

LEARNING BRIEF: Nuyok Activity in Karamoja



Gender-transformative Change through the Male Change Agent (MCA) Approach: Lessons from Nuyok Resilience Food Security Activity in Karamoja

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SERIES

This learning brief is part of a series bringing together experiences and lessons learned from Resilience Food Security Activities with sanitation interventions. The briefs are designed for practitioners, including local government representatives, civil society organizations and other actors working on adapting multi-sectoral strategies.

ABSTRACT

This learning brief brings together the experiences and lessons learned by CRS in implementing their Male Change Agents' approach in Nakapiripirit, Nabilatuk, Napak and Abim districts in Karamoja, Northeastern Uganda. The brief can inform policies that will improve male involvement in Maternal Child Health and Nutrition outcomes, WASH, livelihoods and Disaster Risk Reduction. It can also engage donors to support ongoing programming.

This learning brief describes how the MCA approach was implemented, results from different assessments, lessons learned and recommendations.

DISCLAIMER

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RECOMMENDED CITATION

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CONTACT INFORMATION

Catholic Relief Services Uganda

Nsambya Road, Kampala, P.O. Box 30086

Email: infouganda@crs.org

Cover photo: Okello Raymond, 24, watering the garden at his home in Abim, with wife Akol Grace. *Kato Chrysestom, CRS*



Male Change Agent meeting. *Kato Chrysestom, CRS*

GLOSSARY

GENDER

The two sexes, male and female, within the context of society. Factors such as ethnicity, class, race, age and religion can affect gender roles. Gender roles may vary widely within and between cultures ([CRS Global gender strategy 2020-2030](#))

GENDER EQUITY

the process of being fair to men and women, boys and girls that leads to equality—the equal valuing in society of both similarities and differences between men and women, boys and girls and the varying roles they play. To ensure fairness, measures must often be available to compensate for historical and social disadvantages or biological makeup that prevent women and men, girls and boys from otherwise operating on a level playing field. ([CRS Global gender strategy 2020-2030](#))

GENDER EQUALITY

A state where women and men, boys and girls have equal opportunities, resources, rights, and access to goods and services — as well as the ability to make choices and equal responsibility in terms of workloads and energy expended within one’s individual capacity to care for families and communities. Gender equality does not mean that men and women, boys and girls become the same, but that their opportunities and life chances are equal and that the differences that do exist in their talents, skills, interests, ideas, etc. will be equally valued ([CRS Global gender strategy 2020-2030](#))

POSITIVE GENDER NORMS

This is when women and men, boys and girls have positive attitudes towards gender equity, signified by positive behavior changes like men taking on roles perceived to be female roles like doing domestic chores such as cooking, sweeping, both men and women appreciating and embracing joint decision making among others ([Nuyok Gender and Youth Analysis Report 2018](#))



Okello and Akol washing dishes together at their home in Abim. *Kato Chrysestom, CRS*

ACRONYMS

ANC	Antenatal care
CDOs	Community development officers
CRS	Catholic Relief Services
CU5	Children under five
FGDs	Focus group discussions
IDIs	Individual interviews
KIIs	Key informant interviews
MCHN	Maternal child health and nutrition
PLW	Pregnant and lactating women
VHTs	Village health teams
WASH	Water, Sanitation and Hygiene



Male change agent Mark Lokiru, 47, poses for a portrait with his wife Maria Loduk, 32, at their home in Nakurobuin village, Uganda. *William Baxter/CRS*

ACTIVITY BACKGROUND

CRS led a consortium of six partners to implement a six-year (2017-23), \$43.6 million, USAID/BHA-funded program to build resilience to shocks, enhance livelihoods, and improve food and nutrition security for vulnerable rural families in the Karamoja sub-region in Northeastern Uganda. The program, named Nuyok (which means “it is ours” in the local language), covers Abim, Nakapiripirit, Nabilatuk and Napak districts. Nuyok strengthened governance and gender equity; community capacity to manage shocks and stresses; traditional and diversified livelihood opportunities, WASH, nutrition and health of pregnant and lactating women (PLW), adolescent girls, and children under age five (CU5). Nuyok reached more than 269,000 direct beneficiaries.

