World Vision Canada MenCare Assessment Report | APRIL 2022

Increased Male Involvement in Women and Children Focused Development Programs:

THE IMPACT OF MENCARE APPROACH IN ENHANCING NUTRITION SERVICES TO IMPROVE MATERNAL AND CHILD HEALTH IN AFRICA AND ASIA PROGRAM

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Introduction

As a partner in the global MenCare campaign, World Vision Canada has been implementing and adapting the MenCare approach in diverse country contexts globally to promote men's involvement as equitable, engaged, non-violent fathers and partners for the achievement of gender equality (GE) and the advancement of women's rights. ENRICH employed the MenCare approach, "a multi-pronged initiative and global campaign that works to promote men's equal involvement in caregiving and the universal uptake of equitable, non-violent parenting practices"[1] as its principal strategy for engaging men in RMNCH/N issues. Adaptations of this approach varies from country-to-country depending on contextual realities. World Vision Canada has worked with men and boys in some of the most gender-unequal societies around the world to challenge traditional gender roles, and assist men to create space to be active, engaged parents, more equitable partners, and agents of positive change in their communities.

This assessment report explores WVC's implementation of the MenCare approach in the recently completed (2016-2021) *Enhancing Nutrition Services to Improve Maternal and Child Health in Africa and Asia (ENRICH)* program, where MenCare was adapted to engage men as partners and allies in the advancement of Reproductive, Maternal, Newborn and Child Health and Nutrition (RMNCH/N) in select regions of Bangladesh, Kenya, Myanmar, and Tanzania. This assessment, which examines the implementation and impact of MenCare in this context, is based on qualitative field research conducted in September and October 2021 in the four ENRICH countries by ENRICH project staff in collaboration with local partners. Its purpose is to uncover key results and critical success factors, understand challenges and opportunities and identify lessons learned to inform future WVC programming related to male engagement in gender equality, with value for those initiatives that focus on RMNCH/N.

1 Promundo/MenCare https://promundoglobal.org/programs/mencare/

1. Project Background

ENRICH was a five and a half-year, multi-country program funded by Global Affairs Canada (GAC) that sought to improve the health and nutrition status of mothers, newborns, and children in the four aforementioned countries. This initiative worked to:

i) improve delivery of gender-responsive essential health services, including basic nutrition, sexual and reproductive health and rights (SRHR), and nutrition-sensitive services to mothers, pregnant women, women of child-bearing age, newborns, and children under two (girls and boys);

ii) increase production, consumption and utilization of nutritious foods and micronutrient supplements by mothers, pregnant women, women of child-bearing age, and children under two; and

iii) strengthen gender-responsive governance, policy and public engagement of RMNCH/N in Canada and target countries. The project's overall goal was to contribute to a reduction in maternal and child mortality and address issues critical to the health of mothers, newborns, and young children.

In line with GAC's Gender Equality Policy and later, the Canadian Government's Feminist International Assistance Policy, ENRICH explicitly and systematically integrated gender equality at all stages of the program and specifically sought to address unequal gender power relations. Both the preliminary and full gender assessments conducted in the four implementing countries found that addressing the gender inequalities and unequal power dynamics that underpin poor RMNCH/N outcomes in partnership with men and boys would be key to ENRICH's success.

ENRICH developed and implemented a GE Strategy composed of three pillars to integrate GE across the program as well as address discriminatory gender and socio-cultural norms and gender barriers leading to maternal and child morbidity and mortality. One of the three pillars of the GE Strategy was to engage men and other community gatekeepers as active partners of change. Men and other community gatekeepers and influencers were targeted for health and nutrition messages and approaches in ways that promoted dialogue and shared decision-making between women and men. Innovative approaches were used to catalyze community transformation to eliminate/reduce gender biases and promote equal valuing of women/girls and men/boys; promote improved nutrition practices for children and Pregnant and Lactating Women (PLW) by improving decision making dynamics on the purchase of food and intra-household food allocation; and increase awareness on the importance of men's involvement in RMNCH/N.

Employing the MenCare Approach to Advance ENRICH Objectives

In recognition of the central role of men's knowledge, attitudes, and behaviours in influencing the maternal, newborn and child health outcomes of their wives and children, ENRICH employed the MenCare approach across the program's focus areas to leverage the role of male caregivers as advocates for gender equality, violence prevention, and the fulfillment of Sexual and Reproductive Health and Rights (SRHR) of women and girls in their communities. Through the ENRICH program, fathers of children under five were trained to serve as MenCare leaders for groups of approximately 10 men from their community. The MenCare groups met monthly to set goals and develop action plans to become more informed, involved fathers; helpful, non-violent partners; and advocates for improved maternal and child health among their peers. Action plans contained commitments relating to men taking a greater responsibility for raising children, valuing their daughters as they do their sons, and doing more to alleviate unpaid care work from women. Actions related to advancing maternal and child health included committing to accompany their spouses to health facilities for antenatal services, family planning, children's growth monitoring and medical services for children and/or mothers.

ENRICH MenCare Group Reach

In Tanzania, 817 MenCare groups were established, reaching over 20,000 men through outreach sessions.

In Kenya, 22 MenCare groups were formed with a total of 755 members. The Kenyan groups reached an additional 2,200 men through outreach activities.

In Bangladesh, there were 20 MenCare groups, reaching more than 13,000 men with gender equality messages in the broader community.

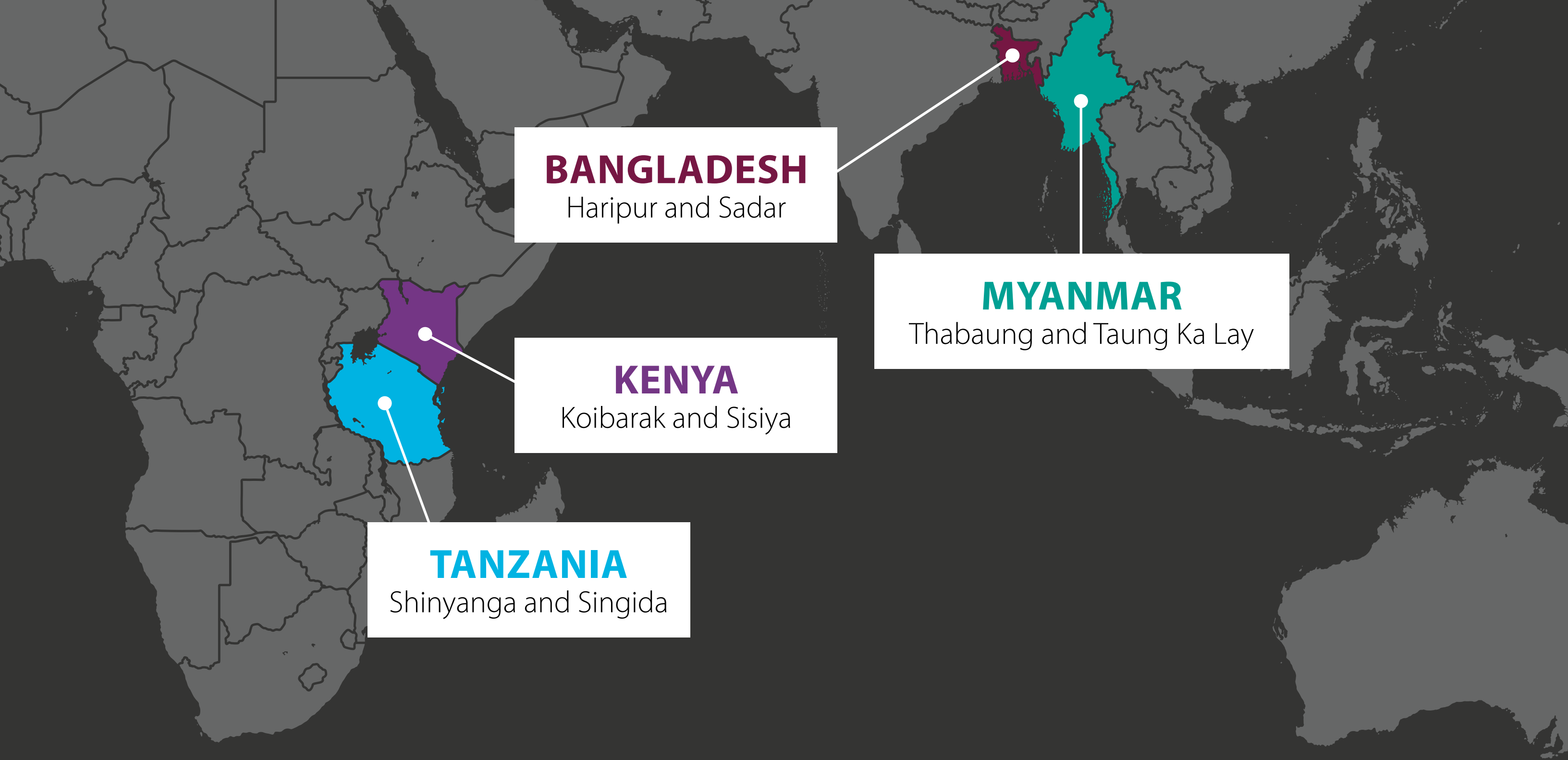
In Myanmar, 26 Groups were formed, and 275 male champions trained.

2. Purpose of Assessment

As a MenCare partner, World Vision Canada has identified the need to build its portfolio of evidence and learning around the engagement of men and boys for Gender Equality (GE). The multi-country, multi-continent nature of ENRICH's male engagement program provides an important opportunity to uncover these critical learnings across different settings to help WVC understand what is working well, what could be improved and how efforts to engage men and boys for GE might be adapted and contextualized in new settings, by WVC and others, to improve the health and well-being of women and girls.

