

A photograph of a man in a blue polo shirt carrying a young child on his shoulders. The man is looking towards the camera with a slight smile. The child is wearing a purple shirt and sandals. The background shows a rural landscape with greenery and a building with a red roof. The man's shirt has white text that reads: "Anak Penjaga Martabat Ibu Di Masa Depan" and "WUJUDKAN KABUPATEN JAYAPURA LAYAK ANAK".

The plus
in MenCare+.
The unique value of
a multi-component
approach.



INDONESIA

MenCare+ partners worked proactively to promote gender justice, to improve the sexual and reproductive health and rights (SRHR) of women and men, and to prevent violence against women and girls in Brazil, Indonesia, Rwanda and South Africa. MenCare+ was designed as a comprehensive programme, with a set of complementary and integrated interventions which are expected to have a greater impact when combined than implementation of only one or two components. The programme was designed according to the socio-ecological model, with interventions implemented at multiple levels: individual, relationship, community, and societal.



BRAZIL

Interventions at individual and group level include group education on SRHR and equality for young men and women, and on maternal, newborn and child health, as well as caregiving for fathers and mothers. These group activities were accompanied by community-level campaigns to change social and gender norms. At the societal level, partners worked with the health system to improve the quality and accessibility of SRHR services, by training of health sector staff to promote adolescent and father-friendly services, and providing individual and group counselling for men who use violence. Partners also advocated with key policy- and decision-makers to create an enabling environment for SRHR, violence prevention and men's involvement in maternal, newborn and child health (MNCH).

After three years of implementation, MenCare+ country partners reflected on the overall benefit and impact of this unique approach. This sheet provides an overview of how the programme components influenced and strengthened one another. What interconnections or interactions between the various components were created during the past three years? And how did one intervention benefit from or improve other interventions?



RWANDA

PARTNERSHIPS WITH THE GOVERNMENT

Development and fostering of partnerships with government institutions was one of the most critical and successful aspects of the MenCare+ programme across the four countries. Close working collaborations were formed or strengthened with ministries of health, education, justice, and departments of social work to promote sustainability of programme activities. Partnership with public institutions helped to enable implementation of programme activities within schools and health facilities, and also contributed towards the longer-term vision of institutionalising gender-transformative approaches within these existing structures. These efforts included participation in national and local policy debates to advocate for parental leave, banning of corporal punishment, and the promotion of father involvement during pregnancy and delivery within the health system.



SOUTH AFRICA

In Brazil, Promundo partnered with the Departments of Health and Education, through the federal Health and Prevention in School programme, to develop and implement the Shameless Campaign activities in schools. Promundo also partnered with the government to launch an online course to train Brazilian health professionals



on gender equality, and involving men in maternal, newborn and child health, which is now reaching hundreds of providers.

In Rwanda, the Rwanda Men's Resource Centre (RWAMREC) partnered with the Maternal and Child Health Department of the Ministry of Health to develop and approve group education curricula on gender equality and SRHR for young men, young women, and fathers/parents. RWAMREC and the Ministry of Health also co-facilitated training for health providers in four districts on gender-responsive health services, including adolescent SRHR services, and on engaging men in antenatal care and family planning.

In South Africa, collaboration with the court system and the National Department of Social Development has resulted in referrals of men for gender-based violence (GBV) counselling with partner Mosaic, as well as provision of continuing education credits for social workers who received training in the Counselling Toolkit for Men (around GBV counselling). Furthermore, alliances were built with the child rights movement and organisations, to advocate for prohibiting corporal punishment at home: national advocacy interventions assisted the government to adopt a more holistic national fatherhood strategy, as well as to pass resolutions that include fathers in integrated family strengthening programmes, family planning and SRHR.

LINKAGES BETWEEN THE INTERVENTIONS

cross the four countries, there was an emphasis on making connections between the various MenCare+ interventions to create synergies, and increase programme impact. One of the most significant examples of positive reinforcement between the interventions were the direct links made between work at the societal level: training and capacity building of service providers in key institutions, with the group educational interventions conducted at the individual and relationship levels. Engaging at these multiple levels helped implementing partners to effectively facilitate the process of change.