Karamoja sub-region is a patriarchal society where men have power and control over valuable assets (land, livestock, decisions and incomes). Nuyok’s 2018 Gender and Youth Assessment outlined how resources, agency and social structures are governed by patriarchal norms, but also offered evidence of change within Karamoja¹. Nuyok used the MCA intervention to promote joint decision making and to counteract the unequal male/female power dynamics with the goal of improving food and nutrition security.



Figure 1. Nuyok’s four project areas highlighted in blue: Abim, Napak, Nakapiripirit, and Nabilatuk

MCA APPROACH

Nuyok implemented the Male Change Agent (MCA) approach to challenge negative norms, bring about positive changes in attitudes, behaviors and perceptions, and to promote behavior change by encouraging positive gender norms. To qualify for participation, a man had to:

- Live within a Nuyok program village
- Be 15 to 50 years of age
- Be willing and able to participate
- Be a role model in the community
- Be willing to volunteer his time
- Be a person of integrity, with no record of domestic violence or alcohol abuse or be reformed
- Come from a household with one or more of the following members:
 - Lead mother
 - Household caregiver group member
 - Pregnant or lactating woman
 - Child under 5

The community added that the man should be someone they want to participate because they believe the program will disqualify the person if they are violent or have alcohol abuse issues.

The selection criteria were endorsed by local leadership in order to challenge gender inequities and bring about positive behavior change. MCAs are encouraged to practice positive behaviors and promote positive gender norms, including

1 CRS (2018). [Nuyok Gender and Youth Analysis Report](#).

sharing household decisions, caring for children, accompanying their wives/partners at antenatal visits, assisting with household chores and ensuring the household has a latrine with a handwashing facility. The MCA intervention included six components as summarized below.

Step		Description
1.	Selection	MCAs are selected by the community during a community meeting. The selected candidates are endorsed by the local leadership.
2.	Trainings	MCA trainings taught gender equity, behavior change, and skills for peer education. Their training included Maternal Child Health and Nutrition (MCHN) and WASH to ensure they are invested in MCHN and latrine construction, promotion of good sanitation and hygiene.
3.	Formation of peer	MCAs transferred their new knowledge to 5-10 peers (friends, neighbors etc.) and influenced them to adopt the same behaviors.
4.	Behavior change sessions	The MCAs, their peers, and their spouses use community meetings, marriage ceremonies, cultural events, informal male gatherings and organized meetings to share their testimonies to influence peers and community members.
5.	Mentorship, coaching and support	Quarterly, MCAs and their spouses share their experiences, challenges, and solutions. Staff provide mentorship, coaching and support.
6.	Home visits	MCAs receive home visits that monitor their behaviors, such as the construction of latrines, dry racks, as well as participation in chores. They also discuss behaviors like accompanying their spouse for ANC visits, childcare and feeding children under age five.

ASSESSING EFFECTIVENESS

Nuyok teams evaluated the effectiveness of the approach using four tools: Participant Based annual Surveys (PaBs), a Mid Term Evaluation (2020), MCA Assessment (2021) and case studies.