3. Limitations of the Assessment

As with all qualitative research, there were certain limitations that impact the accuracy and causality of findings. In the case of this ENRICH MenCare assessment, the relatively small sample size of Focus Group Discussion (FGD) and Key Informant Interview (KII) participants made it difficult to confirm with accuracy the degree to which the findings and variations in opinion were representative of all MenCare participants, their wives and community/ government leaders in all ENRICH MenCare project areas. An additional constraint is that the high-level impacts that FGD and KII participants attributed to MenCare activities (reduction in maternal and infant mortality, improved nutritional status of PLW and children under five, fewer child marriages, improved health seeking behaviour among PLW, reduced gender-based violence or GBV) could not be objectively verified by local and current data, or their cause-and-effect relationship confirmed within the assessment's period. However, the behaviour changes and longer-term impacts described in this assessment by men, women and local leaders reflect the personal experiences and observations shared in response to questions about ENRICH MenCare programming and its impact on their own inter-personal relationships, family dynamics and community relations.



4. Assessment Areas/Locations

The FGDs and KIIs that informed the ENRICH MenCare assessment were conducted in the four countries where ENRICH was implemented – Bangladesh, Myanmar, Kenya, and Tanzania – in select regions/districts where men were engaged in MenCare activities.

5. Methodology

The assessment used qualitative data collection methods, specifically FGDs and KIIs that were participatory, age-appropriate, gender-responsive and conducted in the language most appropriate for the target communities. The FGDs and KIIs were conducted with select members of ENRICH project communities and stakeholders in Bangladesh, Kenya, Myanmar, and Tanzania. The primary qualitative research was conducted by ENRICH field staff and partners in the four project countries during the months of September and October 2021, using pre-approved gender-responsive and culturally appropriate data collection instruments developed by a World Vision Canada project team and validated by the ENRICH Chief of Party, field project staff and a gender equality consultant. The FGD and KII questions were structured around the Organization for Economic Co-operation and Development's (OECD) DAC Network on Development Evaluation's six evaluation criteria (Relevance, Effectiveness, Efficiency, Impact, Coherence and Sustainability). Information gathered was analyzed and organized under those same criteria sub-headings. The assessment was supplemented by a review of literature/secondary data (qualitative and quantitative) to complement the analysis of the primary qualitative data.

The ENRICH research team tried to ensure that the research process was gender-responsive by being aware of gender-specific barriers impacting the full participation of women and girls in each country/community context and by taking action to remove these barriers. The research team checked their own gender-biases (assumptions, expectations, judgements, interpretations) before, during and after conducting the research to understand how these might influence interactions with the informants (male or female) and the data analysis process. In addition, language was adapted to the literacy levels and age of participants and all data was gender- and age-disaggregated, and where possible and relevant, by other intersecting identity factors.

6. Participant Information

FOCUS GROUP DISCUSSIONS (FGDS)

Four FGDs were conducted in each country, two with women and two with men. Male FGD participants were men who participated in ENRICH MenCare trainings and activities. Female FGD participants were women whose husbands/partners participated in MenCare trainings and activities. In total, 16 FGDs were conducted in 8 communities across the four ENRICH countries with a total of 73 men and 79 women.

	Focus Group Discussion	Location	No. of Participants	Marital Status	Age Range	Education
BANGLADESH	Men's FGD	Haripur	10	Married: 10	26-36: 8 37-47: 2	Some Secondary: 6 Completed Secondary: 3 Some Tertiary: 1
BANGLADESH	Men's FGD	Sadar	10	Married: 10	26-36: 8 37-47: 2	Some Secondary: 7 Completed Secondary: 2 Some Tertiary: 1
BANGLADESH	Women's FGD	Haripur	10	Married: 10	26-36: 10	Completed Primary: 4 Some Secondary: 5 Completed Secondary: 1
BANGLADESH	Women's FGD	Sadar	10	Married: 10	15-25: 2 26-36: 8	Some Secondary: 8 Completed Secondary: 2
MYANMAR	Men's FGD	Thabaung	6	Married: 4 Unmarried: 2	15-25: 1 48-60: 4 60-80: 1	Completed Primary: 1 Some Secondary: 2 Completed Secondary: 2 Completed tertiary: 1
MYANMAR	Men's FGD	Thabaung	7	Married: 6 Unmarried: 1	26-36: 1 37-47: 2 48-60: 2	Completed Primary: 1 Some Secondary: 1 Completed Secondary: 2 Some Tertiary: 2 Completed tertiary: 1
MYANMAR	Women's FGD	Thabaung	9	Married: 9	26-36: 3 37-47: 4 48-60: 2	Some Primary: 1 Completed Primary: 2 Some Secondary: 1 Completed Secondary: 0 Some Tertiary: 2 Completed tertiary: 2
MYANMAR	Women's FGD	Thabaung	8	Married: 8	26-36: 3 37-47: 4 48-60: 1	Some Primary: 2 Completed Primary: 0 Some Secondary: 2 Completed Secondary: 1 Some Tertiary: 2 Completed tertiary: 1

	Focus Group Discussion	Location	No. of Participants	Marital Status	Age Range	Education
KENYA	Men's FGD	Sisiya	10	Married: 10	26-36: 4 37-47: 3 48-60: 3	Some Primary: 2 Completed Primary: 3 Some Secondary: 3 Completed Secondary: 2
	Men's FGD	Koibarak	10	Married: 10	26-36: 3 37-47: 4 48-60: 3	Some Primary: 2 Completed Primary: 5 Some Secondary: 3
	Women's FGD	Sisiya	13	Married: 13	15-25: 3 26-36: 6 37-47: 4	Completed Primary: 6 Some Secondary: 2 Completed Secondary: 2 Completed tertiary: 3
	Women's FGD	Koibarak	9	Married: 9	26-36: 6 37-47: 3	Completed Primary: 3 Some Secondary: 2 Completed Secondary: 4
TANZANIA	Men's FGD	Shinyanga	10	Married: 10	15-25: 3 26-36: 4 37-47: 3	Completed Primary: 4 Some Secondary: 4 Completed Secondary: 2
	Men's FGD	Singida	10	Married: 10	26-36: 5 37-47: 5	Some Primary: 8 Completed Primary: 1 Completed tertiary: 1
	Women's FGD	Singida	10	Married: 10	15-25: 3 26-36: 6 37-47: 1	Some Primary: 4 Completed Primary: 5 Completed Secondary: 1
	Women's FGD	Shinyanga	10	Married: 10	15-25: 1 26-36: 2 37-47: 6 48-60: 1	Completed Primary: 9 Completed Secondary: 1

Total Participants

73 men

79 women

KEY INFORMANT INTERVIEW (KII) PARTICIPANT INFORMATION

Several KIIs were conducted in each country with community/village leaders and local representatives of District Ministry of Health/Ministry of Gender/Women and Children Affairs. All key informants had been engaged with MenCare in their leadership capacities, either as trainers, supporters, or promoters.

	Informant Role/Position	Location	M/F	Age	Education
BANGLADESH	Village Leader/Upazilla Chairman	Haripur	M	37-47	Completed tertiary
	Health Facility Staff/Medical Technician	Haripur	M	48-60	Completed tertiary
	Ministry of Health/Sub-Assistant Community Medical Officer	Sadar	M	48-60	Completed tertiary
	Community Leader/High School Headmaster	Sadar	M	37-47	Completed tertiary
MYANMAR	Community Leader/Co-leader of Gender Group	Thabaung	F	26-36	Completed tertiary
	Female Health Staff	Taung Ka Lay	F	26-36	Completed tertiary
	Community Leader/Accountant in Village Health Committee	Thabaung	M	26-36	Completed tertiary
KENYA	Ministry of Health/Community Health Volunteer/ToT	Kipkulot	M	37-47	Completed tertiary
	Community Leader/Area Chief	Kipsaiya	M	37-47	Some tertiary
	Community Leader/Area Chief	Koibarak	M	37-47	Completed secondary
	Community leader/Teacher/ToT	Kipkulot	F	37-47	Completed tertiary
	Ministry of Health/Sub-County SRHR Officer	Sisiya	M	26-36	Completed tertiary
	District Ministry of Health MCH Coordinator	Koibarak	M	37-47	Completed tertiary
TANZANIA	Village Leader/ Village executive officer	Nkunikana	F	26-36	Completed tertiary
	Ministry of Health/Registered Nurse	Ikungi	F	26-36	Completed tertiary
	Ministry of Health/Gender Section/ Community Development Officer	Shinyang	F	26-36	Completed tertiary
	Ministry of Gender/Community Development Officer	Ikungi	F	26-36	Completed tertiary
	Ministry of Health/Clinical Officer	Shinyanga	M	37-47	Completed tertiary
	Village Leader	Negezi	M	26-36	Some primary

7. Key Research Findings

During project start-up, gender analyses (GA) were conducted in select regions in the four countries which revealed gender inequalities contributing to poor health and nutrition outcomes among PLW, new-borns and children.

These were:

- ***a)*** ***women and girls' limited autonomy and decision-making power;***
- ***b)*** ***traditional barriers due to gender and socio-cultural norms, beliefs, and practices;***
- ***c)*** ***low literacy/education levels; and***
- ***d)*** ***high prevalence of GBV.***

The key issues initially identified in the GA informed the design and implementation of MenCare training/activities and other interventions. In this MenCare assessment, a set of questions were also asked the research participants around key challenges faced by women and girls on RMNCH/N which were consistent with some of the gender-based issues identified in the initial GA.

