MOBILIZING YOUR COMMUNITY

About Section 3

This final section of the Program P Manual is designed for health sector workers and activists who are interested in developing and implementing social-awareness-raising activities in their community that promote the benefits of active fatherhood as a way to achieve gender equality, benefit children, and improve the lives of men and women. It is meant to complement Section 2, in that the activities in this section can be carried out with the men in the fathers groups. However, some groups may not feel comfortable engaging in public activities, so it is important to take this into account. Regardless, many of these activities do not rely on engaging fathers group participants but, rather, individuals and organizations who want to raise larger-level awareness of how engaging men in caregiving promotes gender equality.

In this section, creating and launching a MenCare campaign is introduced as a strategy for creating social and policy level change. "How to" guidelines outline how to plan and launch a MenCare campaign in your community, including how to build partnerships, develop messages, and engage the community.

The section is divided into the following parts:

1. **Introduction**

2. **Developing the MenCare Campaign: Step-by-Step**

The MenCare Campaign

MenCare, launched in 2011 in Washington, DC, USA is coordinated by Promundo, the Sonke Gender Justice Network and the MenEngage Alliance. As of 2013, it has been implemented successfully in 11 countries. The campaign promotes men's involvement as non-violent and equitable fathers and caregivers. It provides support, materials, messages, policy recommendations and research to encourage local MenEngage partners, NGOs, women's rights organizations, governments and United Nations partners to implement campaign activities in their local settings.

MenCare is conceived as a complement to global and local efforts to engage men and boys in ending violence against women and girls. Together with efforts like the White Ribbon Campaign (www.whiteribbon.ca), it is part of the MenEngage Alliance's global vision to achieve equitable, non-violent relationships and caring visions of what it means to be men.

Global Campaign: www.men-care.org
Brazilian Campaign: www.voceemeupai.com
Latin American Campaign: www.campanapaternidad.org

MenCare
A GLOBAL FATHERHOOD CAMPAIGN

1.   Introduction

Efforts by health professionals and social service providers to involve men in prenatal care and maternal health (Section 1) or to educate and prepare groups of men for fatherhood (Section 2) are integral to re-shaping norms, but they are not sufficient to affect community-wide and policy-level changes in ideas and attitudes regarding the important role men play in caregiving. To create large-scale norms change and mobilize the community to advocate for policy change, it is necessary to raise social consciousness and awareness by utilizing the energy, voices, opinions and influence of its members. And it should be done in partnership with trainings that improve health service delivery (Section 1) and group education (Section 2). As introduced by the Theory of Change Model in the Introduction to this Manual, implementing a variety of activities at the individual, community and national level is the most effective way to elicit these changes.

Community mobilization requires a group of people to take coordinated action to improve their quality of life or to seek change in terms of policies or government services. It promotes the recognition of local resources and allies and serves as a platform to build, strengthen and integrate efforts by individuals and organizations in order to effectively and collaboratively solve problems identified in the community.

Active community involvement around an issue, such as fatherhood, can shift what the community sees as 'normal', and can open a dialogue for individuals and institutions to question and challenge gender roles and to engage men in positive fatherhood practices and gender equality. Moreover, MenCare-based mobilization activities can contribute to discussions on: education and children's rights, equal parenting, disease prevention, and sexual and reproductive health.

In addition to altering norms of fatherhood and gender roles at the individual level, community mobilization can affect norms as they are perceived by local governments, policy implementers, and workplaces. Advocacy efforts focused on governmental and policy change should include concrete suggestions for incorporating "caregiving issues" into the political agenda. Advocating for the integration of the MenCare campaign, group education and other fatherhood activities into workplaces and government settings can increase the reach and impact of your community mobilization efforts. When these workplace and government entities begin to adopt the norms of involved, non-violent fatherhood, and accept men as equal partners in caregiving, changes may be reflected in family leave policies (including paternity leave), access to child care, men's presence in the delivery room, child custody decisions, the protection of children and the prevention of violence, and the adaptation of education policies that include gender equality programming.

Some common questions that arise with respect to community campaigns are: What are the steps necessary to take action? How can you mobilize a community despite the differences among its members? What is needed to implement the ideas, to address the challenges and problems of the community? Who are potential allies? What are the human and financial resources available for community involvement? What are the main target groups in the community (social groups, religious leaders, etc.) and how can you reach them? **Identify sectors in the community that are already working together to address problems such as:**

- **Absent fathers**
- **Lack of men's support in prenatal care**
- **Corporal punishment**
- **Men's violence against women**

Who are the stakeholders in mobilizing these efforts? Who can and should participate in identifying the problem and making the key decisions? What are strategies and tactics moving forward? Who will lead and support these activities? What are the key messages that should be disseminated in activities involving men to promote positive and involved fatherhood? And finally, how do we involve men in mobilization activities?

The step-by-step guide in this section details the process of developing a MenCare Campaign, with a focus on community mobilization. The MenCare campaign promotes the active and positive involvement of men as fathers and caregivers in the lives of children through media, program development and advocacy. Implementing MenCare as a community mobilization tool can inspire changes to rigid gender patterns, encourage ending violence against women and promote positive and involved paternal behaviors.

