MENCARE IN RWANDA

Engaging fathers in transforming gender relations

The case study shows how MenCare, a global campaign to help increase men's active involvement in care giving, has spread to 100 partners in over 50 countries. In Rwanda, the campaign has reduced men's use of violence against their partners and children; increased men's contributions to child-care; and equalized power dynamics and decision making in the household among other things. The campaign has achieved scale globally by using a mix of different routes to scale, including: horizontal scaling whereby partners use and adapt its methodologies to educate men and shift attitudes and social norms about fatherhood and healthy, equitable and non-violent parenting practices; vertical scaling via advocacy to influence visible policies; and in-depth scaling via continuous improvements to the campaign methodology informed by learning and evaluation.

www.oxfam.org

OXFAM

ABOUT OXFAM'S INSPIRING BETTER FUTURES CASE STUDY SERIES

The case study forms part of Oxfam's *Inspiring Better Futures* series which aims to inspire inform, and catalyse action to build a fairer, more caring and environmentally sustainable future. The 18 cases show how people are already successfully creating better futures, benefitting millions of people, even against the odds in some of the world's toughest contexts in lower-income countries. The cases, which range from inspirational to strongly aspirational have all achieved impact at scale by successfully addressing underlying structural causes of the converging economic, climate and gender crises. In a COVID-changed world they provide compelling examples of how to achieve a just and green recovery and build resilience to future shocks.
You can also read the series synthesis paper at this link.

This case study was written by Hannah Beardon. Oxfam acknowledges the assistance of Kate Doyle, Dean Peacock and Aapta Garg, Alice U. Anuku, Helen Wishart and Tom Fuller in its production. The series was conceived by Irene Guijt and Ruth Mayne. For further information on the issues raised in this paper please email rmayne1@oxfam.org.uk.

The information in this publication is correct as of April 2020, when production was halted as a result of the Coronavirus pandemic.

Published by Oxfam GB for Oxfam International under
ISBN 978-1-78748-575-4 in November 2020.
DOI: 10.21201/2020.5764
Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.
Cover photo: Bandebereho program, Rwanda. © Perttu Saralampi

EXECUTIVE SUMMARY

Launched in 2011, MenCare is a global campaign which seeks to promote men's active involvement as equitable, nonviolent parents and caregivers with the aim of achieving greater family wellbeing, gender equality, and better health for mothers, fathers and children. The campaign is coordinated by Promundo, an INGO founded in Brazil, and Sonke Gender Justice, a South African NGO. Oxfam, Plan International, Save the Children and the MenEngage Global Alliance sit on its steering committee.

MenCare supports around 100 partners in over 50 countries to conduct:

- Advocacy for policy reform in governments and workplaces;
- Campaigns to shift social norms and attitudes about fatherhood; and
- Education of men about healthy, equitable, nonviolent parenting practices.

Program P (see Box 1) is one of MenCare's open-source methodologies and resources for partners which has been used and adapted and used by civil society organizations in over 30 countries. The programme was co-founded and implemented by a local NGO, Rwandan Men's Resource Centre (RWAMREC) and Promundo between 2013 and 2015. The success of this programme, and the robustness of its evaluation (through randomized control trials), indicates the likelihood of similar impacts in other MenCare programmes using this methodology in different contexts across the world (Doyle et al 2014).

Box 1: Program P

Program P is a manual which provides MenCare partners with a clear methodology, strategies and set of resources to engage men in active fatherhood. It includes three components for discussing and challenging traditional gender norms, and encouraging positive social behaviours in families and communities:

- Information and tools for healthcare providers to engage men in prenatal and primary health visits;
- Interactive modules for gender-transformative group education with men and (sometimes) their partners; and
- A guide to creating a MenCare community campaign.

The manual is available to download at: https://men-care.org/resources/program-p/

In Rwanda, the Bandebereho programme engaged around 6,500 individuals and 300 health providers and reached millions more with messages promoting men's involvement in childcare, family health, family planning and positive family relations, through community events, health centres, print media and radio. The Bandebereho evaluation which

involved 575 couples in the education programme and 624 in the control group showed that its adaptation of the Program P methodology:

- Reduced men's use of violence against their partners and children;
- Increased men's contributions to childcare;
- Equalized power dynamics and decision making in the household;
- Contributed to more proactive and sensitive engagement of fathers by local health workers; and
- Led to greater uptake of sexual and reproductive health services by men.

In MenCare's theory of change, as well improving men's quality of life, these structural changes create the conditions for transformative impact on gender relations and women's lives: more equal sharing of unpaid care enables women and girls to spend more time on paid work, education, leisure, and social, cultural and political activities. However, this long-term social change has not yet been tracked.

Key insights

The MenCare campaign has grown both intentionally and spontaneously – as organizations choose to join and implement aspects of the programme – faster than expected. Bandebereho is expected to scale up from a small intervention implemented by RWAMREC in four districts of Rwanda to become part of a package of parenting support delivered by community health workers in every village in the country. Some of the reasons behind the success and growth of MenCare (internationally) have been:

- **A mix of routes to scale and change strategies** including:
  - Horizontal scaling to shift invisible norms and attitudes via partners adapting its core methodologies;
  - Vertical scaling to change visible policies via advocacy; and
  - Functional scaling via continuous improvements informed by learning and evaluation.
- **Consistent values**, guiding principles and procedures with a locally adaptable approach and methodology.
- **Strong partnerships** providing civil society partners in over 50 countries with the materials to deliver the approach themselves.
- **An effective methodology** based on tested sociological theories of change including:
  - A focus on men in gender-equity approaches;
  - A feminist, transformative approach and an integrated approach; and
  - Effective entry points to engage men.
- **A strong evidence base** and the encouragement of formative research to contextualise the approach in each country.

