



**CORE ELEMENTS OF
GENDER-TRANSFORMATIVE
FATHERHOOD PROGRAMS TO
PROMOTE CARE EQUALITY
AND PREVENT VIOLENCE**

A Practitioner Brief



Acknowledgments:

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Parenting programs have been identified as a promising strategy to strengthen parenting skills; increase men's participation in caregiving; improve the quality of family relationships, health, and well-being; and prevent violence against children.¹⁻⁵ Yet, most parenting programs primarily reach mothers and female caregivers, but fathers and male caregivers also have the power to transform their children's lives. Nurturing interactions with fathers can improve children's emotional and cognitive development,^{6,7} and strengthening couple relationships and reducing violence between the parents can reduce children's exposure to intimate partner violence.^{8,9} Additionally, children who grow up in families where parents share household chores and care for their siblings are more likely to repeat these behaviors in adulthood, thus helping reduce the gap between women's time spent in care work and men's.¹⁰ Men themselves report benefits from having closer relationships with children and others, including improved mental health.¹¹ This virtuous cycle can contribute to a reduction in stress levels and the use of violence at home, and thus, can help prevent the intergenerational transmission of violence.^{12,13}

Program P¹ ("P" for the words for father in Portuguese, pai, and Spanish, padre) was developed in 2011 specifically to promote men's positive involvement as fathers in maternal, newborn, and child health (MNCH) and in caring for their children.¹

Since then, it has been adapted in close to 30 countries by a wide array of partner organizations, ranging from small community-based organizations to large multilateral development organizations and governments, often in partnership with Equimundo. This wide array of adaptations in diverse settings has generated a rich body of both evaluation research and practice-based knowledge² from partners and the Equimundo staff technically supporting the design, implementation, and evaluation of its varying models across contexts.

¹ REDMAS developed the content for the group education sessions with fathers based on formative research, iterative testing, and validation in partnership with community civil society organizations across Nicaragua. In turn, the Brazil partner (Instituto Promundo) developed the manual's community mobilization section based on its strong trajectory of social and community activism and advocacy, and the Chile partner (CulturaSalud) leveraged its experience working with the health sector and designed a guide for health professionals to raise their awareness on how gender inequality and restrictive masculinities affect reproductive, maternal, and child health and strengthen their skills to engage men in support of reproductive, maternal, and child health. All partner teams as well as child development experts reviewed all sections.

² Practice-based knowledge is defined by the Prevention Collaborative as "the cumulative knowledge and learning acquired by practitioners through years of innovation, reflection, and refinement. It includes insights gained from observations, conversations, direct experience, and programme monitoring. Practice-based knowledge is an important source of learning, but it is not always captured, used, or valued by the field."¹⁵

MORE ON PROGRAM P

Program P was developed as part of the MenCare campaign by Equipundo: Center for Masculinities and Social Justice (formerly Promundo-US), along with CulturaSalud/EME (Chile), Red de Masculinidad por la Igualdad de Género (REDMAS, Nicaragua), and Instituto Promundo (Brazil). These partners originally developed [Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health](#) in [English](#), [Portuguese](#), and [Spanish](#). Linguistic and cultural adaptations have since been developed in multiple languages, including [Arabic](#), [Russian](#), and [Spanish \(Bolivia\)](#).

Program P has three components:

- A guide for health professionals on engaging fathers and male caregivers through the health sector
- A group education curriculum for engaging fathers and their partners
- A guide for developing community mobilization strategies and campaigns to promote engaged fatherhood

All three components can be implemented separately or in tandem, by a single organization or through partnerships between nongovernmental organizations and the public sector.

This review focused specifically on the gender-transformative group education component for men and their partners, as this is the central component of the program model and the most frequently adapted, implemented, and evaluated one in different settings.



Equimundo wanted to identify the common elements of success among Program P adaptations, as well as common challenges and constraints, to support practitioners interested in adapting, implementing, and evaluating gender-transformative parenting programs (such as Program P) in other settings. To do that, we consolidated learning from existing evaluations of Program P adaptations and the wealth of practice-based knowledge from program adapters and implementers. After mapping the known Program P adaptations globally (26 across 23 countries in Africa, Latin America, the Middle East, Europe, and South Asia), we selected eight implemented in 12 countries for a deeper dive based on the following criteria:

- The program centered on delivering a curriculum-based set of group education sessions to engage fathers or male caregivers of young children, on their own or with their female partners.
- The program objectives included, at minimum, promoting gender-equitable relationships, improving couple/parent-child relationship quality, reducing intimate partner violence and/or violence against children, and promoting shared caregiving.
- A robust evaluation was completed and publicly available, Equimundo was sufficiently involved in the adaptation process to provide insights about it, and/or partners directly involved in it were reachable and available to share their learning with the research team.