7.1 Relevance

IS THE INTERVENTION DOING THE RIGHT THINGS?

The OECD evaluation guidelines describe "Relevance" as the extent to which an intervention's goals and implementation are aligned with beneficiary and stakeholder needs, and with the priorities underpinning the intervention. The assessment examined the relevance of MenCare by exploring the extent to which the topics covered in MenCare programming addressed the most significant RMNCH/N problems impacting women, girls, families, and communities in each of the four countries to determine whether MenCare was focusing on the 'right' or appropriate topics and tackling the most strategic barriers to achieve its intended impact. Men and women FGD participants and key informants were asked to identify the issues that have the greatest impact on the RMNCH/N of women and girls in their local communities.

The RMNCH/N challenges consistently identified by female and male FGD participants and Key Informants in the four countries are captured in the chart below.

Men: Local Issues Affecting RMNCH/N Identified by Male FGD Participants in the Four ENRICH Countries

- Lack of knowledge among women and men on RMNCH/N practices and risk factors affecting the health of mothers and babies, including the benefits of breastfeeding, and the importance of Iron and Folic Acid during pregnancy
- Unreliable and inadequate family income
- COVID-induced economic hardship
- Child, Early and Forced Marriage (CEFM) and early pregnancy and their impact on the health and education of girls and their psychosocial well-being
- Dowry and its impact on the health and education of girls
- Lack of access to nutritious foods, particularly for PLW
- Women and girls' lack of decision-making power over the factors that impact their health and the health of their children.
- Disproportionate burden on women for domestic chores and caring for children
- Inadequate health facilities
- Limited access to health centers
- Local taboos and superstitions, including restrictions on foods consumed by PLW
- Inadequate birth spacing
- Lack of good hygiene knowledge and practice
- Gender inequality
- Unplanned pregnancies
- Men's alcohol and drug use
- Sexually transmitted diseases
- Women and girls disproportionately impacted by poverty
- Marital disputes
- Discrimination against women in land inheritance
- GBV against women and girls
- Lack of access to family planning/contraception
- Limiting/harmful perceptions of women and men's roles

Women: Local Issues Affecting RMNCH/N Identified by Women FGD participants in the Four ENRICH countries

- Adolescents do not discuss puberty or SRHR with parents and have little information
- Adolescents and children are experiencing psychosocial problems (e.g., stress, unhappiness)
- Inadequate access to a variety of nutritious foods for families, including children and PLW
- Inadequate access to health care services
- Alcoholism in families (primarily among men) contributing to physical and emotional violence against women and children
- Reluctance among some women to have facility-based deliveries due to information they received from other women, in-laws, and husbands
- Early pregnancy leading to health problems for young mothers
- Early pregnancy leading to health problems for babies because girls are not equipped with knowledge or skills to care for newborns
- Boy children preference and discrimination against girl children in the family
- Lack of opportunities for men to access accurate, evidence-based information related to RMNCH/N
- Burden of household responsibilities on women and their inability to rest during pregnancy and take time for breastfeeding
- Women's lack of decision-making power over family decisions related to health, nutrition, and household spending

Local Issues affecting RMNCH/N Identified by Key Informants in the Four ENRICH Countries

- Anemia and iron deficiency (specific to Bangladesh)
- Use of infection-causing cloths for Menstrual Hygiene due to lack of sanitary pads
- Lack of knowledge and compliance with good ANC and PNC among both women and men
- Low uptake iron and folic acid
- Poor immunization uptake
- Undernutrition in pregnant women and children under 5
- Poor parenting skills
- Female Genital Mutilation/Cutting (FGM/C) (specific to Kenya and Tanzania)
- Women and girls feeling unable to share their opinions both inside and outside the home due to gender norms
- Negative impact of COVID-19 on poverty and early pregnancy rates
- Mental health problems including anxiety and depression

The direct alignment between the problems identified by female and male FGD participants/key informants in this assessment as well as the initial GA, and the topics covered in MenCare training and activities show that MenCare was highly responsive to the self-identified needs and priorities of women and men in ENRICH communities. MenCare topics targeted the most common and persistent barriers to RMNCH/N in each country context. Many of the health and nutrition problems raised during this assessment were also identified in the initial Gender Assessment conducted to inform ENRICH's gender equality strategy and MenCare training curriculum. This speaks to the deep rooted and persistent nature of these challenges and their continued relevance for ENRICH communities.

To stay relevant, ENRICH's MenCare program leveraged its regular MenCare meetings and consultations with women and girls through ENRICH project activities to ensure the program remained focused on the most pertinent and strategic issues as they evolved over time (e.g., COVID-19 induced challenges, the impact of the political crisis in Myanmar on health services). The ability of MenCare facilitators and ENRICH staff to use the men's group discussions to understand the underlying beliefs and emotions (taboos, superstitions, embarrassment) driving harmful attitudes and practices helped them to develop and target messages/strategies/responses accordingly.

The assessment also found that MenCare content is relevant and aligned to women's priorities and need for their husband's equal contribution to family and community. Women expressed a desire for men to play a more active role in providing nutritious food for PLW and children, to ensure schooling for children, to advocate for quality health services for women and children, to contribute to family income so that family needs are met, to love all family members equally and value others' decisions and opinions, and make joint decisions together with women – all of which are aspects of the MenCare program and are reflected in the 'Effectiveness" findings. Women participants in Myanmar's FGDs felt that men have a role to play in addressing gender discrimination in the family, recognizing the negative impact of their values and actions on the health of their daughters – validating the need for MenCare's content related to a father's role in ending discrimination against the girl child.

MenCare's relevance was again affirmed through several key informants who identified men's lack of understanding and commitment to RMNCH/N as a significant obstacle preventing women from seeking and receiving the healthcare needed for themselves and their children, and in preventing women from taking action to improve their nutrition. A health provider in Haripur, Bangladesh who provided training to Men's Groups on maternal and child health felt that focusing on men's behaviour change made it possible to remove key barriers to improved RMNCH/N. A District Ministry of Health Sub-Assistant Community Medical Officer (SACMO) from Sadar felt that a significant number of RMNCH/N problems are rooted in gender discrimination within families and that without men on board as allies, problems will persist, making men's education and engagement essential to the goals of the ENRICH project. He said, *"It is essential for the men because they did not have enough knowledge on MCHN issues. So, I think awareness program for the men is very much needed. If men were involved in such types of activities, then family-level discrimination will be reducing and family will be happy."*

In Bangladesh, male participants felt that men's traditional and sole responsibility as family breadwinner was not enough to ensure the health and well-being of their families. This sentiment was echoed by a male FGD participant from Myanmar who said, "To make sure the well-being of children, fathers have to support the family well in both earning money and caring for family." All men engaged through the FGDs felt that men have a role to play in solving health and nutrition problems. Specifically, they felt men should contribute to domestic tasks, increase their health knowledge and understanding of gender equality, communicate openly with their wives and make joint decisions about family planning, birth spacing, the preparation of a birth plan and caring for sick children.

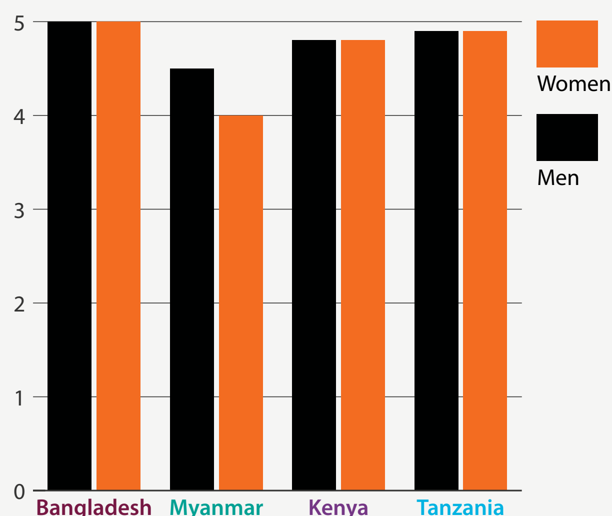
Based on this MenCare assessment, examples were given by both male and female FGD members of traditional beliefs that reinforce inequitable and gender discriminatory health and nutrition practices. Men in Tanzania shared the common view that fathering many children, regardless of birth spacing or the health of mothers, warrants respect and demonstrates manhood. Women in Bangladesh spoke about food taboos that prohibit women from consuming certain nutritious foods during pregnancy. In response, MenCare has been working to combat such misconceptions, superstitions, and harmful traditional beliefs by replacing these beliefs with evidence-based information and guidance. As one female FGD member from Kenya said, *"The MenCare training broke taboos that neglect women in the society."* The ENRICH MenCare approach was highly relevant in that it engaged men in conversations about their core understanding of what it means to be a man, while calling into question the established/accepted gender norms (the traditions, roles, taboos, values) and the adverse effects that these norms can have on the health and well-being of their wives and daughters.

MenCare's efforts to challenge the rigidity of the gender division of labour was another much-needed topic that was raised in the FGDs. Men spoke of the widespread culture of mockery of men who engage in non-traditional activities like accompanying their wives to the clinic or helping to cook and clean. Several men from the FGDs admitted that before MenCare, they did not contribute to household chores or help with the care of their children for fear of being mocked by others. Men admitted to worrying that other men will think that their wives dominate them or that they have been 'witched' or abused by their wives if they partake in jobs that are identified as "women's work." The MenCare approach helped men reject these restrictive and harmful gender norms by demonstrating the benefits of more flexible notions of gender roles.