In Rwanda, the programme has scaled rapidly due to partnership with the Rwandan Ministry of Health.

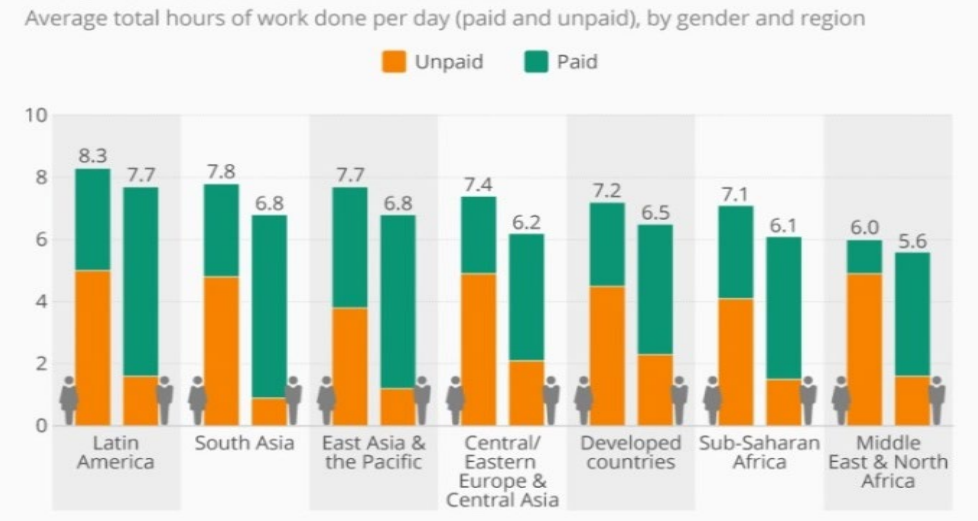
Nevertheless, MenCare recognizes that some questions around the effectiveness of scaling – and the wider longer-term social and economic impacts of its partners' programmes – are as yet unanswered.

WHAT HAS CHANGED?

THE CHALLENGE

Globally, the International Labour Organization estimates that women spend on average three times more hours on unpaid care work than men; this is far higher in low-income and rural homes (ILO website). Oxfam estimates the monetary value of women's unpaid care work to be at least $10.8tn per year, which is three times the size of the world's tech industry (Coffey et al., 2020). This 'gender care gap' limits women's opportunities,[1] and underpins gendered inequalities of income, mobility, time, health and political representation.

Figure 1: The Gender care gap



Source: MenCare website

Despite their disproportionate involvement in household work, women have less decision-making power in the household. This is especially relevant to rates of violence against women, which are strongly related to unequal power relations. When men are not actively involved in childcare, discriminatory gender norms are more likely to be passed on to their children, contributing to the intergenerational transmission of poverty, violence and gender inequality. Conversely, when men do take care of their children, family relationships, parental health and wellbeing improve, as do the social, emotional and academic achievements of their children (Sonke Gender Justice website).

Rwanda is a low-income and low-HDI country still recovering from the genocide of the 1990s. While it has one of the lowest rates of gender inequality in the world, in part because of the number of women in parliament, a 2010 survey of over 3,500 men and women (ICRW et al 2010) found that 73% of men and 82% of women 'totally agreed' that 'a woman's most important role is to take care of her home', and 44% of men and 54% of women agreed that 'a woman should tolerate violence in order to keep her family together'. According to the government, a disproportionate share of unpaid household and care work[2] is a factor that 'limits [women's] economic choices, weighs on their social status and ultimately curbs growth and social development' (Rwanda Gender Monitoring Office, 2019). They recognise that 'the strong engagement of men in gender equality dialogues and participation in activities traditionally seen as women's issues like family planning, child care etc.' could play an important role in accelerating gender equity. As more women enter paid work, their wider roles are changed, which in turn prompts men to redefine their own roles. At the same time, men may be stigmatised for participating in what are considered 'women's activities' (Doyle et al., 2007).

THE BANDEBEREHO PROGRAMME IN RWANDA

In 2013–15, Promundo, in partnership with Rutgers and with funding from the Dutch government, were able to test Program P in rural and urban settings in Brazil, Indonesia, Rwanda and South Africa. In Rwanda, the Bandebereho programme was developed and implemented by Promundo and Rwanda Men's Resource Centre and Promundo (RWAMREC), a local NGO.

The programme started with a nine-month process of formative research to test and adapt Program P activities. A draft manual was piloted with 48 couples. This was revised based on feedback from participants, staff and the Ministry of Health.

The Ministry of Health inputted into the programme curriculum and approved it for implementation;

- Local authorities helped to identify eligible participants, visited groups and promoted the Bandebereho programme;
- District mayors and local authorities championed the programme, calling for it to be scaled up in other sites.

Subsequently, RWAMREC held training and awareness-raising sessions on the importance of men's participation in caregiving with over 1,500 stakeholders from local authorities, police, NGOs and service providers, to create an enabling environment for implementation of the Bandebereho programme.

