



**Adapting SGBV prevention programs:  
Lessons learned adapting  
Transforming Masculinities in Democratic Republic of Congo**

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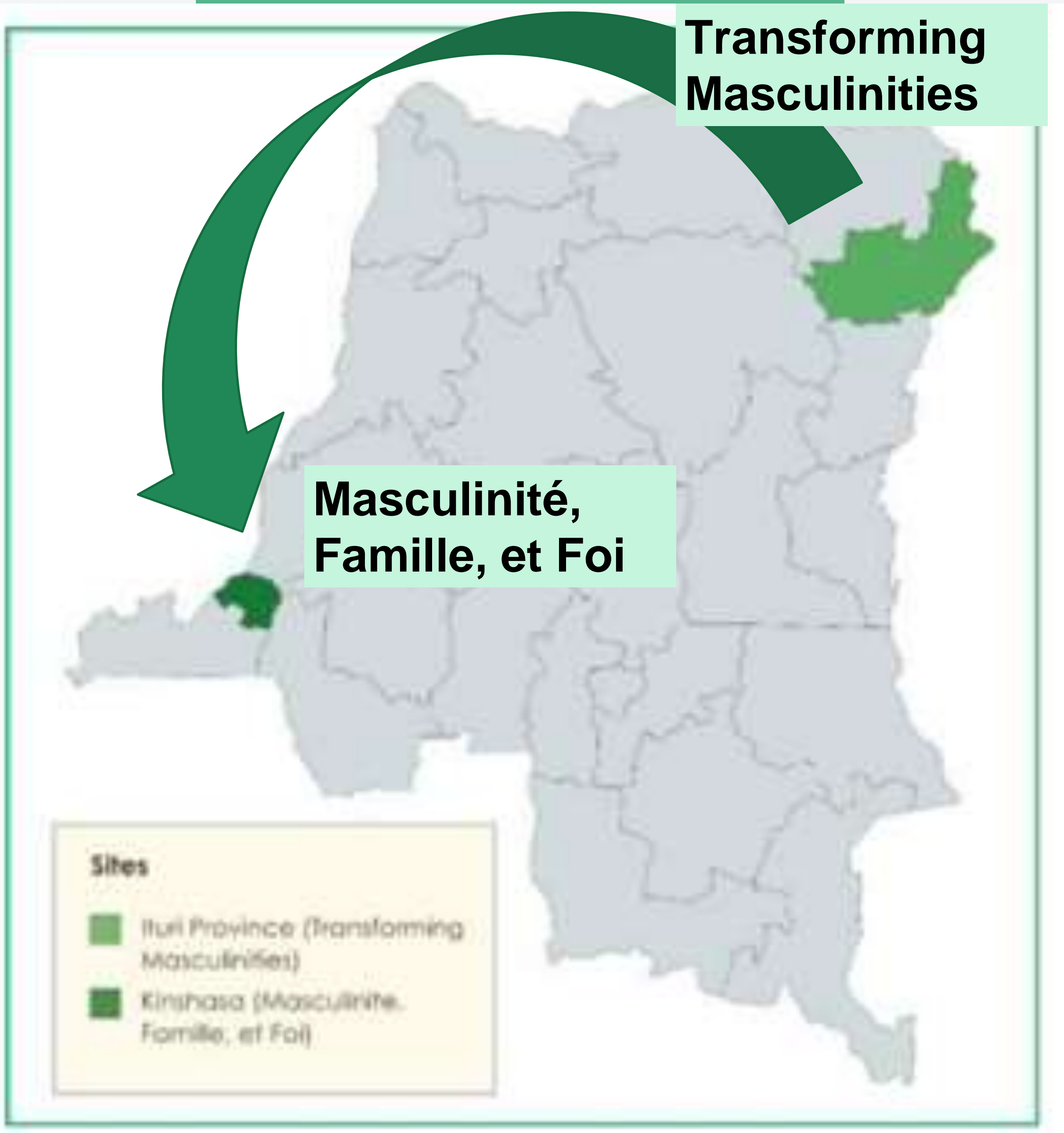


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## Retrospective Adaptation Analysis: from TM to MFF

- What are the key **similarities and differences in program design and implementation** for TM and MFF adaptation?
- What can we learn about **contextual factors and adaptations** made to MFF which may have influenced SGBV outcomes?