Relevance Rating

Each FGD was asked to rate the relevance of the topics covered by MenCare as they relate to the RMNCH/N challenges facing women and girls in their families and communities on a scale from 1 to 5, with 1 being the lowest (not relevant at all) and 5 being the highest (very relevant). Below are the average ratings for each country provided by men and women. The results suggest that the topics covered by MenCare were closely related and highly relevant to the RMNCH/N challenges facing women and girls in local families and communities.

ENRICH MenCare Relevance



7.2 Effectiveness
IS THE INTERVENTION ACHIEVING ITS OBJECTIVES?

As per OECD evaluation criteria, "Effectiveness" helps in understanding the extent to which an intervention is achieving or has achieved its objectives. ENRICH MenCare's objective sought a transformation towards more informed, involved fathers; helpful, non-violent partners; and advocates for improved maternal and child health. Effectiveness is concerned with the results most closely attributable to project activities, in this case, behaviour change, and should be differentiated from impact, which examines higher-level effects and broader changes.

Women in the FGDs in all four countries said that they had witnessed real and meaningful changes due to their husband's participation in MenCare through the ENRICH programme. Changes identified by women during the FGDs included a reduction in intimate partner violence, improved relationships between fathers and their children, more consistent consumption of three daily balanced meals, and joint decision-making between wives and husbands related to family planning and household budgeting. Women also consistently mentioned that their husbands were now accompanying them for the recommended number of antenatal and postnatal visits.

Male FGD participants felt that, had they not participated in MenCare activities, the harmful attitudes and behaviours that were negatively impacting RMNCH/N would most certainly be continuing in their families and communities, noting that the MenCare curriculum provided them with accurate, evidence-based information that motivated their behaviour changes. Without this credible information, delivered by trusted partners and fellow community members, there would have been little incentive to make positive changes, they reported. Men from the FGDs felt that building trust with fellow MenCare participants (other men from their communities) was key to changing their mindsets and that most of these results would not have been possible without involving men through MenCare. Facilitators spoke of long-standing views held by many men that began to gradually shift as relationships and trust grew within the MenCare groups and compelling information and personal experiences were shared.

Additionally, women and men in the FGD reported that MenCare had increased understanding among those with influence over health-related attitudes and practices (men, community leaders, mothers-in-law), about which health and nutrition practices should be

promoted, and which ones should be discouraged. Powerholders felt that MenCare had been effective in transforming their deeply held values and beliefs. In addition, it motivated them to use their influence to facilitate the adoption of health promoting beliefs and practices and the rejection of harmful ones.

Women and men in the Bangladesh FGDs emphasized the effectiveness of the community level awareness raising activities led by men involved with MenCare. Men learned how to facilitate such events on issues related to RMNCH/N, including good nutrition during pregnancy, infant and young child feeding practices (IYFC) in first 1,000 days, harmful traditional practices such as CEFM and dowry, intimate partner violence and gender-based discrimination within families. They felt that having men plan and organize the community level awareness raising events themselves, in addition to delivering the content, required a degree of commitment and motivation that had been untapped. Women also mentioned that the community awareness activities led by MenCare participants resulted in communities banding together to stop CEFM.

In addition, Tanzanian women, men, and local leaders felt that strong alignment and partnership with local government authorities has proven to be highly effective in supporting and sustaining MenCare.

Below is a summary of the key behaviour changes and results witnessed since the MenCare program was introduced in select communities in Bangladesh, Myanmar, Kenya, and Tanzania as reported by female and male FGD participants.

Understanding Effectiveness:

RMNCH/N RELATED CHANGES AS REPORTED BY MALE FGD PARTICIPANTS IN THE FOUR ENRICH COUNTRIES

Men are playing a more proactive role in RMNCH/N

- Men now have knowledge of RMNCH/N and its relationship to gender inequality which they did not have before
- Men are more willing and motivated to play a proactive role in addressing RMNCH/N challenges facing women and girls
- Men now understand that supporting their families means more than just financial support. Most are embracing this new role
- Men are discussing RMNCH/N issues with their wives, and jointly making decisions related to the number of children desired and birth spacing
- Fathers are discussing appropriate marriage age with daughters
- Fathers are talking openly and counselling teenage daughters on health issues and are buying sanitary pads for their daughters. Before MenCare, many girls did not have access to pads because their fathers were making decisions about how to spend household funds and pads were not a priority
- Men are accompanying their wives to health centers for ANC and PNC visits and ensuring that children are taken to the health clinic if they are sick
- Men are arranging transportation for women who need emergency obstetric care and paying for transportation with money from ENRICH supported income generating activities

Men are contributing more to domestic and childcare activities in their households

- Men are now doing jobs traditionally seen as "women's work" such as fetching water, chopping firewood, washing dishes, cooking, bathing children and washing clothes
- Fathers are playing a more active role in caring for babies (bathing, diaper changing, feeding)
- Improved sanitation and hygiene practices including increased hand washing at the household level

Men and women are jointly making household decisions

- Men are listening to their wives' views on family decisions and making joint decisions with their wives related to healthcare, education
- Family budgeting is now a joint undertaking with women's views respected and influencing budgeting decisions. As a result, more household resources are being put towards ensuring a healthy family (food, medicines, etc.)

Men are contributing to improved nutrition among women, girls, and all family members

- Men have improved their understanding of good nutritional practices, and now know how to efficiently grow and prepare nutritious food, specifically nutritious vegetables such as orange flesh sweet potato and zinc rice
- Men are promoting the consumption of locally produced nutritious foods through the preparation of kitchen gardens
- Men are actively leading cooking demonstrations for the community on nutrient rich foods
- Fathers now know about the importance of exclusive breastfeeding for the first 6 months and are introducing complementary foods to their children at the appropriate time
- Men are now prioritizing nutritious foods for PLW and children under 5
- All family members, especially PLW are now consuming more nutritious foods

"Now men remind their wives to consume iron tablets during pregnancy."

Male FGD Participant, Myanmar

Men are motivating other men to contribute to improved RMNCH/N outcomes in their communities

- Men are sharing information on good health and nutrition practices and RMNCH/N with the community and with other men
- Men are mobilizing other men to take their children to health clinics for immunization and weight measuring
- Men are networking with other MenCare groups to advocate for improved RMNCH/N services
- Increased SRHR knowledge and positive behaviour changes seen in young boys, due in part to positive male role models
- MenCare community awareness activities have resulted in greater awareness among community members about the problem of child sexual exploitation, CEFM and GBV
- Men have learned how to facilitate community awareness raising activities on the importance of men's involvement in RMNCH/N and the impacts of harmful traditional practices such as CEFM and dowry, intimate partner violence and gender-based discrimination within families
- Community awareness raising activities are influencing other women, men, and adolescents to adopt good RMNCH/N practices and abandon harmful ones, including harmful traditional practices such as CEFM (in all four countries) and FGM (in Kenya and Tanzania)
- Fathers are refusing bride price for daughters based on what they have learned about CEFM and its negative consequences for their daughter's health

Men are working to reduce GBV

- Men are decreasing their alcohol consumption.
- Men are adopting a pledge of non-violence as members of MenCare groups.
- More trust and understanding between husbands and wives due to information men have received through MenCare
- Improved peace and harmony among couples leading to a reduction in GBV cases

"Before MenCare we did not know what nutrition is and what malnutrition is and what is the effect of it. By joining MenCare groups, we are now aware of malnutrition and nutrition and importance of balanced diet, especially during pregnancy and breastfeeding. This would not have been possible if ENRICH MenCare activities had not been implemented."

Male FGD Participant, Bangladesh

"I can see the difference after starting the involvement in MenCare sessions. Previously I was not involved in doing houseworks but after MenCare I am so much involved in doing housework and taking care of my family. My wife is no longer getting tired as she used to be we are a happy family now."

Male FGD participant, Nkuninkana village, Tanzania

Understanding Effectiveness:

RMNCH/N RELATED CHANGES AS REPORTED BY WOMEN FGD PARTICIPANTS IN THE FOUR ENRICH COUNTRIES

Men have more knowledge about RMNCH/N issues and awareness of their role in improving health outcomes

- Increase in knowledge among men and women about healthy pregnancies and safe deliveries, including what to do and what not to do during pregnancy and childbirth
- Men have gained knowledge about the benefits of breastfeeding, the introduction of complementary foods, and monitoring their children's weight status, and are now actively supporting these practices within their families

Men are playing a more proactive role in RMNCH/N

- Men are supportive of vaccinations and regular health clinic visits for their wives and children
- Men support women to deliver at health facilities attended by skilled personnel
- Men are actively engaged in providing financial support to ensure health and nutrition services for wives and children
- Men now accompany their wives to the clinic for ANC and PNC and for their children's health concerns
- Fathers are consulting with mothers about the SRHR of their daughters, but still find it difficult to discuss these issues directly with their daughters
- Men now buy contraception for their wives. Before MenCare men were too embarrassed and would have insisted their wives purchase contraception

Men are motivating other men to contribute to improved RMNCH/N outcomes in their communities

- Men are sharing information with other men through MenCare groups on the importance of ANC and PNC and good nutrition for PLW
- Fathers are becoming positive role models for sons. Boys are learning to become involved fathers and helpful partners

Men are contributing to improved nutrition among women, girls, and all family members

