



“Promote gender transformative approaches”: Fidele Rutaysire of the Rwanda Men's Resource Center on redefining masculinity and working with existing government structures to scale.

Alec Saelens

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Alec Saelens: Could you please start by introducing yourself and your organization and describe the problem that you are addressing with your organization?

Fidele Rutaysire: My name is Fidele Rutaysire. I am the founder and director of the Rwanda Men's Resource Center, known as RWAMREC, which is a feminist organization that is working with men and boys to promote gender equality and to prevent men's violence against women and trying to promote positive masculinities. The problem we are trying to solve is to challenge and transform negative social gender norms and negative masculinities by trying to transform men so that they can be positive men, they can be good partners and positive role models, and trying to make them part of the solution and not part of the problem.

We are working on six strategic areas, including community empowerment. Under this, we have different projects. One of our first projects is engaging men in gender equality and women's economic empowerment where we engage men to support rural women to be free of violence, but also, to be economically free. Our second ongoing project under this strategic area is engaging men in supporting women's entrepreneurship, focusing on agriculture and tourism, making sure that men are becoming positive partners and supporters to women's entrepreneurship in tourism and agriculture.

Our second programmatic area or strategic area is called healthy family. Under this, we have our flagship program, which is called Bandebereho, meaning a role model, which promotes men's engagement into maternal health, child health, newborn, unpaid care work, violence prevention, and using gender transformative approaches to prevent violence against women, but also, to promote healthy couples and relationships. This program has been evaluated using a randomized control trial, and it has had multiple positive outcomes, including a reduction of 45% of intimate partner violence, increase in use of modern contraceptives, joint decisions, but also, male accompaniment of their wives to prenatal [visits], and many other positive outcomes.

Our third strategic area is called child support and youth mentorship. Under this, we have Generation Gender, which engages young people to promote gender equality and prevent violence against women target, but focusing on sexual harassment using young people online and offline.

Our fourth strategic area is gender justice where we focus on advocacy and influencing policies and strategies around violence prevention, engaging fathers, but also, influencing many other strategies and policies and laws at the national level.

Our fifth strategic area is diversity and inclusion where we mainstream male engagement, but making sure that we include people with disabilities, elderly people, and other vulnerable people, including LGBTQ and plus.

Our last strategic area is institutional capacity building where we focus on capacitating our local partners and international partners around mainstreaming male engagement into their various programs. So basically, our niche, our focus is male engagement, and we are trying to solve the issue of masculinities. Transforming gender norms, but focusing on the role of men.

Alec Saelens: Can you talk about what makes your approach to this work distinct? Why do you do the work in the way that you're doing it? And where do you take inspiration from?

Fidele Rutayisire: Well, for myself as the founder, I have a passion. The inspiration comes from my history, my childhood. I was actually a witness of violence in my childhood. When I was seven years [old], I saw my dad committing intimate partner violence against my mom. This created in me a dream to do something [about this issue] when I grow up. I grew up with this passion of saying, "I have to do something to make sure that men become part of the solution rather than a problem." That is the motivation.

I created the organization in 2006. In 2006, in Rwanda, there were many cases of violence against women, and the perpetrators were men. I wanted to contribute by engaging men to be the solution rather than the problem by making sure that we use men to reduce this violence. But the other reason was to also help men to take care of themselves because Rwandan men were dying to be men. Many men went to prisons because of their negative masculinity perceptions. When you look at the suicide [rates], the majority of cases were men. When you look at [the numbers], even up to now, road accidents, the majority are men. So men are dying to

be men. My passion is to really help men to take care of themselves because men, for instance, don't go to the clinic when they are sick. They don't seek help when they need help because of their negative masculinity perceptions.

I'm proud to say that we are having good results of men who are becoming transformed men. The model we have been using, gender transformative approaches, helps men to critically reflect and discuss their actions, their attitudes, their behaviors. We have developed different models like the Couples' Curriculum, the Journey of Transformation, the Youth for Change, and the MenCare to help these men really reflect on their behaviors and attitude and [their] actions. We have results showing that men are changing.

Alec Saelens: Could you give me a bit more information about the impact of your work? How do you know it's working? What are the metrics that you're looking at to evaluate success?

Fidele Rutayisire: Yes, I can share with you success stories from some of our successful projects, including this Bandebereho, which has had two randomized control trials. Let me start with Bandebereho. Bandebereho, which means role model, as I said, is a gender transformative program which engages men alongside their partners to promote male engagement into maternal, child health, newborn, sexual reproductive health and rights, unpaid care work, violence prevention, and healthy couple relationship.

The program started in 2013 as a pilot program, working with the community members within four districts. The program was adapted to the Rwandan context in 2013 as a pilot. Before the pilot, we started with the baseline. Then after, we did an endline. After an endline, we did a randomized control trial to look at the impact, which we found had a really tremendous good impact at multiple outcomes. Later on, after six years, we went back. We did another randomized control trial to find out whether the positive outcomes have been sustained.