# Tearfund's Transforming Masculinities: Core Elements



## FAITH LEADERS

National, provincial and community level faith leaders attend workshops that engage and equip them to provide leadership and support for the Transforming Masculinities process.



## GENDER CHAMPIONS

Community faith leaders select key male and female members of the community to be trained as facilitators of small group discussions named 'community dialogues'.



## COMMUNITY DIALOGUES

Small groups of men and women meet weekly in their communities for six weeks for discussions led by Gender Champions. Weeks 1-5 are conducted in single sex groups and Week 6 in combined sex groups.



# Programmatic Changes from TM to MFF



## Transforming Masculinities

### Behavior of Interest

Prevent sexual and gender  
based violence

### Location

Remote, rural village  
in eastern DRC

### Coverage

Whole village

### Population of Interest

Adults 18-75 years

## Masculinité, Famille, et Foi

Prevent intimate partner violence &  
Improve voluntary uptake of family  
planning

Urban capital Kinshasa

Congregation

Newly married couples, first-time  
parents [women 18-35 years]





**What are the key similarities and differences in program design and implementation for TM and MFF adaptation?**



# A priori changes: TM and MFF



	<b>Transforming Masculinities</b>	<b>Masculinité, Famille, et Foi</b>
<b>Community Dialogues</b>	Any adult 18+, repeat participation possible, 6 weeks	Newly married couples, first time parents, 9 weeks, FP modules
<b>Service Linkages</b>	SGBV medical service	Health clinic for FP + Hotlines
<b>Public Testimonials to Model Behaviors</b>	In community	In congregation
<b>Training</b>	Psychosocial support training for faith leaders	Health service provider training
<b>Additional components</b>	<ul style="list-style-type: none"> <li>- Community Action Groups: SGBV response</li> <li>- Healing of Memories support circles for SGBV survivors</li> </ul>	<ul style="list-style-type: none"> <li>- Public events for FP and GBV prevention</li> </ul>
<b>Duration of Program</b>	24 months	18 months





**What factors  
may explain  
the differences  
in IPV  
outcomes  
between TM  
and MFF?**





# Topical Focus: SGBV, IPV and Family Planning

<b>Transforming Masculinities (Eastern DRC)</b>	<b>Masculinité, Famille et Foi (Kinshasa)</b>
<i>Training, dialogues and events focus on gender roles, healthy relationships and SGBV</i>	<i>Training, dialogues and events retain the same focus AND add family planning</i>

## Key Learnings:

- Faith leaders in MFF gave more emphasis to family planning, gender roles, and healthy relationships. *Some focused on maintaining harmony in the home.*
- May need a more structured emphasis on SGBV when adding outcomes, increase adaptive management and support to faith leaders
- Project length vs. additional behavioral focus





# Who is included in the definition of community?

<b>Transforming Masculinities (Eastern DRC)</b>	<b>Masculinité, Famille et Foi (Kinshasa)</b>
<i>Geographically bounded definition</i> All adults 18-75, living in the village	<i>Socio-Religious Definition:</i> Members of the Congregation

## Key Learnings:

- *A whole of community approach* is feasible in a relatively small, well-networked village
- People living in a large urban setting may have multiple, dispersed social networks
- The congregation may include a heterogenous network of individuals linked by religion but possibly not other social spaces.