RWAMREC then trained and mentored local facilitators – many of whom were local chiefs, teachers and pastors – and trained health workers to

promote the use of sexual and reproductive health services. The 'Pillars of Peace' group counselling sessions (see **Section 3.3**) were supervised by local mental health professionals.

The Bandebereho programme initially included two 15-week courses with new and expectant fathers and their partners (see **Box 2**), and one for 18–24-year olds. Together, these reached over 6,500 people over the three cycles. The content was designed to complement information received during prenatal visits, to reflect on gender and develop skills for joint decision making, communication, conflict resolution and non-violent child discipline. Another course, 'Pillars of Peace', provided group counselling sessions for men to reflect on experiences of violence, its impact on their lives and relationships, and to learn anger management strategies and communication skills.

Box 2: Bandebereho fathers' groups

Fathers' education groups, central to the MenCare methodology, engage men who are expecting a child or have children under five, using maternal and child health as an entry point. Through discussion guides, role plays and hands-on activities (such as learning how to change nappies), men and their partners are encouraged to discuss and challenge traditional masculine roles and inequitable gender norms, reflect on their roles as fathers and partners, and practice more positive social behaviours in their families and communities.

The groups are led by volunteer facilitators, many of whom are chiefs, teachers and pastors. Discussion guides cover 15 themed sessions, and include participatory group activities to encourage discussion, interaction and reflection. Men's involvement in care work and couple communication is emphasised throughout. Women partners are invited to participate in six of the sessions – on maternal and child health, caregiving and couple communication and decision making.

Source: Doyle et al, 2014.

POVERTY REDUCTION

Reach and engagement

The MenCare campaign was launched globally in 2011 with a target of 10 national partners, and is currently working with around 100 partners in over 50 countries. In Rwanda, the Bandebereho programme engaged around 6,500 individuals and 300 health providers and reached millions more with messages promoting men's involvement in childcare, family health, family planning and positive family relations, through community events, health centres, print media and radio.

48 fathers' groups were established, involving more than 600 men and their partners in Rwanda. Nearly 100% of invited men attended the first session and 89% of men attended all 15 sessions, and 95% of their female partners attended all six couples' sessions. Several factors likely

contribute to these low attrition rates, including the rural locations, where men may have more free time and fewer opportunities to engage in development projects; and strong partnerships with local government and the engagement of local leaders, which increased the visibility and authority of the programme. (Doyle et al., 2014)

Impact

In Rwanda, Bandebereho's impact was assessed through qualitative and quantitative studies, including a randomized control trial (RCT) in which 575 couples participated in the group education programme and 624 were in the control group. The RCT was carried out with the Rwanda Biomedical Centre, with funding from the McArthur Foundation and the Dutch government.

From a baseline of parity, at nine and 21 months there was notable variation between the control and intervention groups:

- **Reduction in intimate partner violence**: The most significant impact found was the reduction of violence against women (see **Figure 2**). One participating father reported 'I used to insult my wife and I didn't value what she had done. When [Bandebereho] taught us about violent and disrespectful language, I felt pain in my heart and was touched. After that lesson, I asked her to forgive me. Things changed from that time'.
- **Household decision making:** There were also clear changes in household decision making. For example, participants reported a greater sense of shared responsibility for sexual health and family planning, and greater use of contraception, and there were changes in household financial decision making dynamics. One woman partner explained that this was the first opportunity to discuss shared decision making, saying *'*I thought men are supposed to make all the decisions at the household level. I learned how to make decisions together about how we use our money, with sincere communication'. A male participant shared changes in his relationship, saying *'*now we discuss and share responsibilities in order to save money. We decided to share everything… For me, there is a confidence in the family that is created by sharing these activities. Each of us believes that the family is one,' (Doyle et al., 2014).
- **Men's contribution to child care**: Participating fathers, who learned skills for childcare as well as reflecting on the impact of gendered division of labour, increased the time spent on childcare and housework (although their partners did not decrease theirs). One said, '[now] I take care of my child. I take care of his cleanliness, feed him. I do any household work. I am now aware that all those activities are my own responsibility, and that they are not only the tasks of my wife'. Another father shared how he took his sick child to the doctor, saying 'I did it out of love and I felt very good. People could say I am bewitched or stupid. But, if someone can bewitch you to empower yourself and your family, what's wrong with that?' (Doyle et al., 2014).
- **Improved quality of family life:** Participating parents reported improvements in the quality of their family life, and were more likely to

teach, sing, tell stories and play with their children. Physical punishment of children, though still common, reduced slightly, and the use of positive discipline increased (Doyle, et al. 2018).[3]

Figure 2: Women's reports of intiminate partner violence in the past year, at 21 months