The good news is that we found out that the positive outcomes have been sustained. For instance, there have been multiple outcomes of reduction of physical punishment of children, high involvement of men in unpaid care work, reduction of physical intimate partner violence, but also, emotional violence. There has also been a reduction of depression. So, mental health [care and awareness] has really increased, and many other positive outcomes. Due to this successful impact, actually, the Parliament of Rwanda, after seeing the impact, has recommended to the Government of Rwanda to own this program and to scale it up.

In 2018, we started a transition to scale the program to see whether this program would work well if we used community health workers, which is an existing government structure. We found out that it is possible to work with community health workers to implement the program if we provide technical support by making sure that the quality and fidelity are maintained. So we did this transition to scale and now we are scaling up the program. We are developing a national strategy in three districts. We are currently even embedding the outcomes of this program into the national health indicators.

The government has a national multi sectoral advisory committee to work on the scale up. In brief, this program has been a success and it has been documented. I can share with you the details of the randomized control trial. Even now, we are into other districts, trying to continue learning if the scale up through community health workers will really work. So that was one example. The Bandedereho is a module that has been developed and tested and offers 17 sessions. Let's say 12 to 15 couples get together once a week for three hours. Our staff, who have been trained, also train community health workers who facilitate these 17 sessions with couples. So that was about the first successful program.

The second successful program is called Indashyikirwa, which means agent of change. Indashyikirwa is also a gender transformative approach program, which works with couples, but using voluntary saving loans associations as an entry point. So we recruit couples from voluntary saving loans associations, then they go through 22 sessions of a Couple's Curriculum. This has also been evaluated and it has been able to reduce 55% of physical intimate partner violence. So the Couple's Curriculum specifically focuses on prevention of domestic violence at couples level, but also, the program was targeting women's safe spaces, and community activism, as well as local leaders' engagement.

Alec Saelens: You've learned a lot about what works. What we're also curious to dig into in order to understand where there might be dead ends is what have you tried that doesn't work? What is something that you tried and realized that it wasn't that successful? And what did you learn from that?

Fidele Rutayisire: Well, we [learned] a big lesson from Indashyikirwa, the agent of change, which I talked about. The program was successful. It was implemented in four years with other partners. Then the Government of Rwanda through the Ministry of Gender, after looking at the good impact of the program, they raised money from the World Bank to scale the program. They scaled one component of the program, which is the Couples' Curriculum. The Couples' Curriculum was implemented in just six months and the evaluation showed that instead of reducing violence, violence actually doubled. There was a backlash. So, the first program was successful, but the second was not.

We learned that the [scaling] up of a program has to be [done] carefully and we need to maintain the quality and the fidelity of the program. But also, any [scaling] up needs to be worked out carefully in order to avoid backlash. The documentation, the learning, the monitoring and evaluation has to be strict in order to show what works and what does not work. I think there are lessons learnt, and it also takes time to change the mindset of people. So short-term trainings or community awareness, they really don't produce impact as gender transformative approaches, which are implemented on a long-term basis.

Alec Saelens: Was the issue that people were introduced to a better understanding of why there was intimate partner violence, for example, or other forms of abuse, but then they weren't really given the tools or given the time to learn how to use those in their day-to-day

lives? And then the program being so short, they were left to their own devices. Is that what you're saying?

Fidele Rutayisire: Yes, that's what I'm saying.

Alec Saelens: Okay. And so what you found is that there is a need to assist people in the initial period of disruption that can generate perhaps more crisis, more confusion. There is a need to be there to really support people.

Fidele Rutayisire: Yes. And there is also a need to maintain the originality of a program or of an approach. Some people, based on the resources they have, tend to change or to copy things in a way that goes with their existing resources. But in reality, it doesn't work. So there is a need to maintain quality, fidelity, but also, the originality of a program.

Alec Saelens: When you developed those programs, how did you get to a place where you knew you had the right model?

Fidele Rutayisire: Actually, we adapted. As I said, the Bandebereho was adapted from Program P. We did a baseline to look at the perceptions of people, the attitudes, and then we developed a module. We tested it, and we looked at what works, what does not work. But also, after the transition to scale pilot, before we started to work with the volunteer community health workers, we also adapted the module. We tested it again. So, it is actually a process that takes time, but it really needs to look at many parameters, test many things, and change many things. It needs patience, it needs resources, and it needs time.

Alec Saelens: Aside from funding being a challenge to support this, Could you talk about other challenges that you're facing? How do you confront and overcome those challenges?

Fidele Rutayisire: Well, challenges are so many. For instance, one challenge is working with volunteers. In our current program, Bandebereho, we don't provide money. We don't provide incentives. But, when we are in a community, working with the couples who go through 17 sessions once a week for three hours a week without giving incentives, and yet in the same community, there are other organizations implementing other programs and they provide money, incentives, and then these participants in our sessions say, "Why don't you give us incentives like others?" So because of this, there is a drop out of our participants. So that is the challenge.

