

YOUTHPOWER ACTION

YOUNG EMANZI TOOLKIT FOR MENTORING ADOLESCENT BOYS AND YOUNG MEN

GUIDANCE DOCUMENT FOR THE YOUNG EMANZI TOOLKIT



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BACKGROUND

This guidance document describes the development and components of a toolkit for mentoring adolescent boys and young men (ABYM). It is designed for public health nongovernmental organizations and governmental agencies that are interested in designing, implementing, or scaling up such a program. The guide describes the designated roles and responsibilities of different partners, resources for selecting and training mentors, necessary job aids, and guidance for monitoring and evaluating this particular program, called Young Emanzi. Emanzi means male role model in the local language where it was first implemented. YouthPower Action's hope is that in sharing our tools for the successful implementation of Young Emanzi, other organizations may find resources and ideas for their programs and projects.

Over the past two decades, mentoring has been increasingly used as an intervention strategy for encouraging positive youth development (YouthPower, 2020). Mentoring is an approach that seeks to promote good outcomes for young people by engaging youth along with their families and communities to foster constructive relationships and build the protective assets they need to succeed (Plourde et al., 2017). Much of this investment has focused on decreasing the vulnerability of adolescent girls and young women (AGYW)—while this is a critical need, the trend has left the needs of ABYM largely unaddressed. ABYM face unique challenges. For example, young men have some of the highest rates of death by traffic accidents, suicide, and violence; they experience higher rates of alcohol and other substance use; and they are less likely to seek health services than their female peers (Plan International, 2011). Studies show that young men and boys may be less likely to discuss reproductive health (RH) issues with influential adults (including their parents) and are susceptible to misinformation about RH issues (Toska et al., 2016; Kemigisha et al., 2018; Muhwezi et al., 2015). Gender norms, values, and practices that contribute to these disparities are often internalized and solidified between the ages of 10 and 19, with family members and peers heavily contributing to youth perceptions (Kågesten et al., 2016; Viner et al., 2012).

In addition, evidence suggests that young men may be more likely than female peers to hold inequitable gender attitudes (Kemigisha et al., 2018). Research has shown that boys who have positive male role models are more likely than boys without good role models to question harmful gender stereotypes and inequalities, and research on the impact of mentoring for AGYW demonstrates the importance of positive role models and social support systems for improved health knowledge and outcomes (Plan International, 2011; Plourde et al., 2017).

In recent years, Uganda has seen increased investment in the health and development of the country's large and growing youth population. To address the gaps in programming for ABYM, YouthPower Action developed a mentoring program for ABYM (ages 15–24) called Young Emanzi. The model was built on the successful implementation of two other mentoring

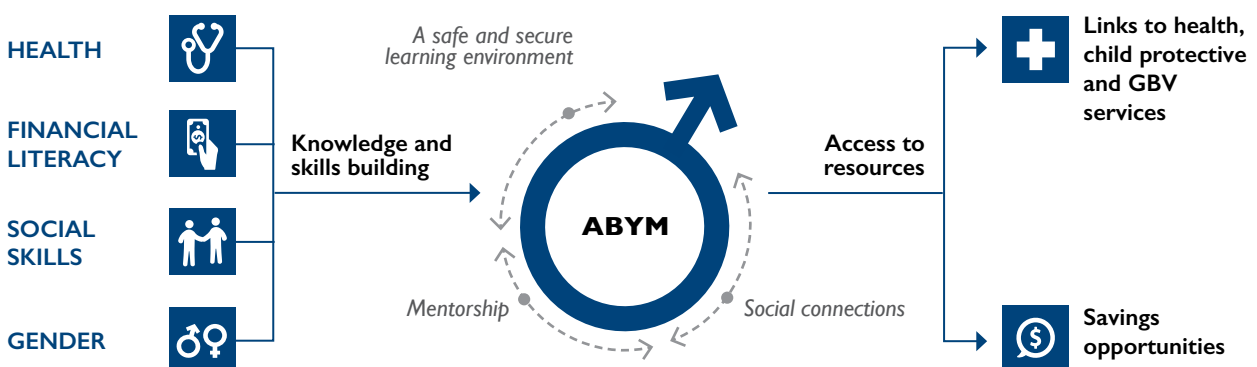
programs, the YouthPower Action mentoring programming for AGYW, called Anyaka Makwiri in Uganda, and the Advancing Partners and Communities Emanzi program for married men and men with partners. Both programs have been implemented and evaluated in Uganda. Emanzi was shown to be effective at changing gender norms and increasing contraceptive use and economic productivity, while Anyaka Makwiri demonstrated significant improvement in HIV knowledge and savings behavior. In addition, portions of this toolkit have been adapted and reprinted from previous evidence-based curricula (see Sources).