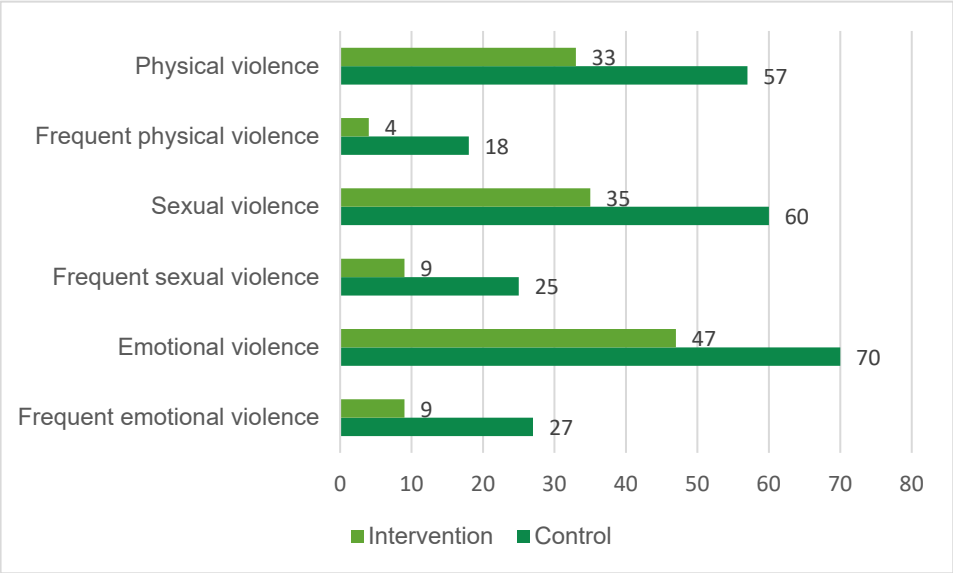


Table 1: Men and women's reports on financial decision making, at 21 months

Group	Control group	Bandebereho group
Women- Man has final say about use of weekly/monthly income and expenses	78.7%	56.1%
Men- Man has final say about use of weekly/monthly income and expenses	70.3%	45.5%

Source: Doyle et al 2018

The programme in Rwanda did not specifically target low-income households, but many of the participants fitted this profile.

STRUCTURAL CHANGES

In Rwanda, the Bandebereho programme contributed to the following gender-transformative changes to structural causes of poverty:[4]

Changes in household power and gender relations

The RCT provided strong evidence that the programme was instrumental in changing power dynamics and well-being in participating households. Men participating in the programme claimed to have greater respect for

their partners' opinions (Doyle et al., 2014). For example, for decisions about having children, 35% of women and 32% of men in the intervention group reported that the man had the final say, compared to 48% and 49% in the control group, respectively (Doyle et al., 2018).

Shifts in attitudes and skills, norms

Participating health workers reported that they felt more confident to provide sexual health services to young women, and to engage men in maternal and child health services. (Doyle et al., 2018) There have also been wider ripple effects, as participants have actively spread messages and encouraged other men to participate.

Research found that more conducive attitudes among health workers – and the modelling of new positive behaviours of fatherhood and family relations by programme participants – meant that neighbours became more receptive to new information and behaviours in relation to fatherhood and gender roles. Neighbours noted that participating families were ‘more peaceful’ and local authorities consider them ‘a resource for the community’ (Doyle et al., 2014).

It is anticipated that the impact will be intergenerational, consistent with the International Men and Gender Equality Survey (IMAGES) survey (ICRW et al 2010), which found that men who saw their fathers carry out care work were more likely to do so themselves. However, this anecdotal evidence has not been systematically tracked or documented.

Government policy and practices

Program P has also influenced Rwandan government practice which has piloted the Program B model (see below).

Globally, the 2015 global MenCare evaluation found that the campaign had played a visible role in increasing awareness and attention to active fatherhood and the gender care gap in global development discourse (Van der Gaag 2015). The 2015 evaluation also found that ‘*a majority of the countries where MenCare exists have been able in some way to feed into national policy debates, and in a number of countries have had an influence on specific policies related to men and fatherhood and caregiving*.’ As one donor remarked, they *‘really managed to get it to take off and develop.” (*Van der Gaag, 2015). MenCare partners tend to have strong track records in programming and advocacy.

LIMITATIONS AND UNINTENDED IMPACTS

Program P has achieved rapid scaling across many contexts by providing a range of organizations with the materials to deliver the approach themselves. But scaling can threaten the quality and impact of programming, and fidelity to the core values and mechanisms of change.

To counter this risk with Program P, MenCare have found that strong formative research is critical for adapting to the specific challenges and social norms of each context.

Some of the key considerations in scaling up Bandebereho in Rwanda were cost-effectiveness and ensuring that the programme did not place a significant additional time burden on the (already overburdened) government staff implementing it. Promundo plans to monitor such trade-offs, and any potential loss of quality, but evidence is not yet available as scale-up in Rwanda is still in the pilot and planning stages.

Globally, MenCare has sometimes faced resistance to increased engagement in housework from men, their partners and the wider community. In Rwanda, one new father said that 'I was very happy to carry my baby. The first person I saw said, "this is not normal". Another woman came and she said they would find a woman to help me' (Doyle et al. 2018). MenCare's response to this is two-fold:

- To create 'an enabling environment for men who seek to break away from the yoke of patriarchy' (Valy, 2014); and
- To involve women and women's organizations in interventions relating to gender equity and dynamics, 'creating a transformative process for both women and men' (Doyle et al., 2014).

The MenCare global campaign is open to any country partner/organization which agrees to sign onto the MenCare principles. These principles do not include targeting particular groups of people, so the eligibility criteria are set by each implementing organization. In a personal communication, Kate Doyle of Promundo explained that in some countries the programmes target the poorest and most disadvantaged households and therefore household income may be part of their targeting criteria (personal communication).

RWAMREC and Promundo will continue to monitor the quality and fidelity of the Rwandan Programme, to track any changes or trade-offs when implemented at scale and in the public sector.

DURABILITY OF CHANGE

Bandebereho provides insight into the potential sustainability of Program P interventions and their impacts. The adoption in 2019 of the methodology by the Rwanda Ministry of Health for implementation nationwide suggests that the methodology has achieved at least temporary sustainability.