How we mitigate it is to make sure that we work under the existing government policies because we are working with the government. Our aim is to institutionalize the program. We cannot institutionalize the program, we cannot embed the program into the government structure if we are not following what the government does. So, we are trying to implement the government policies to mitigate the challenge.

Another lesson learned is that it is very important to use community members from the community. It's not a good idea to bring people from far to facilitate these sessions. It is also

really important to document and provide learning about what is working and what is not working, to be able to correct or to mitigate the challenges encountered at each level.

Alec Saelens: In terms of changing cultural norms around this work, or even just raising awareness about violence within couples and families, how do you do that?

Fidele Rutayisire: Our theory of change. First of all, we provide new skills. We put a couple together in a safe space, and then our facilitators help these participants to reflect, to question their attitude, their behaviors, their actions. For instance, what it means to be a Rwandan man. A real Rwandan man means to be tough, to be sexually strong, to not give floor to your wife, or even not to cook, not to take care of the babies. So those are all negative perceptions, right?

In small groups, we provide new skills about, for instance, how to take care of a baby, how to change diapers of a baby, how to cook, how to discuss or how to jointly decide. Then they reflect, they question their attitude around that. Then when they go back home, they are given homework exercises. They go and they practice, for instance, how to change a baby's diapers, how to cook, how to make joint decisions, how to make a budget together for a family, how to do things together. They're given new skills, [to think] critically, they question themselves, they are given homework exercises, they rehearse, and they internalize those new ways of doing things. After they internalize, then they live [out] the new ways and they influence others and they become an agent of change. So they influence other community members. That's how it works.

Alec Saelens: You've talked about the role of partnership in as far as you have tried to embed the programs, the curricula that you've developed, with existing governmental and state structures, notably the healthcare, community health workers. Could you elaborate a little bit on the value of partnership and coalitions in pushing the work forward? How do you cultivate and maintain these relationships knowing that outside of your organization, people might operate differently?

Fidele Rutayisire: We make sure that we work hand in hand with key government institutions. So for our case, we work closely with the Ministry of Health and its institutions, including the Rwanda Biomedical Center. We also have a technical advisory committee, which is made of the Ministry of Gender, the National Children Development Agency, the National Women's Council, the Ministry of Health. We start together, we do the planning together, we do the implementation together, we do the monitoring and evaluation together, because we cannot really reach far if we don't work closely with [the government].

For our case, because we are working to institutionalize the program and to embed it into the health system, we cannot do this if we are not working hand in hand with them. So what we do is to make sure that we really engage them from the beginning, from the planning, the implementation, and the monitoring. And secondly, we make sure that they provide support in whatever we are doing. For instance, the module we have developed has been reviewed and

approved by the government, by the Ministry of Health, Rwanda Biomedical Center. It is actually their product.

We are now working on a scale up strategy, and the process is run by the government, the Minister of Health and Rwanda Biomedical Center. So, we have a memorandum of understanding with them. Our end goal is to see the government inject or invest money in this program and make sure that it is implemented by the community health workers for sustainability purposes and we are almost there. We are now into three districts, but our end goal is to go into all 30 districts. [We need to] make sure the government injects money in this.

Alec Saelens: One technicality that you mentioned is the memorandum of understanding. Presumably, that is a document that you produced and came up with collaboratively once you had already sat around the table and got everyone's perspective involved in not only what the planning, implementation, and monitoring should look like, but also, how were you going to govern this thing as a collective. How important is the memorandum of understanding, in your opinion?

Fidele Rutayisire: A memorandum of understanding (MOU) is very important because it shows commitment from both parties. That is one. Secondly, for us as an NGO, it helps to convince donors who want to fund us that there is a commitment from the government. For us, the memorandum of understanding is even a tool for us to raise money from donors. For example, this program is funded by multiple partners including the Government of Canada, the Global Innovation Fund, which is a British private company, and other private foundations. All of them have been asking, "how sure are you that the government is really committed to own this, but also, to provide support?" The evidence is the MOU.

Alec Saelens: What are the insights or the teachable lessons based on your work that you think that other people who are working to reduce gender-based violence, violence against women could take?

Fidele Rutayisire: One thing is to really promote gender transformative approaches, to critically question behaviors, attitude, perceptions instead of awareness raising or community mobilization. Another lesson is to work closely with the government to promote collaboration or partnership with the government. The third lesson is to work with community members, not going far from the community. Don't bring external people to do things at the local level. Use the local people and document, learn, correct things. If you fail, know why you have failed. So document, learn, and keep providing, learning. Those are my lessons learned.

Alec Saelens: Thank you so much for making the time to speak to me.

Alec Saelens is a former journalist who supports SJN and its partners track solutions journalism's impact on society and the industry. In his former role, he researched and consulted on the connection between solutions journalism and revenue. He is co-founder of The Bristol Cable, the UK's pioneering local media cooperative. Before SJN, he was a researcher and coach for the Membership Puzzle Project and an analyst for NewsGuard.

***This conversation has been edited and condensed.*