

## ADVANCING PARTNERS & COMMUNITIES SUMMARY SERIES

Increasing Access to High-Quality, Community-Based Family Planning Services: APC's Comprehensive Approach in Uganda

JULY 2018

# Chapter Three: Transforming Gender Norms to Improve Health Outcomes with the *Emanzi* Program



VHT member facilitating an Emanzi session on condoms.

*Credit: Christopher Arineitwe, FHI 360*

### APC'S EMANZI RESULTS

- Men retained the information learned through the Emanzi and had lasting improvements in gender equitable attitudes.
- Implemented in three districts of Uganda
- More than 3,000 men completed Emanzi
- 40 Emanzi groups have continued meeting post-intervention and started income generating activities

## The Challenge

Research shows that men are highly influential over a couple's reproductive health decisions and the family's health care-seeking behavior. However, deeply embedded ideas about appropriate gender roles and myths and misconceptions on are obstacles to male support for and participation in FP services. This is of major concern in Uganda, where the total fertility rate, at 5.4 births per woman in 2016, is one of the highest in eastern and southern Africa. The low modern contraceptive prevalence rate of 35 percent among married women is further exacerbated by inequitable social and gender norms and gender-based violence.

## The *Emanzi* Solution

USAID's Advancing Partners and Communities (APC)—led by JSI Research & Training Institute, Inc. (JSI) and implemented by FHI 360 in Uganda—implemented an evidence-based intervention in three districts of Uganda to improve reproductive and sexual health outcomes by promoting men's constructive engagement in health. The intervention, known as Emanzi ("male role model" in Rukiga), aimed to: 1) improve relationship quality between women and men; 2) increase communication about sexuality and health between women and men; and 3) promote shared decision-making between women and men.

## EMANZI FACILITATORS ARE:

- Male community health worker trained in FP and HIV
- Able to read and follow a written facilitator's manual
- Able to commit to scheduling and facilitating 9 sessions plus a community celebration
- Living in the community of intervention
- Interested in positive masculinity and reproductive health
- Have gender-equitable attitudes/beliefs

## EMANZI SESSION TOPICS

1. Understanding Gender Roles and Stereotypes
2. Men, Gender, and Health
3. Healthy Relationships
4. Pleasure in Relationships
5. Understanding Violence against Women
6. Healthy Timing and Spacing of Pregnancy and Family Planning Methods
7. Communication about FP
8. Condoms
9. Closing Reflections: Men and Change

“Before I enrolled in Emanzi, I used to think home chores like cooking, fetching water and firewood, digging, and even making a bed as activities only meant for women and not for men. I also never used to believe in family planning.”

~ MUGISHA, EMANZI PARTICIPANT, AGE 24

The Emanzi curriculum is modeled after the evidence-based Men as Partners curriculum designed by EngenderHealth. In 2014, FHI 360 completed an evaluation of the original Emanzi program implemented in southwest Uganda. The study's primary analysis could not show whether the intervention was effective. Thus, in 2015, APC Uganda modified the Emanzi curriculum based on the evaluation's findings. Revisions included a greater focus on simplified, key messages and healthy relationships, with session topics ranging from “Understanding Gender Roles and Stereotypes” to “Understanding Violence against Women” and “Healthy Timing and Spacing of Pregnancy and Family Planning Methods.”

Working with district health officers, APC identified and trained district master trainers on the Emanzi curriculum, gender, participatory methodologies, and use of job aids. The master trainers included district health educators and community development officers, who have a role in supervising Uganda's community-based health workers (known as village health team [VHT] members). Once trained, these VHT members worked in pairs to facilitate groups of up to 12 men.

Each training series concluded with a community celebration and graduation ceremony at which graduates received certificates and were recognized by district health leaders as male role models. Participants' wives were invited and often stood next to their husbands as they received their certificates. Political leaders, many Emanzi graduates themselves, officiated ceremonies and encouraged other men to join the Emanzi sessions.

## Applying Research Utilization to Improve Outcomes and Scale-up

APC developed its Emanzi intervention using FHI 360's Research Utilization Framework, which emphasizes building on evidence-based interventions, dynamic feedback, and iterative processes. Reflecting on the strengths and weaknesses of the Men as Partners curriculum and earlier versions of the Emanzi intervention, APC set out to create an improved activity that could result in lasting change and be scaled up across Uganda.



VHT members in a small group Emanzi training session.

Credit: Leigh Wynne, FHI 360



An Emanzi graduate and his wife in front of the rabbit hutch he built with funds from an income-generating activity started with other Emanzi graduates.  
Credit: Ronald Arineitwe, FHI 360

months) and continued to increase six months after completing the curriculum.

This statistically significant finding demonstrates that men retained the information learned through Emanzi and had lasting improvements in gender equitable attitudes. Analysis also found that both participants' and their partners' attitudes toward shared household decision-making increased significantly after the intervention. Notably, and unanticipated during the project planning, more than 40 Emanzi groups started savings groups and income-generating activities including rearing chickens, pigs, and rabbits and pooling funds to buy household goods and pay school fees. Many groups continued to meet after the APC activity was completed to discuss gender issues, health, and income-generating activities.

In addition to maintaining a focus on healthy relationships rather than HIV, and more role-play and group discussions, the new activity was led by male VHTs, as opposed to men nominated from the community to serve as role models. VHT members are the basis of Uganda's community health system and are nominated by their communities to help the Ministry of Health close the gap between the community and the health system. VHT activities already include health education, client referrals, family planning and reproductive health, and distribution of health commodities (drugs, condoms, mosquito nets, and water purification tablets). APC has found that using existing health systems structure increases acceptance of new beliefs and behaviors and long-term sustainability.

## Latest Evaluation Results

In 2017, an evaluation of Emanzi was conducted in seven communities in Kasese District with approximately 250 men and their partners. Using the gender equitable men (GEM) scale to measure gender norms, men were asked a series of questions related to gender norms, violence, sexuality, masculinity, and reproductive health. Men's attitudes toward gender norms improved significantly from pre- to post-intervention (~three

## Applying What We Learned to Future Health Programs

The success of Emanzi under APC reaffirms the importance of social-norm change models and small group engagement and mentoring approaches to improve health outcomes, especially reproductive health and FP. The research utilization component, which led to updates and improvements of the curriculum over the course of the project, provided vital focus and helped refine the activity to its most successful elements. Emanzi also highlights the value of integrated development approaches, using VHTs who are well-versed in multiple health areas, and providing a forum to share information on gender, family planning, and reproductive health. The Emanzi groups' collective decision to pursue income-generating activities suggests that the model has the potential to sustain outcomes beyond the project period. The APC team will scale up the Emanzi intervention to additional districts in Uganda in 2018–2019.

**“Emanzi was the first project that had a direct impact felt by the community people.”**

**~ ASSISTANT DISTRICT HEALTH OFFICER IN CHARGE OF  
MATERNAL CHILD HEALTH FOR KASESE DISTRICT**

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## SUPPLEMENTS

[Transforming Gender Norms in Uganda](#)



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### Advancing Partners & Communities

Advancing Partners & Communities (APC) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360.