CONCEPTUAL MODEL AND OBJECTIVES

Young Emanzi uses a gender-transformative approach to promote positive gender norms, gender equitable and healthy relationships, and economic productivity while also addressing the reproductive health needs of ABYM. A gender-transformative approach aims to change existing social norms that are the root causes of gender inequitable social norms, power dynamics, and structures. In the context of family planning and reproductive health (RH), a gender-transformative approach involves engaging men and boys in ways that address their reproductive health needs and that support women's and girls' family planning and reproductive health decision-making. The conceptual model for the boys mentoring program (Figure 1) is informed by the Anyaka Makwiri model. We anticipate that this model will be refined in the future to reflect learnings from the implementation of the program.

Conceptual Model:

Figure 1. Conceptual model for the boys mentoring program



YouthPower Action offers the following recommendations for programs implementing Young Emanzi:

1. Recruit mentors who have gone through the Emanzi program or another gender transformative program.
2. Start this program in a location where AGYW groups also meet—such as Anyaka Makwiri, village savings and loans groups, and DREAMS—so that girls can participate in the joint sessions with ABYM.
3. Involve the influencers of young people, such as parents or guardians, religious leaders, community leaders, and siblings.
4. Create a referral network of important resources for mental health care, HIV/STI testing, contraception, child protection and gender-based violence services, and village savings and loan associations
5. Engage district level stakeholders—such as a midwife, community development officer (CDO), and social worker—as co-facilitators of various Young Emanzi sessions and thus link ABYM to health, child protective, and gender-based violence (GBV) services throughout the course of the program.
6. Form village savings and loan associations (VSLAs) or start income-generating activities. To assist the boys in these endeavors, the CDO is engaged as a supervisor and as co-facilitator for sessions related to finances. The CDO is responsible for registering VSLAs at the district level and can link registered VSLAs to funding opportunities that come through the district local government and civil society organizations working in the district.

DEVELOPMENT OF THE TOOLKIT

Systematic review: YouthPower Action conducted a systematic review of mentoring programs for ABYM. The outcomes of interest for the programs included improved RH-related knowledge, attitudes, and practices; strengthened social assets (social networks) and soft skills; reduction in levels of gender-based violence, interpersonal violence, and self-harm among ABYM; improving attitudes around gender equality; reduction in substance use among ABYM; and reduction in financial vulnerability. The review examined programs using various types of mentor models that measured the outcomes of interest. The results of the review, along with input from USAID's Population and Reproductive Health Gender Advisor and Senior Youth and Reproductive Health Advisor, informed the development of a mentoring curriculum for ABYM.

Participant engagement workshops: Workshops were conducted in March 2019. The aim was to engage youth and potential mentors in the design of the toolkit, identify session topics relevant for the boys, and determine which sessions the boys' and girls' mentoring programs should conduct jointly. Five workshops were conducted with the following groups: ABYM ages 10–14, unmarried ABYM ages 15–24, graduates of the Emanzi program, and mentees and mentors from the Anyaka Makwiri program. The activities proposed did not resonate with ABYM ages 10–14, so the team decided to craft this toolkit for ABYM ages 15–24. All groups, not including the 10- to 14-year-olds, identified the following topics as important to include: Transforming gender norms, violence prevention, substance abuse, RH and contraception, and financial literacy. In addition, ABYM wanted mentors who are slightly older than themselves (early 20s to early 30s).

Field test of mentors' training, mentors' handbook, and flipbook images: The toolkit was field tested in August 2019 using three components: 1) a training of trainers for community health workers (known as VHT workers in Uganda) and CDOs to be co-facilitators and supervisors, 2) a mentors' training for approximately 30 Emanzi graduates, and 3) a feedback session with two groups of unmarried ABYM ages 15–24 after the newly trained mentors facilitated Young Emanzi activities with them.

COMPONENTS OF THE TOOLKIT

This toolkit was developed to support the implementation of the YouthPower Action Young Emanzi program, an ABYM mentoring program. The materials are intended to be adapted as appropriate to the local environment, cultural context, and specific needs of ABYM.