Community mobilization is an invaluable tool because it enables all sectors of the community to play an active part in the process of meeting an identified challenge. Each step in community mobilization should be enacted with the help and participation of men and women, local partners, and the community more broadly. **This section will provide detailed information on how target groups should be identified, who will develop mobilization activities, and how to produce effective change in the community.**

Case Study: Excuse Me, I'm a father!
Case study in Portuguese: Dá licença, eu sou pai!

(http://www.papai.org.br/conteudo/view?ID_CONTEUDO=603)

In Brazil, women working in the formal sector are entitled to four months of paid maternity leave. Fathers, including adoptive fathers, are entitled to paternity leave if they are a salaried employee and pay taxes to the government. However, this leave, used by many men in Brazil, lasts only 5 days. Instituto Papai, in collaboration with Promundo and other partners, launched a campaign to promote expansion of this benefit to 30 days of paid paternity leave for fathers. They worked with a member of Brazil's Congress and put into a proposed bill the benefits of father involvement.

They also contacted four leading actors in Brazil as spokespersons for the campaign and filmed a public service announcement to call attention to the issue. The bill ultimately did not pass – businesses and the government did not want to increase the payroll tax, which would have been necessary to pay for the increased leave. However, even though the law did not pass, it raised awareness about the issue, and some city and state governments in Brazil have begun to offer 15-30 days of paid paternity leave for government workers, and some businesses and workplaces have started to voluntarily offer up to 30 days of paid leave for new fathers.

The "Give me leave" campaign was coordinated by:
• Instituto PAPAI and the Centro de Investigación sobre Género y Masculinidades (Gema / UFPE) in collaboration with:
• Red de Hombres por la Igualdad de Género (RHEG) (Promundo, ECOS, Themis, Noos, Papai)
• Carlos Chagas Foundation
• Fiscal de Pernambuco
• CORTE
• SINSEP / PE
• SINTEPE / PE

Sponsors:
• Ford Foundation

To watch a TV spot from the campaign, please go to: http://www.youtube.com/watch?feature=player_embedded&v=NfFS00sWa3I

2. Developing a MenCare Campaign: Step-by-Step

Below, you can find the steps necessary to launch a MenCare community mobilization campaign to promote positive, involved fatherhood. The goal is to produce a campaign that has the power to raise awareness of the importance of men's involvement in non-violence, caregiving, prenatal and maternal health, and more. Additionally, these steps provide an opportunity to integrate efforts of the public and private sectors, local NGOs, and committed individuals, to contribute to the fundamental change of social norms and behaviors – the desired result of an effective campaign.

Suami Siaga: The Alert Husband Campaign in Indonesia

Suami SIAGA (Alert Husband) was an Indonesia-based mass media campaign designed to involve husbands in prenatal care and to prepare them for any pregnancy-related emergencies. SIAGA means: "alert" and is also an acronym for Siap (ready), Antar (take, transport), and Jaga (stand by or guard).

Campaign components included:
- The production of a number of new episodes of an existing radio drama series that contained specific messages about "alert" husbands;
- An educational television mini-series that carried messages about safe motherhood; brochures and stickers; and interpersonal communication materials developed for service providers;
- Community mobilization activities designed to facilitate the multi-media campaign; and
- A variety of supplementary materials and resources such as T-shirts, hats, pins, and broadcasts via mobile van.

Mass media components of the campaign (i.e. radio and television broadcasts) reached a national audience, but the remaining project components were implemented in selected provinces.

An evaluation undertaken after the campaign found that husbands who were exposed to print media were five times more likely to report taking action than men who were not exposed to the campaign.

Husbands who participated in interpersonal communication about becoming a Suami SIAGA were ten times more likely to report taking action, such as making arrangements for safe childbirth. A number of follow-up SIAGA campaigns focused on other audiences including community members and midwives – all of whom play a critical role in facilitating safe pregnancy and delivery, and a safe postpartum period.

Step 1. Building Partnerships:

Partnership-building is the key to creating effective and sustainable community campaigns. Through partnerships, the collective voices of organizations and stakeholders can command attention from the government, the media and the general public on the importance of working with men. These partnerships also broaden and expand the influence of changing perceptions of fatherhood. Campaigns can partner with local, national, regional or international agencies, and include various civil society groups, religious institutions, the private sector and government.

The first step in building partnerships is identifying key organizations that would be advantageous to include in program activities and community advocacy related to promoting involved fatherhood and caregiving. Consider organizations with access to men who are usually difficult to reach (e.g. migrant populations), organizations providing services particularly attractive to men (e.g. sports clubs), and organizations that have a wide reach and influence large numbers of men (e.g. labor associations, military).

For an activity on how to identify potential allies, see "Engaging Partners" at the end of Section 3. Once you have identified strong candidates for partnership, make contact with the organizations to see if they are willing to collaborate in the community mobilization effort. If so, determine what these organizations will be able to contribute (resources, expertise, funding, meeting space, etc.), and then work to plan out what types of responsibilities each partner will take on moving forward. It will be important to incorporate these partners into the decision-making process for each of the following steps.