While long-term sustainability cannot yet be confirmed, the randomised control trial showed that impacts on the behaviours of men and their families were similar at nine and 21 months, suggesting that the effects may sustain over time (Doyle et al, 2018). Findings related to the contagion effect on neighbours and communities, including the control group, suggest that impacts may even grow.

RWAMREC and Promundo are planning a five-year follow up to the RCT, alongside qualitative research on the impact on women's economic empowerment, to build evidence of the longer-term impacts and outcomes of the programme.

HOW CHANGE HAPPENED

SCALING PATHWAYS AND STRATEGIES

Global Scaling

Globally, MenCare's influence and impact has been partly intentional and strategic, through the development of a strong yet adaptable core methodology, and partly opportunistic and spontaneous, as issues have become more recognised by, and congruent with, global and national policy agendas. Various design features have helped contribute to its scale:

- **An effective mix of different pathways to scale** at local, national and global level including:
  - **Horizontal scaling** by providing open-source materials and methodologies that partners can adapt to their own context, and convening global meetings with partners to share evidence and learning. Civil society organizations have taken ownership of MenCare materials, strengthened their links with peers and policymakers on the issues, and been able to situate their work in a wider context. Local scaling has also been promoted through horizontal shifts in attitudes and social norms. These types of changes tend to be complex and long-term, and contribution is difficult to assign.
  - **Vertical scaling** by providing partners with materials (such as the annual State of the World's Fathers Report and Parental Leave Platform) and support with policy advocacy at national, regional and global levels. MenCare's advocacy has led to concrete changes in global and national agendas, including new bills on parental leave in Brazil, South Africa and Washington DC.
  - **In-depth/functional scaling** by prioritizing research and evidence of impact which can be used to improve programme methodologies and uptake.
- **Consistent values, guiding principles and methodologies, but an adaptable approach**: One donor noted that the MenCare campaign scaled rapidly and organically because 'it has been a global yet local campaign… which allowed for local adaptation and ownership' (MenCare, 2015). A strong set of core values, elements and change

mechanisms, along with a focus on critical reflection and skills building, makes Program P adaptable to different contexts, organizations and outcomes.

- **Strong partnerships:** Effective scaling of behaviour-change programmes often require partnerships, including local partners with reach, ownership and commitment to serving the population over time, and 'strong institutional partnerships to push for effective and sustainable change' (Jose Santos, 2015). Clear guiding principles and procedures for partners, established in 2013, have facilitated the process for relevant organizations to join the MenCare campaign (MenCare, 2015).
- **An evidence-based change strategy and methodology** based on tested sociological theories of change:
  - **A focus on men in gender.** Traditionally, approaches to gender equity have tended to focus on women's empowerment, but interventions which recognise the role and responsibilities of men in tackling sex-based oppression are growing in influence and popularity, with MenCare being a key global player and pioneer (Van der Gaag, 2015).
  - **A feminist approach.** MenCare includes women and women's organizations in the design, implementation and evaluation of men's programmes. This helps ensure that women are positively impacted and minimizes resistance to men's participation in caregiving.
  - **A transformative approach.** Through a focus on group education and discussion, Mencare seeks to transform individual perspectives, power relations, gender roles and relationship skills, enabling MenCare programmes to shift ideas and norms about who does what in the household, and ensures that changes are at a deeper level of power dynamics.
  - **An integrated approach**. MenCare supports partners by linking research, group-based transformative education, media engagement and policy advocacy to encourage impact at scale. Media engagement is used to stimulate local discussion about men's roles and responsibilities in the family and to put pressure on government to adopt evidence-based initiatives and engage in legal and policy reform. One donor noted that the MenCare campaign scaled rapidly and organically because 'it has been a global yet local campaign … which allowed for local adaptation and ownership'. (MenCare, 2015).
  - **Effective entry points.** MenCare focuses on new fathers – i.e. men whose lives and relationships are at a point of change – and reaches them through antenatal and sexual health services.
- **A strong evidence base.** The MenCare programme was founded on strong evidence of how, and why, to engage men in health and gender equality, including the International Men and Gender Equality Survey (IMAGES) – conducted with households in seven countries between 2009-2011 – and the 'Men Who Care' qualitative study of men in five countries. Generating a strong evidence base has been

crucial to the successful scaling of the MenCare programme. Local partners have prioritised evaluation, enabling the spread, uptake and improvement of the methodology.

National Scaling

Nationally, pathways to scale vary according to issue, strategy and context. In Rwanda, partnership with the Rwandan Ministry of Health has been critical for scaling. In 2018, the Rwandan Ministry of Health responded to the findings of the randomised control trial of Bandebereho by exploring how to scale up the programme through the public health sector (interview with Kate Doyle of Promundo). An ad hoc advisory group, including the ministries of gender and child development, was set up to develop and pilot a model with a view to rolling out the methodology through Rwanda's community health workers across the country in Rwanda's decentralised health system. The process was supported by international donors, including DFID. The newly developed model designed specifically for the scale up is currently being piloted by the Ministry of Health in one district with over 16,000 parents and facilitated by over 400 community health workers, and is being monitored by the district health service.

The readiness of the government to scale up the programme through the public health system was in large part due to Program P's close fit with the country's legal frameworks for promoting gender equity and women's economic empowerment, and the Government's acknowledgement of the centrality of men in preventing violence, promoting maternal and child health and improving family planning. (Republic of Rwanda 2019).