Tool	Description	Results										
Participant-based Annual Surveys (PaBs).	<p>The indicator “percentage of community members practicing positive gender norms” was measured annually through PaBs using:</p> <ol style="list-style-type: none"> 1. Men’s participation in cooking 2. Men’s participation in washing 3. Men’s participation in childcare 4. Men’s participation in fetching firewood and water 5. Men accompanying their wives for ANC 6. Men eating together with women 7. Men sitting with women <p>Men, women and community members participated in the survey; it was not specific to MCA households.</p>	<p>Practicing positive gender norms improved consistently throughout the project, from 63% in 2020 to 93% in 2023.</p> <table border="1"> <caption>Percentage of community members practicing positive gender norms</caption> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2020</td> <td>63%</td> </tr> <tr> <td>2021</td> <td>77%</td> </tr> <tr> <td>2022</td> <td>80%</td> </tr> <tr> <td>2023</td> <td>93%</td> </tr> </tbody> </table>	Year	Percentage	2020	63%	2021	77%	2022	80%	2023	93%
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Tool	Description	Results
Mid-term Evaluation (2020)	<p>Implementation of the MCA approach began implementation in June 2019. The Mid-Term Evaluation (MTE) was conducted in March 2020 using qualitative methods including:</p> <ul style="list-style-type: none"> • Focus group discussions (FGDs) • Key-informant interviews (KIIs) • Individual interviews (IDIs) 	<p>The MTE identified clear signs of positive change in gender awareness, attitudes, and roles in couples and households of MCAs, their peers and other households in the community influenced by the MCAs. As a result of the MCA approach, men are more understanding and empathetic toward their wives, and more involved in MCHN.</p> <p>Common examples of behavior change include men accompanying their wives for antenatal care and supporting them to deliver at health facilities, taking children for preventive and curative health care, cooking and caring for children when wives are away, and building household latrines, handwashing stations, dish-drying racks, and rubbish pits.</p>
MCA Assessment (2021)	<p>Nuyok conducted a qualitative research study to generate additional evidence on how the MCA approach is improving power distribution, intra-household relationships, and joint household decision making. There were 22 FGDs, 16 IDIs conducted with MCAs, peers, and spouses and 12 KIIs with community leaders, Parish chiefs, Community Development Officers (CDOs), Village Health Teams (VHTs) and gender officers were conducted.</p>	<p>The study in 2021 showed improvements in joint decision making with income, sale of assets, health and nutrition, couple relationships and equitable use of power. Joint decision making led to improved relationships and joint planning, which led to improvements in food and nutrition security at the household level.</p>

Detailed Findings from the 2021 MCA Assessment

- *“My husband now involves me in making decisions in our home and we plan together.”* FGD with MCA wives, Morulem subcounty Abim district
- *“After the training, things have changed for the better since there are decisions that I can now make jointly with my wife. For example, buying big assets like livestock, this was made by me. Even if I told my wife to do it, she would not allow it. But as time went on things have changed now, my wife can decide on which animal to purchase, and she can move with me up to the market to do the selection.”* IDI with MCA, Lorengechora sub-county, Napak District
- *“The roles like cooking and cleaning the compound have changed because I feel bad when I see my wife doing a lot of work alone. I therefore help my wife with some work like cleaning the compound as she is cooking. There is a lot of work that women used to do before that has changed now, for instance going to the borehole. This is because ever since I became a peer, the MCAs taught us a lot of things concerning sharing of roles and responsibilities in our household which reduces heavy workload on our women.”* FGD with MCA Peers, Namalu Sub County, Nakapiripirit District
- *“Both of us can take control of resources. After cultivating 10 acres of maize, she can harvest in times of rain without waiting for me. She has a say on what to buy and what to sell. If animals are sick, she can buy [medicine] without waiting for me. Older children equally have a right to control some of the resources because they belong to our family.”* IDI with a MCA, Namalu Sub County, Nakapiripirit District.

CASE STUDY: AM I SETTING AN EXAMPLE FOR MY SON?

“My name is Ongom Richard Okidi from Lotuke subcounty, Gangming Southwest Village in Abim district of Uganda. I am a father of four and husband to one wife. Farming is my source of income.

I was raised with the old tradition and outlook of life, as a result, I believed that a married man does not have to do any household chore at home, and this relegated all the burden of housework to the woman. Because of how I was raised, I think I was a dictator in my home. I listened to no one because I thought I was always right. This really damaged my home; there was no peace and no cohesion between us as a family.”