For the eight selected case studies, we synthesized existing evaluations (experimental and non-experimental quantitative surveys and qualitative research), as well as conducted 15 in-depth interviews with people leading or involved in program adaptation, implementation, and/or evaluation in the different countries. We then triangulated the information from evaluations and interviews and identified common themes, core components, challenges, and pitfalls that could be avoided in future adaptations, as well as successful recruitment, training, social mobilization, and government involvement strategies.

The Eight Case Studies in This Review

BASIC DETAILS	PARTNERS	SETTING, POPULATION & REACH
PARENT <i>Austria, Italy, Lithuania, Portugal 2019–2021 (pilot)</i>	Austria – Association for Men's and Gender Issues in Styria; Italy – Cerchio degli Uomini; Lithuania – Center for Equality Advancement; Portugal – Cetner for Social Studies of the University of Coimbra and Nursing School of Coimbra	Population: Fathers/ fathers-to-be and their partners; health professionals; health students; social workers Reach: In Austria, 72 fathers/fathers-to-be; in Italy, 130 health professionals and 20 fathers/fathers-to-be; in Lithuania, 125 social workers and two fathers groups (total of 49 fathers); in Portugal, 100 health professionals and 30 parents
Prio Baba <i>Bangladesh 2015–2017</i>	Centre for Men & Masculinities Studies; Equipundo	Population: Fathers and (in approximately half the groups) their female partners; healthcare providers/ gatekeepers (i.e., family planning workers from the public health system, nurses, midwives, pharmacists, and local medical practitioners) were engaged in gender sensitization workshops Reach: 1,200 fathers; 380 mothers (who participated in sessions); 796 health providers
SHOW <i>Bangladesh, Ghana, Haiti, Nigeria, Senegal (this report focuses on Ghana, Nigeria) 2016–2020</i>	Plan International Canada; Equipundo; in Ghana, the Ministry of Health and Ministry of Gender, Children, and Social Protection; in Nigeria, the national Ministry of Health and Ministry of Women Affairs and Social Development and the Sokoto State Government, Ministry of Health, Ministry of Women Affairs, and Primary Health Care Development Agency	Population: Adult men and their women partners of reproductive age Reach: 6,465 fathers in Ghana; 4,148 fathers in Nigeria
Program P Bolivia <i>Bolivia 2016–2017</i>	Inter-American Development Bank; Consejo de Salud Rural Andino; Equipundo	Population: Cohabiting mothers and fathers of children aged 0 to 3 Reach: 747 women and men partners were randomized to receive the intervention
+Pai <i>Brazil 2013–2015</i>	Instituto Promundo; Instituto Papai; Instituto Noos; Rio de Janeiro's Municipal Health Secretariat; Brazilian Ministry of Health	Population: Young men (and women), fathers and fathers-to-be (and couples), men who had perpetrated domestic violence, health providers, health and legal sector staff Reach: 147 men and women in couple groups; 845 young men and women in youth groups; 1,339 health workers trained on young men's SRH needs; 1,580 health workers trained on engaging fathers in maternal health visits; 214 counselors trained on domestic violence counseling; 574 partner organization staff trained and sensitized on advocating for young men's/caregivers' access to SRH, MCH, and domestic violence services
Program P-ECD <i>Lebanon 2018</i>	ABAAD; Equipundo	Population: Syrian and Lebanese fathers/male caregivers and their female partners; all participants were married and had at least one child aged 0 to 5 Reach: 316 male and female participants
Program P Nicaragua <i>Nicaragua 2012–2013</i>	Puntos de Encuentro; Red de Masculinidad por la Igualdad de Género (REDMAS); Ministry of Health; Ministry of Education; Equipundo; MenCare	Population: Health providers and volunteer health educators were the main targets, although group education sessions also reached young fathers and their partners Reach: 70 health professionals; 300 men and women
Bandebereho <i>Rwanda 2013–2015 (pilot), 2019–present (scale-up)</i>	Rwanda Men's Resource Centre (RWAMREC); Equipundo; Rutgers WPF (pilot)	Population: Couples were recruited via the male partner (men ages 21 to 35 who were expecting a child or had a child under age 5 and also were cohabiting with a partner) Reach: 575 couples were randomized to receive the intervention in the evaluated third cycle



What We Learned: Core Components to Guide Practitioners



Want to Read More?