There are signs that the methodology has had a wider influence on government thinking. In 2019, the Ministry of Early Childhood Development was also planning to scale a programme to 'support responsive parenting, promote early childhood development and prevent violence through active coaching and father engagement' to 10,000 households in three districts.[5] There is no evidence that this has been influenced by the existence or success of the Bandebereho programme, but it does show that the Rwandan government are interested in testing and supporting approaches to engaging fathers in gender-transformative change.

CONTEXTUAL DRIVERS

Scaling up local programmes that mobilize to change attitudes, norms and behaviours around gender can be challenging. On the one hand, success can be based on very local factors that cannot be systemically replicated. On the other, the essentially political nature of gender transformation and 'a central message of re-imagining power in society' can be difficult for state actors to take on or promote (Heilman and Stich, 2016). While MenCare's approach of integrated programming adaptable to local contexts is designed to meet this challenge, several contextual factors have facilitated scaling.

Globally, MenCare has benefited from (and contributed to) a growing societal recognition of the importance of men's role in transforming gender relations (Van der Gaag 2015). In particular, unpaid care has been recognised as a key barrier to women's empowerment in a number of international policy frameworks, including the 2015 Sustainable Development Goals.[6]

Nationally, the degree of scaling depends on local contextual conditions. Rwanda, for example, is categorized as repressed (CIVICUS, 2019) by CIVICUS which implies there is a narrow space for civil society to operate. However, the Bandebereho programme is closely linked to the interests and policies of the Government which has been actively committed to gender equality (World Economic Forum 2017). After the 1994 genocide, laws and policies established new rights for women, including protection from violence, and actively promoted women's engagement in public life. The government acknowledges that women's participation in unpaid care is a barrier to their education (Rwanda Gender Monitoring Office, 2019). Today, women are in the majority in parliament and are present in all levels of local government (Doyle, 2014). Investment in families has been a key element of rebuilding with, according to the head of the national early childhood development programme, 'a special focus on educating parents to take better care of their children and of each other' (Timsit 2019).

Another enabling factor for the Bandebereho progamme in Rwanda is that most men in work with livestock, and thus can make time to participate in sessions at certain times of year. Similar programmes in poor urban centres of Brazil, South Africa and Bolivia have not found it so easy to engage fathers in group meetings, as they tend to work long hours outside of the home. Rwandan society also has a strong culture of community service, known as *Umuganda*, written into law since 2007 as part of the rebuilding programme after the genocide (see description at Rwanda Governance Board). All Rwandan people of working age participate in *Umuganda* for one morning a month, which Promundo considers creates a cultural context which contributes to the high participation and commitment of fathers and their partners in the programme and the control group. Local conditions in Rwanda, which may not be easily replicable elsewhere, facilitated the active participation of men in the programme.

TIMELINE

- 2009 Promundo and Rwandan partners RWAMREC start partnership
- 2009-2011 International Men and Gender Equality Survey (IMAGES) survey conducted providing evidence of how, and why, to engage men in health and gender equality, – conducted with households in seven countries – 'Men Who Care' qualitative study of men in five countries.
- 2011 MenCare Global Campaign launched
- 2013 Program P Manual for Engaging Men in Fatherhood, Caregiving and Maternal and Child Health developed and published by REDMAS, Promundo and EME.
- *2013 MenCare+* programme launched, a three-year programme implemented in four countries (including Bandebereho programme pilot in Rwanda) based on Program P methodology
- June 2014 Power analysis conducted prior to RCT participant selection in Rwanda
- March 2015 – Dec 2016 Rwanda programme RCT conducted
- February – March 2015 Baseline questionnaires administered to male participants. Random allocation of 1200 male participants to control or intervention groups
- March to July 2015 - Bandebereho intervention implemented with the intervention group and female partners
- November / December 2015 Post intervention follow-up surveys conducted with men and partners
- November / December 2016 post intervention follow-up surveys conducted with men and partners
- 2018 – RCT results published in PLOS One
- 2018/19 - The Rwandan Ministry of Health explore how to scale up the programme in the public health sector, setting up an ad-hoc advisory group, including the ministries of gender and child development, to develop and pilot a model in one department with the aim to roll-out the methodology with community health workers across the country.

FURTHER DETAILS

Globally, MenCare is supported by several foundations, INGOs, official donors and UN agencies, including the UN Population Fund and UN Women. The MenCare campaign is funded by various international donors and foundations, including Bernard Van Leer Foundation, MacArthur Foundation, SIDA, the UN Population Fund and UN Women. Bandebereho was supported by the UK Department for International Development (DFID) and Grand Challenges Canada.