- Men have learned how to grow nutritious vegetables for their families and are conducting cooking demonstrations to show others how to prepare these foods
- Men have gained knowledge about the production and preparation of nutritious foods. Before MenCare, men would buy only grains, with fruit and vegetables seen as women's responsibility. But now men are budgeting for and buying fruits and vegetables as well
- Men take responsibility for ensuring that family members are well nourished and not at risk for malnutrition
- More women are exclusively breastfeeding for six months due in part to their husband's willingness to do housework and care for other children
- Men are willing to provide a portion of land for kitchen gardens to support family nutrition
- Men are taking on the responsibility of ensuring all family members eat a balanced diet
- Men have joined the PD Hearth child nutrition sessions with their children

Men are contributing more to domestic and childcare activities in their households

- Men's perception of their family roles and responsibilities has changed, becoming more flexible and responsive to family needs
- Men have started to helping family members with domestic tasks such as the preparation of family meals
- Men are now sharing the responsibility of caring for and feeding children. Before MenCare, these tasks were seen as the sole responsibility of a woman

Men are sharing decision making power with their wives/partners

- Increased decision-making power among women who are now making decisions jointly with their spouses on the use of household resources and utilization of health services (selling price of the goods produced from their farm, family planning, clinic attendance for ANC)

Improved family relationships

- Men are beginning to show more positive attitudes towards the women and girls in their lives
- Improved relationship between fathers and their children
- Less conflict between spouses and more open communication

"If were not for the MenCare group, I would still be a prisoner to some retrogressive cultures like feeling ashamed in taking my wife for clinic visits."

Male FGD participant, Kenya

Effectiveness Insights from Key Informant Interviewees

In addition to the changes described by women and men who have been engaged in the ENRICH MenCare program and participated in the FGDs, Key Informants from all four countries shed light on the changes they have seen in their different capacities, offering a complementary perspective to the FGD responses.

Results Reported by Bangladesh Key Informant Interviewees: Many of the changes brought about by the ENRICH MenCare program were echoed by the Key Informants interviewed. A village leader in Haripur, who had participated in MenCare activities at the community level, reported witnessing social behavioural change regarding RMNCH/N and gender equality in his community because of MenCare activities. He reported seeing husbands playing a more active role in their wives' pregnancies for the first time – ensuring that their wives are attending ante-natal care (ANC) and post-natal care (PNC) visits and that they are consuming nutritious foods. He reported seeing men in his village carry out domestic tasks that were previously seen as a woman's responsibility such as feeding and bathing children, helping with schoolwork, and washing clothes – taking on a greater share as their wives enter the latter stages of their pregnancies. Other Key Informants confirmed that attitudes are beginning to shift among many men who participated in the programme commenting that generally men are now listening to women's opinions and making joint decisions related to household spending and healthcare. In addition to individual and inter-personal changes, a village leader spoke about the significant increase in community-level dialogue and awareness related to primary health care, malnutrition and maternal and child health and nutrition. Additionally, a health facility staff from Haripur confirmed that men are more active than before MenCare in their wives' pre-natal care.

Results Reported by Myanmar Key Informant Interviewees: MenCare trainers in Myanmar reported that although some men were reluctant to join MenCare activities at first, two thirds of those who initially rejected the program have now accepted and embraced the approach and information presented to them. Another Key Informant, who served as the Co-leader of Gender Group affirmed that behaviour change has indeed occurred in the community because of ENRICH MenCare activities with men now accompanying their wives to the health clinic and assisting with household chores. Before MenCare she said, men did not see a role for themselves in women's

pregnancy and birth, but now they embrace the role and want to participate and contribute. She also reported that women's participation in community level meetings and discussions had increased since their husbands joined MenCare groups. A female health staff reported that the combination of the gender equality campaign and the MenCare groups are succeeding in their contribution to reduce GBV and increase women's participation in household level decision making. She shared that women are becoming more confident and are increasingly participating in social affairs at the community level. She also reported that through community awareness activities on health, nutrition and gender equality, and their father's participation in MenCare trainings, adolescent girls are now more confident and more likely to visit the health center to discuss their menstrual cycle and other SRHR-related issues.

Two Key Informants, namely an accountant at the Village Health Committee and a Registered Nurse at a local health clinic, both reported that MenCare's efforts to engage men as partners in childbirth has decreased the number of home deliveries and increased facility-based deliveries. They attributed this change to the husbands' active involvement in antenatal care and the training they have received through MenCare on the preparation of a safe birth plan. This engagement continues after birth, as men support their wives to breastfeed and help with the introduction of complementary foods at the appropriate time.

Results Reported by Kenya Key Informant Interviewees: A community leader/Area Chief from Kenya highlighted the significant role that men have played in promoting the consumption of iron rich beans, orange flesh sweet potatoes, and micronutrient powder and the impact on increased consumption of these nutritious foods among community members. He felt that MenCare has been effective in driving social behavioural changes that support improved RMNCH/N in his community; "The MenCare engagement has been the key driver of various activities in the community, and this has made other members wish to emulate their behaviour." He reported some additional changes that were not identified in the Kenyan FGDs that he has observed in his role as Area Chief, including a decrease in FGM/C since fathers have been sensitized to its dangers; an increase in the number of girls who return to school after giving birth due to their father's support for their education; and an increase in the number of men accessing reproductive health services.

A female teacher and MenCare 'trainer of trainers' in the ENRICH MenCare program says she has witnessed several positive behaviour changes among women and men since the inception of the MenCare program. One of the key changes she has seen is men creating family household budgets together with their wives that prioritize balanced, nutritious foods over alcohol, a change she says is because men have less time to be idle and drink alcohol since becoming engaged in activities that help their families. She has also noticed that women are now participating in public meetings where their opinions are heard and respected, unlike before the MenCare training.

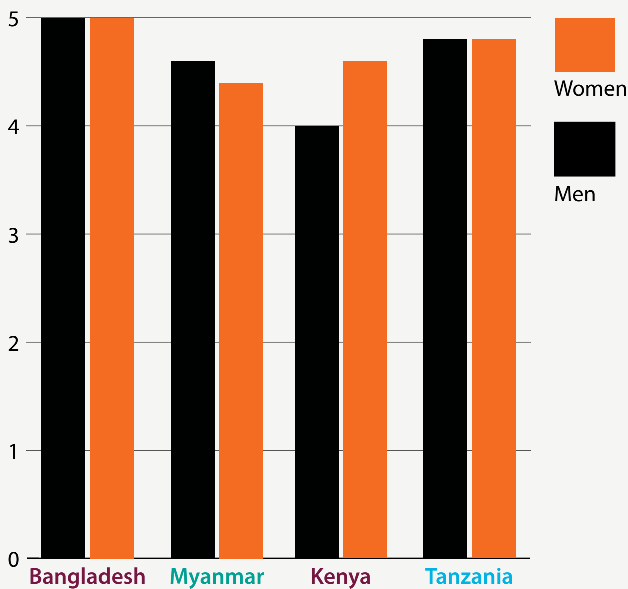
Results Reported by Tanzania Key Informant Interviewees: Two Tanzanian Key Informants familiar with the ENRICH MenCare program explained that local governments have attempted to incentivise men to accompany their wives to their ANC visits by imposing fines for husbands who fail to go. According to the Key Informants, this strategy was not successful. However, once men began to understand the benefits of ensuring their wives receive ANC and the importance of husbands receiving information together with their wives at ANC visits, men started to attend. These key informants felt that this was a testament to the effectiveness of the ENRICH MenCare program in addressing root causes to bring about behaviour change in support of RMNCH/N.

A Village Executive Officer explained that there has been a decrease in conflicts between couples reported at the village council meetings, which she attributes to the conflict resolution training MenCare participants received. She feels that MenCare is effective because it harnesses the power of men for good by focusing on rejecting the attitudes and practices rooted in gender-inequality that put women's and children's health at risk. She explains that MenCare has been effective because it focuses on the key RMNCH/N issues over which men have power - CEFM, women's health seeking behaviours, where to give birth, what to eat, how to spend money and who to prioritize.

Effectiveness Rating

All FGD participants were asked to rate the effectiveness of MenCare in addressing RMNCH/N problems in their families and communities by reflecting on the extent to which being involved in MenCare made it possible to solve some of the local RMNCH/N challenges. Participants rated effectiveness on a scale from 1 to 5, with 1 being the lowest (not effective at all) and 5 being the highest (very effective). The results show that MenCare's activities were effective in addressing many of the most significant RMNCH/N challenges facing women and girls within ENRICH families and communities.

ENRICH MenCare Effectiveness



These findings are echoed in the ENRICH Project Impact Report (2021) where evaluators determined that the "MenCare model attained considerable success in engaging men to champion gender equality and to empower women, to enable them to use their agency." The impact report also found that scaling up MenCare groups led to shifts in attitudes, perceptions and behaviours, and positive outcomes at the family level. Members of these groups became positive role models for other men in the community. Peer-to-peer education through this approach changed the perception of male participation in reproductive role in the families and positive changes in fathers' participation in caregiving. Through World Vision's application of MenCare in ENRICH countries, men and boys were given critical skills to redefine masculinity by adopting a definition that rejects violence, respects the rights of women and girls, and shares decision-making power. As perpetrators of violence against women and girls, World Vision's adoption of MenCare helped men and boys in Bangladesh, Kenya, Myanmar, and Tanzania become allies in the fight against all forms of gender-based violence.

7.3 Efficiency

HOW WELL ARE RESOURCES BEING USED?