This brief for practitioners is drawn from a longer report on the case study review: [*Core Elements of Gender-Transformative Fatherhood Programs to Promote Care Equality and Prevent Violence: Results From a Comparative Study of Program P Adaptations in Diverse Settings Around the World.*](#)

Findings from this analysis suggest that Program P – when contextually adapted and well-implemented – can contribute to positive attitude and behavior changes. Findings from multiple adaptations show that it has contributed to positive shifts in men's and women's gender-related attitudes and behaviors, particularly on caregiving, MNCH, joint couple decision-making, shared domestic responsibilities, and violence perpetrated by men. In addition to achieving individual-level attitude and behavior change, implementing partners of some Program P adaptations made strides at the policy or institutional level: for instance, by shifting norms within health institutions to support men's participation in MNCH or advocating for national policies to encourage men's use of parental leave. These structural-level changes, as well as stronger positive impacts at the individual level, tended to be possible only when programs were able to enact, to a significant degree, all or most of the core components of success outlined in this brief.

The case studies point to a common set of six core components enabling success. Programs tended to achieve greater impact, be more methodologically sound, and have broader influence across the socio-ecological model when they had more of these core components or carried out these components to a greater degree. Emerging from this comparative study of eight Program P adaptations, the following recommendations center on the six core components of success that contributed to the programs' positive results. Practitioners who wish to adapt, implement, and evaluate gender-transformative parenting programs that engage fathers in different settings globally can find the following emerging recommendations valuable to consider.

CORE COMPONENT #1:

Develop balanced and long-term partnerships with organizations that share common principles.

In several case study programs, a key determinant of effective design and implementation was collaborative partnership between organizations that shared common principles and goals. Sharing a mission to advance gender justice allowed those developing Program P adaptations to co-develop culturally responsive curriculum content and methodologies, participant engagement strategies, and facilitator training approaches.

- **Invest in developing balanced relationships, in which implementing partner organizations all have equal decision-making roles based on mutually defined terms of collaboration.** Balanced power within partnerships enables programs to benefit from partners exchanging expertise, while working in consultation with the communities they serve, to define what changes they would like to see and what success looks like, thus outlining together the theory of change behind their program. “Top-down” organizational approaches, in which one organization dominates decision-making, should be avoided; these often occur due to the funding of predetermined project logframes to be completed in short time frames and insufficient funding for more balanced co-creation of program content. Such partnership structures typically make programs overly formulaic, less contextually relevant, and less innovative.
- **Seek to build and sustain long-term partnerships** Programs benefit when the implementing organizational partners share prior collaborations and/or ongoing commitments to pursuing common medium- to longer-term goals beyond the time bounds of the program adaptation process. Long-term partnerships build trust and strengthen program implementation structures and practices.
- **Engage men for gender equality through an intentional approach, centered on a contextual understanding of the gendered drivers of attitudes and behaviors around parenting, caregiving, the use of violence, and harsh discipline.** Ensure alignment between partners, especially those leading implementation, on their organizational commitment to gender equality from a feminist-informed approach. This requires that implementing partners prioritize supporting processes and interventions that question harmful gender norms and seek to redress power imbalances, as well as follow “do no harm” approaches while centering women's needs and priorities.

CORE COMPONENT #2:

Foster strong alliances with government, health, and other sectors to catalyze collective efforts and achieve policy-level changes.

Building strong alliances with government, health, education, child protection, and other sectors was an essential ingredient to programmatic success across multiple programs. Government commitment and strong relationships with the program team helped create support for the program, linking it to relevant policy discussions, which in turn, generated further interest and opportunities that sustained the success of the program.

- **Develop collaborative partnerships** among implementing institutions; professional networks supporting early childhood development, family strengthening, violence prevention, or healthy masculinities; public sectors (such as health and social services), community members; and women's rights organizations and activists from the very beginning of the adaptation process to create an ecosystem of support that can enable individual-, community-, and policy-level changes.
- **Ensure that organizations interested in men's engagement for gender equality assume responsibility for aligning their efforts with, and supporting the efforts of, feminist organizations.** They should create structures of partnership and accountability that are not extractive or burdensome to feminist organizations.

CORE COMPONENT #3:

Commit to a contextualized, engaging, and experiential methodology that is based on social learning and centered on equitable couple relations and men's caregiving.

- **Conduct formative research to identify the key issues that will guide program development and ground the curriculum content in a clear theory of change, being humble and realistic about how much change is possible in the program time frame.** Each adaptation should develop a curriculum and other program strategies that will contribute to specific goals (e.g., changed behaviors and attitudes) by addressing the key normative drivers and providing opportunities to strengthen participants' skills. Prioritize a few central themes that address the adaptation's main objectives and areas of focus (e.g., preventing family violence, MNCH) as articulated in the theory of change, and thread them throughout the curriculum content and learning objectives. To the greatest degree possible, maintain fidelity to the core components of the program being adapted, maintaining the goal of engaging men as equitable, caring, and nonviolent fathers and partners and always prioritizing doing no harm to their female partners.