ANNEX: AT A GLANCE

Case study name and implementing organizations	*MenCare Rwanda: Engaging Fathers in Transforming Gender Relations* Bandebereho programme (an adaptation of Program P, Promundo's flagship intervention for equitable fatherhood) Global implementation – Promundo, Sonke Gender Justice Rwanda implementation – Rwandan Men's Resource Centre (RWAMREC)
Geographical Location	Global MenCare campaign with national partners in over 50 countries. Bandebereho is implemented in four districts in Rwanda, with plans to roll out nationally.
Geographical type	Rwanda: Recovering from the 1994 genocide, **Income:** Low income (WB, 2020) **Inequality, Palma Index:** 2.25 in 2017 (UN-WIDER, 2019) **HDI:** low, 157th out of 189 countries (HDR, 2019) **Gender gap:** 9th out of 153 countries, with the highest proportion of women in parliament of any country (WEF, 2018) **Civic space:** categorised as 'repressed' (CIVICUS, 2019) **Climate risk:** 111th most affected 1999–2018; 8th worst affected in 2018 in global Climate Risk Index (German watch, 2020), **Fragility:** High warning (Fund for Peace, 2019)
Time period	MenCare Global Campaign launched in 2011. Bandebereho programme ran 2013–15 with ongoing follow-up research. Rwandan partners working together since 2009.
Systemic challenge	Gender injustice
Type(s) of poverty reduction	Reduced violence against women and children. Increased contribution of men to care work. Greater equality in household decision making. (Final impacts on family well-being, gender equality and health not yet measured.)
Scale of poverty reduction	Globally, the MenCare campaign involves over 100 organizations in over 50 countries, reaching hundreds of thousands of people through policy advocacy, media, community campaigns and group education. In Rwanda, the programme:

	Improved family relations of 3,000 young men and women, and 3,400 mothers and fathers in Rwanda. Increased sensitivity of 300 health providers. Millions were reached with campaign messaging.
Structural changes	Changes in gender relations. Attitudes and social norms. Institutional policies and practices.
Routes to scale	Vertical, horizontal and functional scaling at global and national level
Types and quality of evidence	High-quality evidence on impact in Rwanda (via Randomized control trials) of the Bandebereho programme showed a reduction in violence, more equitable household decision making, power relations and division of labour. Evidence of outcomes comes from a range of surveys and other evaluations. The robustness of this data indicates that there are likely to be similar impacts in MenCare programmes across the world, albeit in different contexts.

NOTES

1 The ILO estimated that, in 2018, 606 million women of working age were outside the labour force because of family responsibilities, compared to 41 million men.

2 90% of women (69% of men) are engaged in 'own-use production work', spending an average of 26 hours per week (15 hours for men) on unpaid work including care and housework (household repairs and livestock care for men). (Rwanda Gender Monitoring Office, 2019).

3 Physical punishment of children was reported by 79% of women and 67% of men in the control group, compared to 68% of women and 57% of men in the intervention group.

4 Gender-transformative approaches aim to transform the power dynamics and structures that reinforce gendered inequalities. This approach entails engaging groups in critically examining, challenging and questioning gender norms and power relations that underlie visible gender gaps (Hillenbrand et al 2015).

5 The programme, called Sugira Muryango, was supported by Harvard University.

6 Target 5.4 of the UN Sustainable Development Goals is to 'value unpaid care and promote shared domestic responsibilities'. https://sustainabledevelopment.un.org/sdg5 The 2015 MenCare evaluation also highlights the UN Commission on the Status of Women 2004 call for governments to promote greater involvement of men as fathers, the UN Women 'He for She' campaign, the UN Barbershop conference, and the MenEngage Global Symposium (Van der Gaaag, 2015).

REFERENCES

Addati, L., U. Cattaneo, V. Esquivel and I. Valarino. (2018). Care Work and Care Jobs for the Future of Decent Work. International Labour Organisation. https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

Barker, G., M. Greene, M. Nascimento, M. Segundo, C. Ricardo, A. Taylor, F. Aguayo, M. Sadler, A. Das, S. Singh, J.G. Figueroa, J. Franzoni, N. Flores, R. Jewkes, R. Morrell and J. Kato. (2012). Men Who Care: A Multi-Country Qualitative Study of Men in Non-Traditional Caregiving Roles. International Center for Research on Women (ICRW) and Promundo. https://promundoglobal.org/resources/men-who-care-a-multi-country-qualitative-study-of-men-in-non-traditional-caregiving-roles/

Barker, G., C. Ricardo and M. Nascimento. (2007). Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. World Health Organization and Promundo. https://www.who.int/gender/documents/Engaging_men_boys.pdf

Betancourt, T. (2019). Sugira Muryango: a Home-Visiting Intervention to Promote Early Childhood Development and Reduce Violence integrated into Rwanda's Social Protection Program. Boston College School of Social Work, Harvard University. Presentation. https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2337/2019/05/2-7-Betancourt-HCSPH-Integration-Rwanda-Sugira-Muryango-4-6-19-REV.pdf

Coffey , C., P. Espinoza Revollo, R. Harvey, M. Lawson, A. Parvez Butt, K. Piaget, D. Sarosi and J. Thekkudan. (2020). Time to Care: Unpaid and underpaid care work and the global inequality crisis. Oxfam. https://policy-practice.oxfam.org.uk/publications/time-to-care-unpaid-and-underpaid-care-work-and-the-global-inequality-crisis-620928

Doyle K., J. Kato-Wallace, S. Kazimbaya and G. Barker. (2014). Transforming gender roles in domestic and caregiving work: preliminary findings from engaging fathers in maternal, newborn, and child health in Rwanda. Gender & Development 22(3): 515–31. https://doi.org/10.1080/13552074.2014.963326

Duch, H., K. Doyle, A. Kohli, R.G. Levtov and R. Lundgren. (2019). Loving fathers, thriving children: opportunities for scaling gender-transformative approaches. Early Childhood Matters. https://earlychildhoodmatters.online/2019/loving-fathers-thriving-children-opportunities-for-scaling-gender-transformative-approaches/

