staff training on men's reproductive health curriculum (MRHC), including gender and sexuality discussions; 2. Conducting MRHC trainings, including gender and sexuality discussions; 3. Holding community and group meetings on male involvement in reproductive and maternal health issues; 4. Creating enabling environments for male-friendly services.
<p>Parents Voice</p> <p>Bangladesh Protibondhi Foundation (Bangladesh)</p>	<p>Bangladesh Protibondhi Foundation (BPF), a country-wide programme begun in 1984 for children with disabilities, established the Mothers Club. Through this club, mothers became aware of and were trained in disabled children's development. Initially, few male parents participated. After several years, the foundation recognized the potential benefits all family members bring to the development of the child. Mothers Club members suggested changing the club's name to Parents Voice to help male members feel included in the programme. As a result, many male members became more involved in programme activities and more aware and concerned about their children's lives and development.</p>	<ol style="list-style-type: none"> 1. Provide assessment, therapeutic intervention, psychosocial support, preschool, vocational training and community-based rehabilitation; 2. Conduct rallies, courtyard meetings, day observances, theater performances for development; 3. Facilitate round-table conferences, dialogues, media training, seminars; 4. Organize workshops, training, Bachelor in Special Education courses, Masters in Special Education courses, overseas training, short training courses on disability issues.

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
<p>Protection of Children from Violence, Abuse and Exploitation</p> <p>Save the Children UK – Bangladesh (Bangladesh)</p>	<p>Save the Children UK – Bangladesh works with boys and men through its Protection of Children from Violence, Abuse and Exploitation programme. It has local child protection committees under the leadership of local government representatives and union parish chairpersons. Committee members also include police officers and community leaders, such as teachers, religious leaders, lawyers, journalists and social workers. The programme aims to significantly reduce violence against children by raising awareness and sensitizing community members, youth groups and children themselves, building capacity of local government institutions, and supporting district level networks and coalitions including the media, to advocate for community-based child protection mechanisms to be incorporated into the national child protection system.</p>	<ol style="list-style-type: none"> 1. Strengthening government children's academies; 2. Supporting child protection committees in implementing community-level campaigns to prevent violence; 3. Building the capacity of government and civil society to strengthen support for children's right; 4. Establishing a referral system; 5. Strengthening networks and strategic partners, including the media; 6. Building a constituency against violence through the use of IEC; 7. Advocating government's adoption of child protection committees or similar mechanisms as key elements of child protection policy.
<p>Yuva Maitri</p> <p>Men Against Violence and Abuse (India)</p>	<p>Men against Violence and Abuse (MAVA), India's first voluntary men's organization, is a movement by which cultural advocacy, direct intervention and youth education explore men's roles as partners and stakeholders in addressing gender issues. MAVA has worked with young men in selected colleges on masculinity and gender sensitivity. MAVA also created a rich pool of male resource persons, who now promote wider interpersonal dialogues on gender among young men. MAVA implemented a project, 'Yuva Maitri' ('Friendship among Youths'), to help young men adopt positive masculine models, which promote gender sensitivity and prevent violence against women.</p>	<ol style="list-style-type: none"> 1. Training college students as communicators; 2. Communicating with peers on gender, healthy relationships, masculinity and related matters through weekly awareness sessions; 3. Conducting outreach programmes, including film screenings followed by discussions, intercollegiate public speaking and debates, and focus group discussions.

Engaging Men/Boys Project Description		Activities
Title of the Engaging Men/Boys Project, Name of NGO (Country)		
Africa		
Involving boys and young men in addressing gender-based violence and HIV and AIDS services Eshet Children and Youth Unity Association/ Ethiopia (Ethiopia)	Eshet/Ethiopia has operated a project that involves young boys in addressing gender-based violence and HIV prevention since 2005. The project, implemented in selected kebeles ⁴¹ of Yeka Sub-City, Addis Ababa, has more than 1,000 boys and 300 girls actively participating. Its overall objective is to have boys and young men understand their role in ending gender-based violence and preventing sexual and reproductive health problems, particularly HIV infection, sexual abuse and unintended pregnancies.	<ol style="list-style-type: none"> 1. Providing trainings to peer educators, conducting weekly youth discussions, behavioural change communication (BCC); 2. Peer counselling for young women and men on HIV prevalence and prevention, gender, and sexual and reproductive health (SRH) issues, providing referral services for more intense counselling and medical treatment services; 3. Organizing trainings for parents on gender, SRH and HIV prevention, prevalence and treatment, and trainings for school administrators, teachers, and community and religious leaders.
Shadow Idol Programme St. Francis Health Care Services (Uganda)	St. Francis Health Care Services (SFHCS), in operation since 1998, works in the eight sub-counties of Uganda. The Mukono District Health Directorate now recognizes it as an HIV service organization and supports its activities through quarterly releases of Poverty Alleviation Funds and HIV and AIDS funds. The Shadow Idol Programme of SFHCS is a training module that helps young people envision a brighter future and learn life skills.	<ol style="list-style-type: none"> 1. Engaging young people in gender-related debates and life-skills trainings; 2. Promoting gender sensitivity and equality and equity among boys and girls.

⁴¹ A kebele is the smallest administrative unit in Ethiopia, comparable to a ward or district.

Title of the Engaging Men/Boys Project, Name of NGO (Country)	Engaging Men/Boys Project Description	Activities
<p>Kafue Youth Care and Community Prevention Programme (Zambia)</p>	<p>In 2004, Kafue Youth Care and Community Prevention Programme (KYCCPP) established a group for boys and men between the ages 13 and 35 to help them understand women's sexual and reproductive health rights and to give them the necessary skills to educate others on family life, HIV prevalence and gender-based violence. Through sports, KYCCPP has brought boys together to share knowledge and opinions on women's and girls' rights. KYCCPP also has used sports to deliver messages on the prevention of HIV, gender-based violence and child abuse.</p>	<ol style="list-style-type: none"> <li data-bbox="386 204 717 697">1. HIV and AIDS prevention: community education meetings, sports activities, trainings, rallies, focus group discussions, talk shows on topics such as HIV prevalence, FP, domestic violence, RH, child abuse, providing VCT, distributing IEC materials, caring for and supporting people living with AIDS and orphans and vulnerable children, and providing nutritional supplements; <li data-bbox="725 204 817 697">2. STIs services: community education meetings, distribution of IEC materials on STIs, counselling and treatment referrals.

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