- **Affirm the program's benefits for men, their partners, and their children, with particular attention to the positive aspects of men's caring role.** It's important that men feel that the language, images, and messages used during recruitment, as well as the framing of the program goals, address their concerns in the context of their lived realities and that this is not a "parenting" program but one that is designed to support fathers like them. Mobilize male participants by identifying what brings them together and going to places where men gather. Identifying commonalities among men (e.g., being first-time expectant fathers or fathers of young children attending the same childcare center, attending the same church, or living in the same refugee camp) is critical to spark their initial interest and foster a sense of belonging based on affinity.
- **Design, test, and refine the program content and approach so that they resonate with participants and are grounded in their specific social and cultural context.** To this end, conduct an operational validation or pilot with a subgroup of participants. Monitor and assess the adapted curriculum throughout implementation, remain flexible, and be prepared to make adjustments as needed based on feedback from participants and facilitators. Activities may need to be modified if participants are not comfortable with certain experiential or role-playing activities or if the case studies or personas used in exercises don't resonate with them, and illustrations may need to be designed to more faithfully reflect how participating men and women see themselves and their environment.
- **Consider starting with several sessions for men and women separately to build trust among the group and then continuing with mixed men-and-women or couples sessions.** A gender-synchronous approach is more effective to shift attitudes and behaviors, build relationship skills, and practice more gender-equal parenting and relationship dynamics.
- **Ensure the program curriculum includes sufficient sessions for learning, reflection, and skill-building to achieve impact while being respectful of participants' time constraints.** This balance can be achieved in approximately 12 sessions that are each one to three hours long, although some adaptations may choose to include fewer sessions or find that more sessions are feasible.
- **Consider offering incentives and compensation to help men and women overcome constraints to participating regularly in sessions.** These can be a one-time material incentive at the start or end of the program (e.g., a transportation stipend or a basket of household goods), benefits available at each program session (e.g., refreshments or onsite childcare), or benefits linked to economic support and skill-building (e.g., boxes of in-kind aid).
- **Make plans to ensure the inclusion and safety of facilitators and participants in the program design and budget.** This includes provisions such as resources to ensure safe transport to and from the venues where activities occur and where participants live, developing "warm referral" pathways with survivor-centered and mental health providers, and ensuring the content is accessible and intelligible for participants to engage fully considering barriers due to language, literacy skills, mobility, and hearing or visual impairment.

CORE COMPONENT #4:

Plan adequate time and resources to recruit, train, and support local facilitators.

Selecting facilitators with the specific qualities and skills to facilitate critical reflection and learning sessions – and investing adequate time and resources to recruit, train, and support them – is paramount to quality program implementation and affects their capacity to encourage processes of critical reflection and behavior change in participants. Several programs found success by having facilitators who lived or worked in the local community rather than relying on external staff who were less familiar with the context.

- **Recruit facilitators who possess certain key qualities**, particularly being able to create an atmosphere of trust, being nonjudgmental, and being able to establish horizontal relationships in a group setting.
- **Ensure the facilitators' training provides them with opportunities to engage in critical reflection and practice facilitating participatory group dialogue.** An initial training is best delivered in person over seven to ten days. Consider including refresher training to address challenges and provide additional space to practice managing difficult conversations and situations, including when to refer to specialized services.
- **Allocate sufficient time for the initial training; plan regular check-in meetings with the team, field visits, and supportive supervision during implementation; and provide ongoing mentorship and technical accompaniment of facilitators.**





CORE COMPONENT #5:

Create an enabling environment to support and sustain change through engaging service providers, institutions, local researcher and practitioner networks, and community structures.

Many programs sought to create an enabling environment that welcomed men's participation in MNCH, specifically by engaging health providers to change institutional practices that typically exclude fathers. They often developed alliances across and within broader networks or communities of practice to advocate for policy change, using fatherhood as an entry point to advance gender justice.

- **Identify influential community leaders, policymakers, and key institutions (such as health centers and religious institutions) that have a key role in defining, reproducing, and supporting the adoption of gender norms.**
- **Consider strategies to help transform the societal patriarchal norms, institutions, and structures that shape participants' lives as part of the program adaptation approach, even though gender-transformative parenting programs such as Program P often focus on the individual, family, and community levels.**

CORE COMPONENT #6:

Secure funding from flexible donors that will support long-term and quality partnerships.

Developing impactful, sustainable, and scalable gender-transformative parenting programs requires long-term and flexible funding that provides the time and resources required to build solid partnerships among stakeholders working to address complex problems, such as gender-inequitable relations or preventing family violence.

- **Advocate with donors on the importance of engaged fatherhood and the potential to create positive impact through gender-transformative parenting programs, including on gender relationships through an equitable distribution of care and children's gender socialization, family health and well-being, childhood development, and violence prevention.** These shifts in gender norms and changes in institutional practices and behaviors are usually slow, messy, uncertain, complex, and hard to control. Thus, they require a flexible and adaptive approach to develop and implement interventions to facilitate them.

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