In Indonesia, MenCare+ partners created linkages between service providers and the men's counselling intervention, offering an opportunity for implementing partners to collaborate with the police. Rifka Annisa Women's Crisis Centre in Yogyakarta, Indonesia established a "men's desk" at the police station in Gunung Kidul as part of their advocacy efforts to convince men who used violence against their partners to start counselling. Rifka Annisa focuses on the quality of the counselling and the training of the counsellors, as well as partnership strengthening with legal enforcement to provide male counselling.

In South Africa, partnership with the National Department of Social Development at policy level led to multi-province training of departmental social workers to facilitate the MenCare+ South Africa parenting groups. This increased the capacity of departmental social workers, while also expanding their scope of services to include the engagement of men as parents, and contributed towards the scale-up of the parenting groups at a national level.

In Rwanda, direct links were made between health providers trained at the health system level and the participants of group education for young men and young

women. Health providers co-facilitated two out of 15 sessions for young people, providing accurate information on SRHR. As a result, the health providers also receive first-hand information on young men's and young women's SRHR needs. This exchange of information increased young people's comfort level to access health services, and strengthened capacity of health providers to deliver better services to the young .

Interconnections were also made at individual and relationship levels through referral of participants from one intervention to another. For example, in Indonesia and South Africa, group facilitators referred participants to other MenCare+ interventions, such as male counselling, or to consult with a trained health provider regarding family planning, or other issues related to sexual and reproductive health. In South Africa, inter-generational interactions were also made amongst group participants during community awareness activities. Community dialogues facilitated in partnership with the City of Cape Town brought together young and adult men from the SRHR and fathers' groups, to discuss issues relating to gender equality, relationships and SRHR with older men from the community and community leaders.

CROSS-ORGANIZATIONAL LINKING AND LEARNING

The multiple component strategy of MenCare+ in all four countries created an opportunity for implementing partners to link with and learn from each other's experiences. For example, health professional training experts at the PULIH Foundation in Indonesia, were invited by IPPF Lampung to train their own staff. Rifka Annisa, experts on male counseling, ensured the quality of services of male counsellors at Jombang. In some countries, such as Indonesia, multiple partners came together to implement a complementary set of interventions, while in Rwanda, one organisation implemented the full set of MenCare+ interventions. Some partner organizations are highly skilled on working on SGBV, and others are more specialized on reproductive health or working in clinics. With this in mind, not all partners can implement all components together at the same time.

Training for counsellors and health workers also helped to shift gender norms at a more systemic level, contributing to making health care services and facilities more responsive to men's needs. The formal training was supported by regular presentations from implementing partners at health care facilities, and interactions with health care workers and facility staff. In Brazil for example, Promundo partnered with Instituto Noos -which conducts gender-reflective group counselling for men- to strengthen their work by integrating themes of fatherhood and caregiving within men's counselling. This created synergies, and improved capacity and experience sharing across organisations. The continued relationship with partner organisations also saw an increased involvement of such partner organisations in community campaigns.



The MenCare+ programme is a 3-year, 4-country collaboration between Rutgers and Promundo-US, created to engage men aged 15–35 as caregiving partners in maternal and child health and sexual and reproductive health rights. The programme is supported by the Ministry of Foreign Affairs of the Netherlands and is implemented in Brazil, Indonesia, Rwanda and South Africa (2013-2015).

[1] MenCare+ has integrated the following six intervention areas:

- SRHR/caregiving group education with young men and young women (Programme H, M).
- Fatherhood group education (Programme P, One Man Can).
- Community MenCare Campaigns.
- Health sector training on engaging men/fathers in SRHR and MNCH, including pre- and post-natal care.
- Men’s (perpetrators’) counselling to stop intimate partner violence (Toolkit for Men, Pillars of Peace - Community Social Therapy).
- Advocacy on engaging men in SRHR, MNCH and stopping SGBV, Health and Legal sector, at district, national and international level.



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