The OECD guidelines describe "Efficiency" as "the extent to which the intervention delivers or is likely to deliver results in an economic and timely way, with "timely" defined as delivery that is "within the intended timeframe, or a timeframe reasonably adjusted to the demands of the evolving context." ENRICH's MenCare program efficiency was enhanced by its ability to identify and target the issues that were of most significant to the RMNCH/N of women and girls in each ENRICH project area. Participants in Myanmar's men's FGDs felt that MenCare directed its efforts and resources in the "right" and "most impactful" places, commenting that the program invested time and resources efficiently to mobilize male participation by inviting and training men regularly, using consistent and clear messaging regarding the purpose of MenCare, monitoring activities regularly and solving problems as they arose in a timely manner.

Tanzanian and Kenyan key informants praised MenCare's methods of information dissemination, stating that the program found creative and strategic ways, such as through football and boardgame tournaments, to ensure that messages promoting men's involvement in RMNCH/N and discouraging harmful traditional practices were delivered efficiently and effectively to as many men as possible.

Both women and men in the FGDs in all countries felt that MenCare made efficient use of existing community platforms such as health committees, and local influencers, such as village leaders, to reach more men and efficiently deliver messages. FGD participants felt that the use of local male facilitators who were able to quickly establish trust and rapport with MenCare group members increased the acceptability of the content and enabled the program to bring about behaviour changes since men were being educated by their "fellow villagers." Adding that the efficiency of the MenCare approach was that every man who graduated was responsible for passing along information to a designated number of additional men.

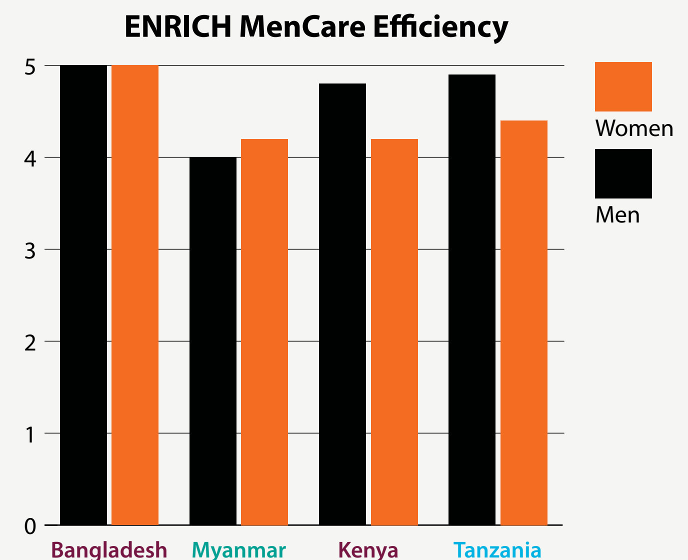
A key informant who had been engaged in the ENRICH MenCare program emphasized the efficiency of the format and strategy used in the MenCare discussion groups. She noted that bringing men together after they had enjoyed a team activity (football) to provide evidence from their own personal experiences and motivate other men was an efficient way to encourage social behavioural change. According to this Key Informant, these men went on to positively impact the behaviour of other men in the community.

The ability of ENRICH's MenCare program to get results in an economic and timely way was enhanced by integrating MenCare activities with already established WV models and ways of working with communities. This approach has allowed MenCare to "piggy-back" on these proven initiatives to gain traction and broaden impact. For example, MenCare activities were combined in some contexts with the Positive Deviance Hearth (PD Hearth) model, a community-based behaviour change program that aims to rehabilitate malnourished children using local resources and knowledge. Through PD Hearth, MenCare was able to reinforce the role of fathers in ensuring that their children are well nourished and that their growth was monitored. In addition, World Vision's Citizen Voice and Action, an evidence-based, social accountability model, was leveraged to advance ENRICH's MenCare goals by helping women raise their voices and demand government accountability for quality health services and an end to GBV and CEFM. MenCare helped to increase husband's support for their wives' community activism. MenCare also helped to accelerate the goals of ENRICH initiatives such as the Saving for Transformation (S4T) groups where women are supported to lend and save money by challenging men to share decision making power with their wives giving women a greater say in how money saved through ST4 is spent.

MenCare also helped to accelerate progress on women's behavioural change. One of the issues raised by women from the Bangladesh (Haripur) FGD was that before MenCare, men were not supportive of women learning new ideas which presented a barrier when women wanted to make different choices based on new information received through their participation in ENRICH. By engaging men through MenCare and helping them to understand why it was beneficial for the health of their wives and daughters, and entire families to learn about RMNCH and nutrition, men became more supportive of their wives and daughters' participation in ENRICH meetings (e.g., men were more willing to take on childcare or other domestic tasks in women's absence). The support extended beyond participating in ENRICH meetings and gaining new knowledge to supporting their wives in the adoption of new practices, such as taking Iron Folic Acid pills or using sanitary pads rather than cloths that cause infections during menstruation.

Efficiency Rating

All FGD participants were asked to rate the efficiency of MenCare activities in addressing RMNCH/N-related issues faced by women and girls by reflecting on the extent to which MenCare activities and approaches were designed in a way that targeted the biggest problems in the most impactful way given time and resource availability. Participants rated efficiency on a scale from 1 to 5, with 1 being the lowest (very inefficient) and 5 being the highest (highly efficient).



7.4 Impact

WHAT DIFFERENCE DOES THE INTERVENTION MAKE?

As defined by OECD evaluation criteria, impacts "seek to identify the social, environmental and economic effects of the intervention that are longer term or broader in scope than those already captured under the effectiveness criterion." These higher-level changes represent the ultimate significance and transformative impact of the ENRICH MenCare program and are understood as the cumulative impact of the results/ behaviour changes reported under "Effectiveness." Impacts reported by women and men in the FGD included a reduction in maternal and infant mortality, improved nutritional status of PLW and children under five, fewer CEFMs, improved health seeking behaviour among PLW, reduced GBV, reduced alcoholism, and a decisive shift away from rigid and stereotyped gender roles towards more flexible, adaptable, and fair sharing of tasks and responsibilities, driven by family needs and capacities. These impacts, as reported by participating women, men, and key informants, have not been verified by local data since this goes beyond the scope of this qualitative assessment. However, the results/changes reflect the deep and transformative impact seen, felt, and articulated by local men and women who participated in the MenCare program.

Understanding Impact:
BROAD, HIGH-LEVEL IMPACTS AS REPORTED BY MALE FGD PARTICIPANTS

- Rejection among men of traditional gender norms that discriminate against and harm women and girls
- Reduced gender-based discrimination against girl children
- Increased decision-making power among women over their RMNCH/N
- Reduced rates on intimate partner violence
- Reduction in CEFM
- Improvements in the nutritional status of PLW and children under 5
- Increase in institutional/health facility-based births

Understanding Impact:
BROAD, HIGH-LEVEL IMPACTS AS REPORTED BY FEMALE FGD PARTICIPANTS

- Reduction in CEFM
- Increase in women's decision-making power related to health, nutrition, and household spending
- Reduced intimate partner violence and GBV
- Improved nutrition among PLW and children
- Reduction in alcoholism
- Improved health seeking behaviours among PLW
- Reduction in maternal mortality
- Reduction in child mortality
- Reduction in adolescent pregnancies
- Improved health status at the household level

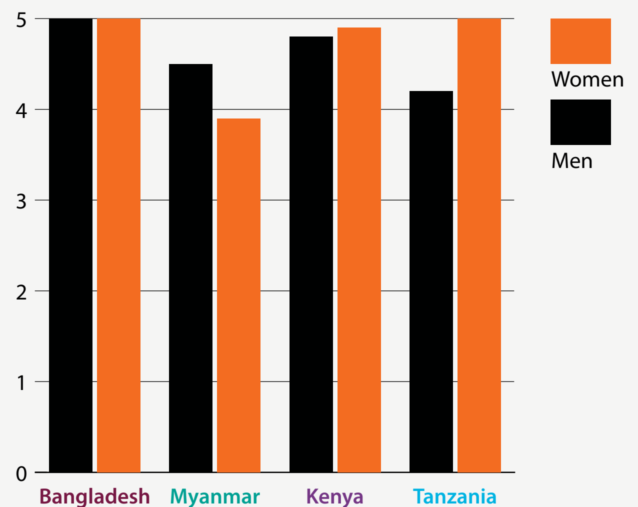
Impacts Reported by Key Informants

A Clinical Officer familiar with MenCare in Tanzania has noted an increase in women's decision making power and joint decision making among the couples at the clinic, especially on issues of resource allocation related to health and nutrition.

A Co-leader of Gender Group in Myanmar felt that the impact of ENRICH MenCare was deepened because activities were not "one-offs," but rather ENRICH staff conducted regular field monitoring visits, and provided on-going guidance, support and coaching of participating men at every opportunity. A community leader and accountant for the village health committee in Myanmar has observed increased cooperation and unity in his village because households are now aligned to the same values.

Impact Ratings

Participants in all FGDs were asked to rate the impact of ENRICH MenCare activities on the lives of women, men, girls, and boys in the community by reflecting on the extent to which meaningful RMNCH/N changes occurred because of MenCare activities. The results suggest the MenCare has had a significant impact. These results align with the findings presented in the ENRICH Project Impact Report (2021) that "The MenCare model was arguably the most impactful of innovations adapted by ENRICH to its MNCH and SRHR intervention setting."



"When I go alone to clinic attendance, I turn back home and share with my husband what I have been advised by health care providers, my husband ignores me and he says it is my personal demand. But now the good thing about attending ANC together is that both of us hear the same information and make decisions together."