# Complexity of norms as a driver of behavior

<b>Transforming Masculinities (Eastern DRC)</b>	<b>Masculinité, Famille et Foi (Kinshasa)</b>
Greater acceptance of IPV and gender inequity as a norm and attitude	A belief that religion condones physical discipline of wives AND couples and community thinks it is wrong for husbands to hit their wives

## Key Learnings:

- The distinction between attitudes, community norms and faith norms may be important to how people act in public (e.g., FP health seeking) vs. private (IPV use) behaviors





# Diffusion activities to facilitate norms and behavior shift

<b>Transforming Masculinities (Eastern DRC)</b>	<b>Masculinité, Famille et Foi (Kinshasa)</b>
Faith leader sermons, Public testimonials, Community events, and Community Action Groups	Maintained these activities

## Key Learnings:

- Activities added to TM to prevent survivor stigma and provide services (i.e., Community Action Groups & Healing Memories Circles) may have been core to norms and behavior change





## RECOMMENDATIONS



# Key Learnings

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Integrated programs may need more time, more opportunities for critical reflection, and complementary and mutually reinforcing content

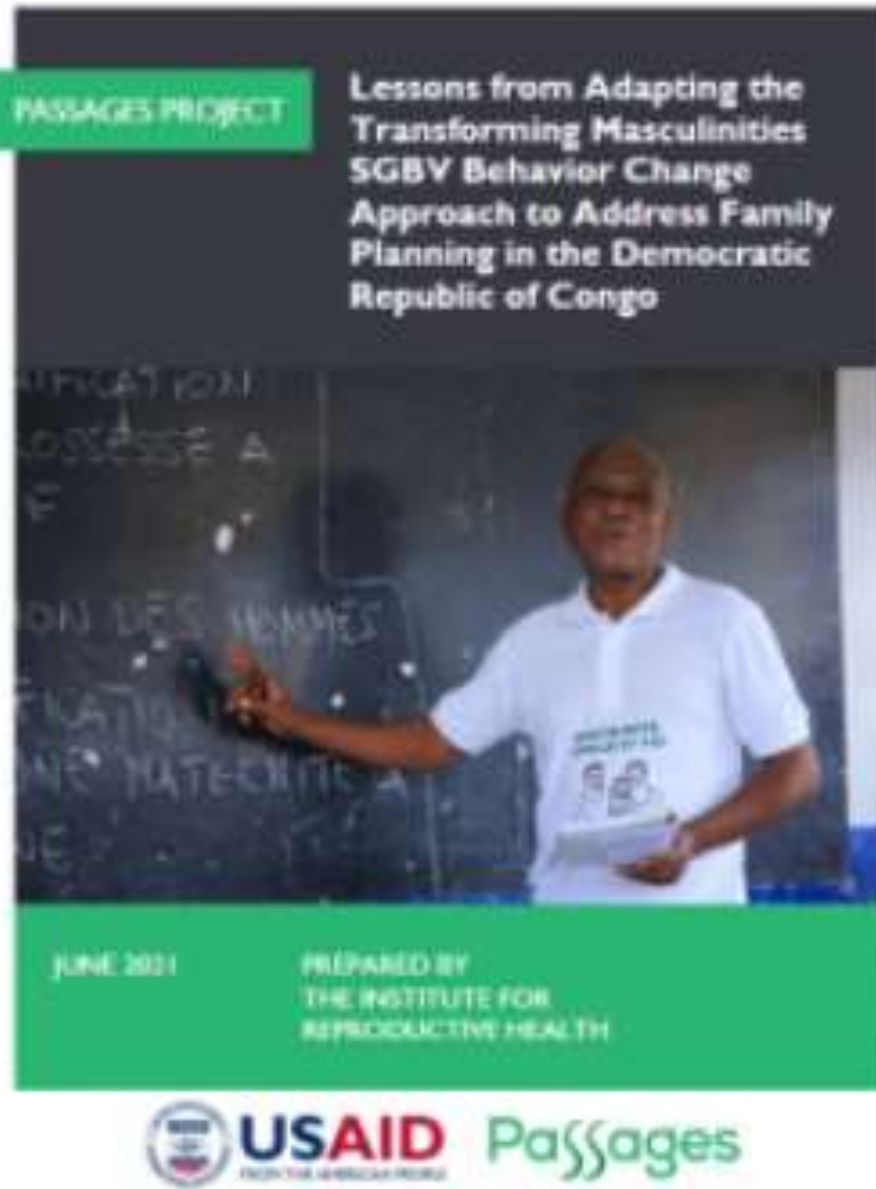
Norms shift and behavior uptake may need different supports and look different when there are multiple, dispersed and porous social networks