Part I: Trainers' Guide and Resources—for use by trainers to prepare mentors to implement the Young Emanzi program. The guide contains the instructions for trainers, PowerPoint slides, and handouts. The guide is divided into two parts: Part A, Sessions 1–8 and Part B, Sessions 9–16.

Part II: Mentors' Handbook—contains detailed instructions for mentors about how to conduct the 16 Young Emanzi sessions and the community celebration, as well as handouts for mentees. The handbook is a resource for mentors to use when they are preparing to lead sessions with mentees.

Part III: Mentors' Flipbook—contains illustrated pages for mentees and summarizes the instructions for conducting the 16 Young Emanzi sessions. Mentors will use the flipbook as a job aid when conducting sessions. The flipbook is divided into two parts: Part A, Sessions 1–8 and Part B, Sessions 9–16.

YOUNG EMANZI SESSIONS

Young Emanzi covers the following technical areas: gender, soft skills, financial literacy, puberty and RH, addiction and alcohol abuse, and violence prevention. Each session includes reflection, a warm-up activity, knowledge and skills-building activities, closing remarks, and a challenge for the ABYM to practice what they learned in the week between sessions. There are 16 sessions, each is from 1.5 to 2 hours:

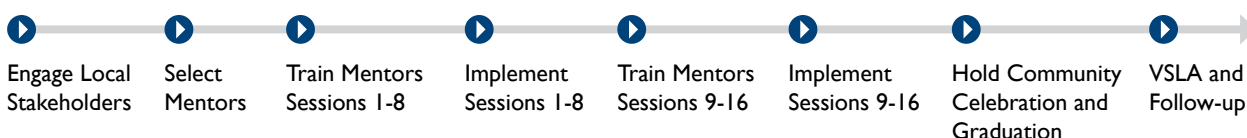
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|---|---|
| Session 1 Gender Roles and Stereotypes | Session 10 Pregnancy Prevention* |
| Session 2 Effective Communication | Session 11 HIV Prevention and Condoms |
| Session 3 Self-Esteem | Session 12 Talking about Addiction and Alcohol Abuse |
| Session 4 Managing Stress, Anger, and Conflict | Session 13 Violence Around Me |
| Session 5 Steps for Saving Money | Session 14 From Violence to Respect for Women and Girls |
| Session 6 Budgeting and Dealing with Setbacks in Saving | Session 15 Relationships and Love Troubles |
| Session 7 Communication about Money* | Session 16 Defining Manhood and Discussing Change |
| Session 8 Gender and Health* | |
| Session 9 Body Changes* | |

For the sessions marked with a star, AGYW are invited to participate, so that the two groups can work together and improve communication on these topics. Upon completion of the Young Emanzi program, there is a community celebration and graduation for the ABYM and AGYW who participated.

STEPS FOR IMPLEMENTATION

Below you will find descriptions of each component and the steps to follow to implement Young Emanzi (Figure 2).

Figure 2. Steps for implementing the Young Emanzi program



ENGAGE LOCAL STAKEHOLDERS

Implementing partners, local media, AGYW mentoring groups, and other influencers of youth, such as parents, religious, and community leaders, all play an integral role in maximizing and sustaining the transformative outcomes of interventions like Young Emanzi. Key stakeholders include:

- **The District Health Management Team:** Implementing partners should work with District leadership, especially the district health officers, to nominate trainers, mentors, and the health workers who will implement the Young Emanzi program. For Young Emanzi, trainers could include the CDO and the VHT workers who had facilitated Emanzi. Trainers will also be involved in supervising sessions, in addition to attending the graduation ceremonies of Young Emanzi.
- **Influencers of youth:** These stakeholders include parents, guardians, older siblings, teachers, and religious and community leaders. These influencers will be engaged by mentors during the district entry planning and the community celebration and graduation. In addition, the mentees will be tasked with engaging with and learning from them as part of their challenge activity after select sessions.
- **AGYW mentoring programs:** The Young Emanzi program recognizes that for it to be truly gender transformative, AGYW also need to be engaged. Thus, AGYW mentees and their mentors will be invited to participate in four sessions (Sessions 7-10) and be recognized at the community celebration and graduation. If there are no AGYW or Anyaka Makwiri mentoring groups in the community, invite AGYW who are active in other community groups, such as village savings and loans groups and DREAMS, to participate in this session.

In addition, ask the Anyaka Makwiri, village savings and loans, or DREAMS groups from which the AGYW were recruited to nominate one or two female co-facilitators. If the young women were not recruited from any formal groups with leaders, consider asking the VHT worker to nominate a woman who is seen as a mentor for young women in the community.