Wife of MenCare Participant, Nkuninkana Village, Tanzania

"Mindsets have now been changed, so the changes are in the heart."

Female FGD participant, Bangladesh

7.5 Sustainability

WILL THE BENEFITS LAST?

In Bangladesh, confidence in the sustainability of results stemmed from women and men believing that the MenCare trainings, information and awareness raising had turned men into long term allies for RMNCH/N and shifted the balance of power between women and men at the household level. Deeply entrenched, gender discriminatory values have been challenged and equitable practices that benefit all family members have been embraced. The changes are anchored in the desire of both men and women to make their families healthier and happier. The Ministry of Health Community Medical Officer felt confident that nutrition related gains would be sustained over time due to the cultivation and food preparation knowledge and skills gained by men. He was more skeptical of the sustainability of men's active involvement in RMNCH/N and their ongoing contribution to domestic and unpaid care work.

Men from the Myanmar FGDs felt confident that MenCare activities would continue with funding from the income generating activities (IGAs) established by ENRICH. They also identified the collaboration between MenCare and Village Health Committees as a key contributor to project sustainability. For example, the continuing partnership between MenCare groups and Village Health Committees on education activities for the promotion of adolescent health knowledge at the village level to prevent CEFM. Village Authorities are incredibly supportive of MenCare and of recruiting men from the community to join meetings. Women expressed similar faith in the sustainable action plan developed by IGA (income generating activities) committees to keep current MenCare activities running. Other factors that help with sustainability according to key informants, is the strong support ENRICH MenCare groups have from older, influential people in the village, high community participation levels and strong guidance of MenCare leaders. A female health staff added that sustainability was strong because the Village Health Committees were formed with the intention of sustaining ongoing community participation in health and nutrition services.

"Behaviour is inherited from generation to generation. Behaviour that our husbands inherited from their fathers is not what their children will inherit from them. Through MenCare our husbands learn new behaviour which our boys are learning from them." *Female FGD Participant, Tanzania*

One of the reasons a Village Executive Leader in Tanzania feels that MenCare will continue to activate positive changes in the community is that MenCare has now been integrated into ongoing community activities. He says it is now normal and expected that football games will begin with a discussion about a MenCare topic. He also says the

practice of inviting MenCare facilitators to village meetings to share key messages about the benefits of male involvement in RMNCH/N will continue.

A Community Development Officer in the District Ministry of Health's Gender Section reported that the continuation of MenCare activities has been integrated into the District Ministry of Health's Annual Implementation Plan, which includes a plan for MenCare champions to be involved in gender-equality and GBV campaigns run by the District and MenCare facilitators to continue to provide training. An additional sustainability measure highlighted by a second Community Development Officer is the continued promotion of men's involvement in issues of RMNCH/N by Community Health Workers targeting men who attend the health clinics seeking services.

Tanzanian men were also confident in the sustainability of project gains saying that they plan to continue to practice positive behaviours learned through their participation in MenCare and promote these practices among other men because they have seen the positive effects these behaviours have had on the health and well-being of their family.

An Area Chief in Kenya says it is his faith in the benefits of MenCare for all community members that drives his commitment to the program and to continuing to work closely with Community Health Volunteers, community members and the county government to run future MenCare activities. He believes the results can be sustained in partnership with the county Ministry of Health, including the rise of women to leadership positions in local committees. Additionally, a District Ministry of Health Community Health Volunteer says he is committed to encouraging men to embrace MenCare values and practices and creating linkages where possible with other community mechanisms as well as platforms.

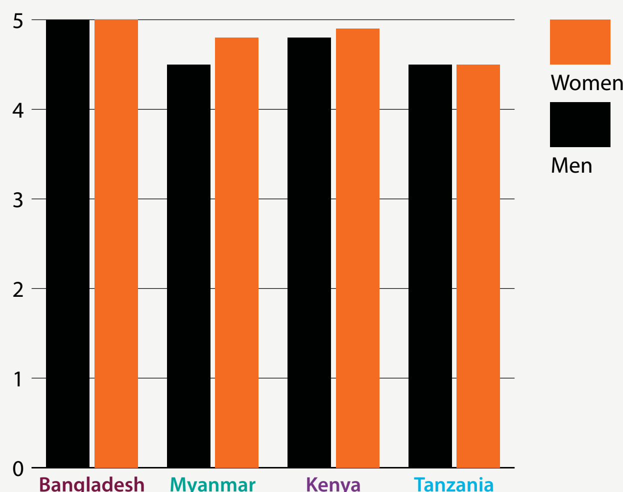
"Most men have embraced the changes and even appreciated it. They will be able to maintain it because it's becoming a daily routine in the family."

Male FGD Participant, Kenya

Sustainability Ratings

All participants in the FGDs were asked to rate the sustainability of project results by reflecting on the extent to which positive results gained through the ENRICH MenCare program will be maintained after the project ends. Participants rated sustainability on a scale from 1 to 5, with 1 being the lowest (results are very short term) and 5 being the highest (results are very long term). Results suggest a high degree of confidence in the sustainability of positive results over time as reflected in the findings above.

ENRICH MenCare Sustainability



7.6 Coherence

HOW WELL DOES THE INTERVENTION FIT?

The OECD defines the 'Coherency' criterion as the extent to which other interventions (particularly policies) support or undermine the intervention in the country, sector, or institution as well as the consistency of the intervention with relevant international norms and standards. The goals of the ENRICH MenCare program were well aligned with, and directly support national and regional gender equality, RMNCH/N and GBV policies in Bangladesh, Myanmar, Kenya, and Tanzania. Several community leaders and government representatives interviewed for this assessment referenced the strong alignment between local government health and gender equality plans and priorities, and the goals and strategies of the MenCare program. Local gender equality policies and strategies widely recognize that discriminatory gender norms must be challenged and transformed at all levels - individual, relationships, community, and society - with men and boys playing a critical role. Well-designed programs for engaging men and boys are key to effective gender-equality strategies as they help to overcome gender-based barriers preventing equitable access to health, education, and economic opportunities, and can create space for women's political participation and leadership. Men and boys must play an active role in protecting their families and communities from gender-based violence and harmful traditional practices such as child marriage.

MenCare's goals are also consistent with relevant international norms and standards for advancing gender equality and improving maternal, newborn and child health and nutrition including the Sustainable Development Goals on Gender Equality (SDG 5) and good health and well-being (SDG 4), and the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030). The ENRICH MenCare program maintains synergies and interlinkages between its objectives and interventions and the work of other non-governmental organizations working on the ground in each of the four countries to address the underlying causes of gender inequality to empower women and girls to control the factors that impact their health, and the health of their children.

8. Critical Success Factors

This assessment demonstrates success in the implementation of the MenCare approach based on some key factors, among which are: using existing community structures and mechanisms in educating communities; sharing of personal experiences by MenCare models/ champions; collaboration/network building between MenCare and other initiatives; and supplementing advocacy and education activities with material inputs.

- Utilizing existing community structures and mechanisms (e.g., community barazas and meetings organized by local chief executives, youth forums and local churches) was key to the success of ENRICH's Behaviour Change Communication messaging and educating communities, particularly men, on their critical roles for better RMNCH/N outcomes

- MenCare role models or 'champions' sharing personal experiences of the positive impacts of MenCare on their lives, their relationships, and on family well-being with male community members was instrumental in shifting perceptions, attitudes and behaviours around gender equality and men's role in RMNCH/N

- Synergy-building between MenCare and other community initiatives deepened impact by expanding activities and diversifying themes/topics, e.g., MenCare groups assisted Adolescent Girl Power Groups in the villages by organizing a variety of information campaigns, implementing nutrition gardens, observing milestone celebrations, and coordinating with the local executive officer to stop CEFM

- Complementing advocacy and education-related initiatives with concrete material inputs to help communities implement their new learnings was key to success and contributed to the sustainability of results. For example, orange flesh sweet potatoes vines and high iron bean seeds were provided to MenCare groups to give men a chance to apply their newly acquired farming skills to grow bio-fortified crops. These nutritious foods were regularly consumed by women and children resulting in better nutrition outcomes as well as financial profit from selling surplus crops

9. ENRICH MenCare Recommendations and Lessons Learned

Women and Men participating in the FGDs and Key Informant Interviews offered several recommendations for strengthening ENRICH's MenCare program and deepening the impact of future WVC MenCare interventions. ***The recommendations are captured below.***

Content Related Recommendations

Integrate Mental Health Awareness into MenCare Training/Activities: Include a session on destigmatizing mental illness and knowing where/how to access mental health supports. Consider training men to recognize the signs of post-partum depression in their wives and knowing when to seek support for their own mental health. Mental health awareness may help to reduce GBV and re-define cultural understandings of masculinity.

Process Related Recommendations

Sensitize Wives/Partners of ENRICH MenCare Participants to MenCare Curriculum and Rationale: Women whose husbands are participating in MenCare should be engaged, either through couple sessions or women-only sessions, to improve their understanding of the changes their husbands will be encouraged to make as MenCare participants (men contributing to cooking, laundry, childcare, joint decision making). Engaging women will help to reduce any suspicion among wives of the motivation behind their husband's changing behaviour and clarify the desired impact of these promoted behaviours, allowing spouses to support one another and ease the transition towards new, more equitable household practices.