In July 2019, Ongom was enrolled in the Nuyok Program. He states: “I was selected to be one of the MCA in my community; a role I took up with a lot of enthusiasm. I was taken through trainings which covered different aspects and modules.” Module one covered topics such as Successful families and communities, gender and power, division of labor, healthy and unhealthy relationships, effective communication – a way to healthier and happier families, men and women as partners in decision making, thinking about partnership in decision making, personal changes and fatherhood. While module two covered topics related to MCHN and WASH including: Men involvement in pregnancy and Antenatal Care, dietary diversity for women before, during and after pregnancy, understanding child nutrition, dietary diversity for children 6-23 months, caring for my child, hand washing and safe disposal of feces.

“This is when I realized that I was doing things the wrong way. I realized that I cannot be solving new problems with old solutions and I had to adjust and adapt with the changes in society today. I learned that I have to be helping out my wife with some household chores and I am already seeing results with this. She does not get so fatigued and doing things together means we bond even better. I have two sons and I want them to be respectable husbands and fathers when they grow up. I am using myself as an example because I believe that if I can’t reach out to the whole world, let me at least reach out to my sons.”



Richard Ongom and his family in front of their house in Gangming southwest village, Abim district, Uganda. *Chrysostom Cato/CRS*

OVERALL IMPACT AND RESULTS

Four key impacts of the MCA approach:

- Increased joint decision-making about income, health, food production and consumption, and the sale and purchase of assets . Both MCA and peer households report better joint decision making, and there is evidence this behavior is spreading to other families in the community.
- Improved quality of relationships. Couples reported greater satisfaction with their relationships due to better communication, shared ideas, a change in the role of men toward shared roles, and an overall better commitment to the relationship. A willingness by the men to embrace new responsibilities and engage in more domestic activities made this change possible. Care should be taken to understand and address traditional social norms in order to achieve this result.
- Reduced burden on women. The burden on women was reduced significantly in households where the couples worked together and men embraced shared roles and responsibilities. Program managers hosted discovery meetings to fully understand gender norms around the division of labor between men and women. Men challenged their own negative norms and attitudes toward shared roles, and behavior change improved. Behavior change for men must be managed carefully so that men maintain positive masculinity and women feel their work is appreciated. An important result of MCA is the participation of fathers in child care, and the degree to which that translates into improved health and nutrition of their children.
- Reduced Gender Based Violence. Positive gender norms, shared roles and responsibilities and joint decision making contributed toward a reduction of GBV, according to MCAs, peers, spouses, VHTs and Community leaders. Equitable relationships and joint decision-making improved control over household resources by women. Alcohol consumption was lower when couples decided jointly how to spend their money.

LESSONS LEARNED AND RECOMMENDATIONS

Below are some lessons learned and recommendations (in italics) for future programming:

- Transforming social norms takes time and there is potential for backlash. In the beginning, there was opposition from neighbors, friends, peers and wives. Some wives were uncomfortable when husbands started helping with household chores. But with mentorship and communication, couples were open to change and communities were supportive. Before MCAs begin to transfer skills and advice to others, they should spend time adjusting to their new roles. This gives MCAs and others a chance to observe, listen and learn before they decide whether to participate themselves.
 - *Future programs should spend time understanding cultural and social norms in the local context.*
 - *Programs should encourage spouses to participate early in the program to maximize the potential for change and acceptance.*
 - *Cultural leaders and elders should be encouraged to participate in MCA training. They are the custodians of cultural norms, so including them can be a positive step toward a greater acceptance of the new cultural norms.*
- There is strong community demand for relationship coaching and support in Karamoja (and potentially beyond). Once the MCA approach was rolled out, demand from communities increased. In response, the project encouraged MCAs and their peers to influence more men to practice positive behaviors
 - *Future development partners should consider gender-transformative approaches, like MCA, to address social and gender norms related to food security and nutrition. Program budgets must include funding for quality staff who can provide the proper training and mentorship that ensure program success.*