Make sanctions and rewards for behavior change more visible, using supportive methods

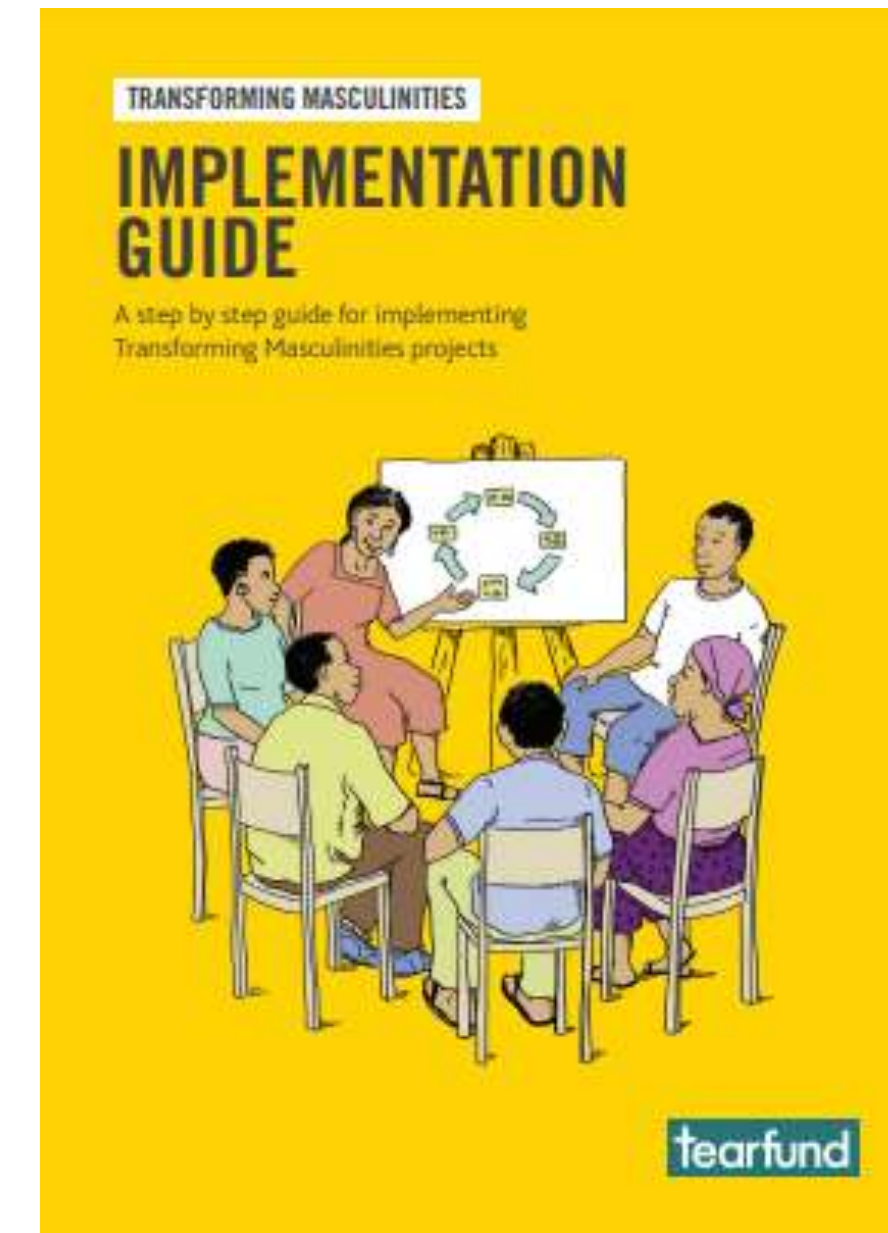
Active monitoring, learning, and supports to make corrections during implementation



# THANK YOU!



## Lessons from Adapting the Transforming Masculinities SGBV Behavior Change Approach



## Transforming Masculinities: Implementation Guide

## MFF Endline Quantitative Research Report



## Rethinking Relationships: Moving from Violence to Equality