Expand Categories of Men Targeted by ENRICH MenCare Training and Men's Groups to Include Adolescent Boys and Older Men: The focus of MenCare should be broadened beyond expectant fathers and fathers of children under five years of age. Engaging young men and boys will allow the program to leverage this critical life stage where attitudes and behaviours are being shaped and relationships and power dynamics between males and females are forming and solidifying. By involving young boys, the focus can be on shaping views rather than unlearning and transforming existing ones. Efforts to attract adolescent boys should involve the design of a program that aligns with their interests. Providing older generations of men (grandfathers) and women (mothers-in-law) with training and information will decreases resistance to MenCare values, and garner the support and influence of extended family for new practices that support improved RMNCH/N.

Leverage Men's Religious Faith to Accelerate Social Behavioural Change: In certain contexts, explaining the ways that MenCare related values and practices are aligned with, and advance their faith could be an effective way to reach more men and accelerate social behavioural changes in support of RMNCH and nutrition.

Conduct Home Visits to Men by MenCare Participants and Community Leaders: Consider creating a mobile unit comprised of men who have participated in the MenCare program and a respected community leader/influencer to visit men in their homes to encourage the adoption of behaviours that support gender-responsive, evidence based RMNCH/N practices.

Grow Connections Between MenCare and Local Government Administrators/Authorities and Community Groups/Associations: Strong alignment and partnership with local government authorities has proven to be highly effective in supporting and sustaining MenCare and should continue to grow. In addition, the ENRICH MenCare program should link up with existing community groups such as savings and loan groups, soccer clubs, and livelihood activities to spread MenCare messaging and attract more men.

Expand Reach of MenCare Messaging Using TV, Radio, and Social Media: Consider using new and diverse forms of media to spread MenCare messages of male involvement in RMNCH/N including TV, radio, and social media.

Results Related Recommendations

Expand the ENRICH MenCare Program: Capitalize on the effectiveness and reputation of the ENRICH MenCare program by expanding MenCare into more communities, bringing more men on board as allies for improved RMNCH/N and expanding on the range of topics offered for discussion. Expansion into neighbouring communities is likely to build momentum, build broader support for men's role in RMNCH and nutrition and encourage the widespread adoption of pro-RMNCH values and practices.

Conclusion

This report set out to examine the implementation and impact of the ENRICH MenCare program in Bangladesh, Myanmar, Kenya, and Tanzania. Using the six OECD evaluation criteria (Relevance, Effectiveness, Efficiency, Impact, Coherence and Sustainability), the review sought to uncover key results, critical success factors, and lessons learned to inform future WVC programming related to male engagement in gender equality, and in RMNCH/N initiatives. In addition to providing insights to strengthen WVC's future programming, the review also contributes valuable primary, qualitative research findings from both Africa and Asia to existing knowledge and literature on engaging men and their involvement in RMNCH/N initiatives, providing new evidence and learning on the engagement of men and boys for GE.

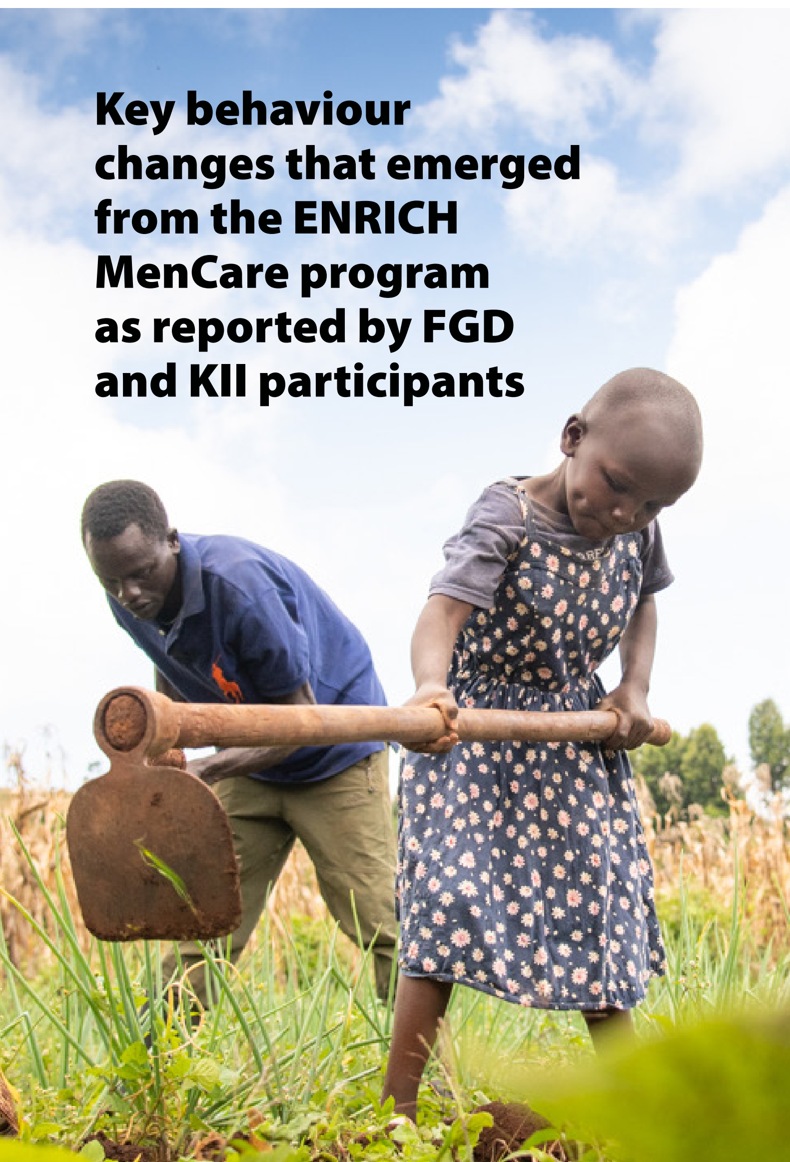
The results suggest that the topics covered by MenCare were closely related and highly relevant to the RMNCH/N challenges identified by women and men in the families and communities targeted by the MenCare program. In terms of effectiveness, findings from the FGDs and KIIs indicate that the ENRICH MenCare program was effective in achieving its objectives by contributing to gender-transformative behaviour change among couples and within families who were directly engaged in MenCare activities. These transformations challenged the discriminatory gender norms and power dynamics that reinforced gender inequalities and prevented women and girls from exercising control over their RMNCH/N. Men began to individually and collectively challenge established ideas and behaviours related to manhood and masculinity, prompting transformational change in gender relations, roles, expectations, perceptions, and values at an individual, interpersonal and community level. Some of the key behaviour changes that emerged from the ENRICH MenCare program as reported by FGD and KII participants include: 1) men playing a more proactive role in RMNCH/N, including making decisions jointly with their wives on contraception, number of children desired, and birth spacing, and accompanying their wives to health centers for antenatal and post-natal visits; 2) men contributing more to domestic and childcare activities in their households; 3) men jointly making household decisions with their wives related to healthcare, nutrition, education and family budgeting; 4) men sharing responsibility for improved family nutrition, particularly for PLW and children under five; 5) men spending more time with their families and enjoying less conflict with their spouses and children; and 6) men motivating other men to play a more active role in the health and well-being of their families and to think critically about harmful gender norms and traditional practices. The ENRICH MenCare program learned that this change process becomes smoother when women are included

in discussions with their partners from the outset. This is to prepare women for the changes they may see in their husband's attitudes and behaviour and to stress the need for spousal communication and collaboration throughout the change process.

In terms of higher-level, broader impacts, the findings further indicate that MenCare was effective in reducing gender inequalities and in contributing to better RMNCH/N outcomes for the women and girls whose husbands and fathers participated in the program. Some of the deeper impacts reported by men, women and local leaders in project areas included a reduction in CEFM, GBV and alcoholism; fewer adolescent pregnancies; improved nutritional status of PLW and children under five; and a reduction in maternal and child mortality.

Subsequently, the assessment found that MenCare made efficient use of existing community platforms such as health committees, and local influencers, such as village leaders, to reach more men and efficiently deliver messages while also using creative strategies to attract and engage a wide cross section of men by establishing 'coffee corners' and organizing football and boardgame tournaments. In addition, the ability of the ENRICH MenCare program to deliver results in an economic and timely way was enhanced by integrating MenCare activities with already established WVC models and ways of working with communities. On the coherence criteria, the goals of the ENRICH MenCare program were found to be well aligned with, and directly support national and regional gender equality, RMNCH/N and GBV policies in Bangladesh, Myanmar, Kenya, and Tanzania. The sustainability of the MenCare program was deemed to be high by participants in the FGDs and KIIs referencing ongoing funding for MenCare activities from ENRICH income generating activities, strong support from local governments, the popularity of the approach among community members and leaders as well as the positive changes experienced by those engaged with MenCare.

Key behaviour changes that emerged from the ENRICH MenCare program as reported by FGD and KII participants



1. *Men playing a more proactive role in RMNCH/N, including making decisions jointly with their wives on contraception, number of children desired, and birth spacing, and accompanying their wives to health centers for antenatal and post-natal visits*
2. *Men contributing more to domestic and childcare activities in their households*
3. *Men jointly making household decisions with their wives related to healthcare, nutrition, education and family budgeting*
4. *Men sharing responsibility for improved family nutrition, particularly for PLW and children under five*
5. *Men spending more time with their families and enjoying less conflict with their spouses and children*
6. *Men motivating other men to play a more active role in the health and well-being of their families and to think critically about harmful gender norms and traditional practices.*

World Vision is a Christian humanitarian organization dedicated to working with children, families, and their communities worldwide to reach their full potential by tackling the causes of poverty and injustice. We serve all people, regardless of religion, race, ethnicity, or gender.

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