Eckstein, D., V. Künzel, L. Schafer and M. Winges. (2019). Global Climate Risk Index 2020. Germanwatch. https://www.germanwatch.org/en/17307

ICRW and Promundo (2010) International Men and Gender Equality Survey (IMAGES)

Hassink A. and L. Baringer. (2015) ‘Fatherhood, Unpaid Care and the Care Economy’, in J. Edström et al. (eds.) (2015). Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality. EMERGE, Promundo, Sonke Gender Justice and the Institute of Development Studies. https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/7059

Heilman, B. and S. Stich. (2016). Revising the Script: Taking Community Mobilization to Scale for Gender Equality. ICRW and Raising Voices. https://www.icrw.org/publications/revising-script-taking-community-mobilization-scale-gender-equality/

Hillenbrand, E., N. Karim, P. Mohanraj and D. Wu. (2015). Measuring gender-transformative change: A review of literature and promising practices. Care, CGIAR, WorldFish. https://www.care.org/sites/default/files/documents/working_paper_aas_gt_change_measurement_fa_lowres.pdf

José Santos, S. (2015). MenCare in Latin America: Challenging Harmful Masculine Norms and Promoting Positive Changes in Men’s Caregiving. EMERGE, Promundo, Sonkey Gender Justice and the Institute of Development Studies. https://menandboys.ids.ac.uk/files/mencare-latin-america-challenging-harmful-masculine-norms-and-promoting-positive-changes-men%E2%80%99s

Levtov R., N. van der Gaag, M. Greene, M. Kaufman and G. Barker. (2015). State of the World’s Fathers: A MenCare Advocacy Publication. Promundo, Rutgers, Save the Children, Sonke Gender Justice and the MenEngage Alliance. https://sowf.s3.amazonaws.com/wp-content/uploads/2015/06/08181421/State-of-the-Worlds-Fathers_23June2015.pdf Messner, J.J., N. Haken, P. Taft, I. Onyekwere, H. Blyth, M. Maglo, D. Moges, C. Fiertz, C. Murphy, W. Wilso and K. Obike. (2019). Fragile States Index: Annual Report 2019. The Fund for Peace. https://fragilestatesindex.org/2019/04/07/fragile-states-index-2019-annual-report/

Montoya, O. (2015). "I can do it all by myself:” Why increased male caregiving may find resistance from women. MenEngage Alliance Blogspot post. http://menengage.blogspot.com/2016/09/i-can-do-it-all-by-myself-why-increased.html

National Institute of Statistics of Rwanda. (2019). Labour Force Survey 2017, Thematic Report on Gender. Republic of Rwanda. http://statistics.gov.rw/content/labour-force-survey-thematic-report-gender

Ortiz-Ospina, E. and S. Tzvetkova. (2017). Working women: Key facts and trends in female labor force participation. Our World in Data. https://ourworldindata.org/female-labor-force-participation-key-facts

Promundo and Rutgers. (2016). MenCare+ Key Outcomes from a Four-Country Initiative to Engage Men in SRHR, Caregiving and Violence Prevention. https://www.rutgers.international/sites/rutgersorg/files/PDF/MC_Key_Out_PDF.pdf

Republic of Rwanda Gender Monitoring Office. (2019). The State of Gender Equality In Rwanda: From Transition to Transformation. http://gmo.gov.rw/fileadmin/user_upload/Researches%20and%20Assessments/State%20of%20Gender%20Equality%20in%20Rwanda.pdf

Slegh, H. and A. Kimonyo. (2010). Masculinity and Gender Based Violence in Rwanda: Experience and Perceptions of Men and Women. RWAMREC, MenEngage, ICRW and UNDP. https://promundoglobal.org/resources/masculinity-and-gender-based-violence-in-rwanda-experience-and-perceptions-of-men-and-women/

Sonke Gender Justice website, Mencare South Africa Programme Brief. Accessed November 2019. https://genderjustice.org.za/project/child-rights-and-positive-parenting/mencare/

Timsit, A. (2019). Rwanda's radical plan to reduce poverty by harnessing fathers' love. Quartz Africa. https://qz.com/africa/1715055/rwandas-plan-to-reduce-poverty-by-harnessing-fathers-love/

UN. (2019). World survey on the role of women in development: Report of the Secretary-General (2019): Why addressing women's income and time poverty matters for sustainable development. https://www.unwomen.org/en/digital-library/publications/2019/06/world-survey-on-the-role-of-women-in-development-2019

UNDP. (2019). Human Development Report 2019, Beyond income, beyond averages, beyond today: Inequalities in human development in the 21st century. http://hdr.undp.org/en/2019-report

UNU-WIDER. (2019). WIID – World Income Inequality Database. United Nations University. https://www.wider.unu.edu/project/wiid-world-income-inequality-database

Van der Gaag, N. (2015) Final Evaluation of the MenCare Campaign.

World Economic Forum (2017). How Rwanda beats nearly every other country in gender equality. https://www.weforum.org/agenda/2017/05/how-rwanda-beats-almost-every-other-country-in-gender-equality/

World Economic Forum. (2019). Global Gender Gap Report 2020. https://www.weforum.org/reports/gender-gap-2020-report-100-years-pay-equality

OXFAM

Oxfam is an international confederation of 20 organizations networked together in more than 67 countries, as part of a global movement for change, to build a future free from the injustice of poverty. Please write to any of the agencies for further information, or visit www.oxfam.org.