- **Community Development Officers:** Involve CDOs in the intervention as trainers, co-facilitators of select sessions, and as supervisors. In addition to their connections with VSLAs and child protective services, CDOs and/or social workers can be important links to mental health support for the mentors who are covering topics that may bring up previous or current trauma.
- **Health workers:** Engage local VHT workers, midwives, and the in-charge from the nearest health center who has been working with the implementing partner and on other gender-transformative activities, such as Emanzi. These health experts should have up-to-date information on contraception, HIV, and voluntary medical male circumcision, and they should be youth-friendly. They will co-facilitate some sessions with the mentors and also be available for consultation and provide referrals to the mentees after the session. In addition, the VHT workers will be engaged as trainers and in supportive supervision.

SELECT MENTORS

For this program, mentors were graduates of Emanzi. However, not every district in Uganda has the Emanzi program. If this is the case or if the program is being implemented in another country, mentors should be men who have graduated from another similar gender-transformative program, such as SASA! (RaisingVoices, 2008), ideally in their early 20s to early 30s. This previous experience is important to help ensure that the mentors have gender-equitable norms and beliefs, are role model men in their communities for gender equality, and they have experience with facilitation techniques and participatory small group activities.

TRAIN MENTORS

Mentor training has two main components:

Part A: guided practice for sessions 1–8, the importance of male engagement in reproductive health, the role of a mentor, facilitation skills, the importance of confidentiality, defining violence and reporting, community entry planning, logistics, and monitoring and evaluation. After the Part A training, mentors should implement sessions 1–8 and receive at least two supportive supervision visits before returning for training on Part B.

Part B: reflection and review of sessions 1–8, guided practice for sessions 9–16, a refresher training on active listening, confidentiality dealing with disclosures and reporting violence, self-care, and convening the community celebration and graduation.

During the training, mentors will receive the Mentors' Handbook, which contains detailed instructions for mentors about how to conduct the 16 Young Emanzi sessions, as well as the Mentors' Flipbook, which serves as a job aid for mentors to use in the course of leading the sessions with their mentees. Mentors will be trained on how to use both during the two-part training.

Part A and Part B (six-day trainings) provide an opportunity for mentors to practice and facilitate the sessions using the job aids and flipbook so that they leave with the confidence and expertise needed to facilitate topics on gender, soft skills, financial management, puberty and RH, addiction and alcohol abuse, and violence prevention.

IMPLEMENT THE YOUNG EMANZI PROGRAM

Mentors work in pairs to facilitate the Young Emanzi sessions in their local communities for unmarried men ages 15–24 years in groups of approximately 15. The mentors are provided the following job aids to guide the facilitation of the Young Emanzi sessions: The Mentors' Flipbook, contraceptive methods handout, and a handout with instructions for how to put on a condom. The flipbook contains illustrated pages for mentees and summarizes the instructions for

conducting the Young Emanzi sessions. When mentors are facilitating the sessions, they will rely on the flipbook and the ongoing supportive supervision to guide them. The mentors will also participate in monthly mentor meetings. After all sessions are completed, there is a community celebration and graduation to recognize the ABYM and AGYW who participated. Once a Young Emanzi program is completed, the mentors will work with partners and supervisors to start new Young Emanzi groups to empower more ABYM to achieve their full potential and foster a supportive environment for gender equity within the community.

MONITORING AND EVALUATION

The Young Emanzi program can be integrated into an existing program using these three documents for monitoring and evaluation: 1) a template for tracking participants and their attendance; 2) a group activity observation checklist, which can be used to provide supportive supervision to the mentors; and 3) a guide for conducting a monthly support meeting for mentors. To ensure the mentors feel supported during the implementation of Young Emanzi, we recommend that they be observed five times over the course of implementing the 16 sessions:

- First observation during Session 1
- Second observation during Session 6
- Third observation during Sessions 7–12
- Fourth observation during Session 13
- Fifth observation during Sessions 14–16

A list of indicators related to male engagement in RH, family planning, and gender are included so programs can integrate them into their M&E plans to ensure the outcomes and impact of the intervention are captured throughout the implementation. These indicators are part of the [*Measure Evaluation's Family Planning and Reproductive Health Indicators Database*](#).

The toolkit is available online from YouthPower.org: <https://www.youthpower.org/resources/young-emanzi-toolkit-mentoring-adolescent-boys-and-young-men>.

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