Step 2. Promotion of debate on the topic of fatherhood:

Before creating a campaign and solidifying its themes, it is important to encourage debate on the issues of fatherhood, violence prevention, and women's rights with your key partners, as well as with any other relevant NGOs, social networks, government bodies that are interested or influential in engaging men in maternal and child health and child protection. Interviewing government officials can provide clarity on how involved fatherhood and caregiving fit into the current political agenda. These stakeholders can provide valuable perspectives, necessary for the development of a successful campaign. Undertaking interviews with key groups and taking their views into account moving forward will have a direct impact on the support for and success of future actions taken by the campaign.

For a sample guide of interview questions to ask key stakeholders see the Focus Group Guide in the MenCare Father's Group Manual for Sri Lanka on MenCare's website (www.men-care.org/Educate-Yourself/MenCare-Publications.aspx).

Step 3. Doing a needs assessment in your community:

Conduct focus groups and one-on-one interviews with key members of the community, such as parents and children, to determine what specific issues need to be addressed in the community in terms of achieving a community norm of involved and non-violent fatherhood. Additionally, questions should identify the individuals and media that generate and influence men's ideas about how to be a father (information used in Step 5), and gather information on their socio-demographic factors, hobbies, attitudes toward gender roles, access to and use of social programs, perceptions of violence and general aspirations (information used in Step 6).

Ask questions to identify barriers to the participation of men in the lives of their partners or children. Some examples of questions to explore:

- What are some of the attitudes and behaviors of men and women regarding parenting, especially fatherhood?
- What are the expectations and fears of men?
- What are the main obstacles to being a good father?
- What do parents want to know about being a good father?
- What do mothers know about parenting?

After completing this needs assessment, you should analyze the information obtained and think critically about the overall aims of your campaign. Prioritize 1-3 goals that particularly resonate with the community's needs in terms in terms of fatherhood and caregiving. For example, if an overarching community need is to have men play a greater supportive role in maternal health, an overall goal of your campaign might be simply: to engage men more effectively in maternal health. Keep this goal in mind as you read through the next steps.

Step 4: Develop a profile of a "target" group:

Acknowledging the unique situations of all men, women and children interviewed in the needs assessment (Step 3), use the collected data to identify some common characteristics of the campaign's target group: the group of men, women and children that you most want to reach. It might be helpful to break down the data into two to three target groups, taking into account socio-demographic factors, hobbies, attitudes toward gender roles, access to and use of social programs, perceptions of violence and general aspirations.

It may be useful to imagine an individual who is representative of your target group(s) and to draw a physical image of that person on flipchart paper, or use images from magazines/newspapers.

Although this technique of developing a profile requires a degree of generalization about the target group, it is intended not to ignore the diversity that exists among individuals, but rather to help develop activity messages and strategies that are most appropriate and attractive to the target group as a whole. For example, moving forward with the goal established in Step 3, to engage men more effectively in maternal health, this profile of a target group or groups will help you to think critically about the differences and, more importantly, the overlapping similarities of individuals' experiences and characteristics that may have positively or negatively impacted men's past or future support and involvement in their partners' maternal health activities. Also keep in mind that it may be necessary to develop a profile of the target "woman," "child," or health sector worker depending on the goals and focus of your campaign. Understanding the varied and/or overlapping experiences of the target groups, in relation to establishing the goal, will help to formulate appropriate and effective activities and messages.

Step 5. Map the sources of influence and information:

This activity involves identifying and understanding the different sources of information that influence men's attitudes and behaviors related to fatherhood and caregiving. These sources of information can be groups of people (e.g. peers and family), institutions (e.g. schools, workplace and health services), or media (e.g. newspapers or television). The information for this mapping will have been gathered in the needs assessment (Step 3).

Analyze the data from Steps 3 and 4 to identify the most effective ways of disseminating the campaign messages and images. Keep in mind the financial feasibility of each outlet. Also, be creative; it is not just about disseminating campaign messages through media, but also about utilizing community events such as role plays, dramatizations and theater, dance, music, health fairs, art and murals, contests and community meetings as entry points to get the message across. Think about which type of media (e.g. radio, magazines, giant public billboard panels), social media (e.g. peer educators, local celebrities) or event opportunities have the greatest potential to successfully transmit messages about positive models of masculinity and fatherhood. It is also important to consider which men have access to each type of media, as well as the technical and financial feasibility of men's, women's, children's responses to the campaign.

My Dad Can: A Campaign by the Sonke Gender Justice Network

In October 2012, Sonke launched the My Dad Can campaign, an effort to highlight local role models: the fathers across South Africa who support, guide and care for their children (whether they are biological or not).

Partnering with community radio stations and organizations in eight provinces in South Africa, Sonke asked children to nominate their fathers, by asking, "What can your dad do?" and "Why is that special?"

Several hundred entries were received, from mostly rural areas across the country.

7-year old Boitumelo from Cape Town said, "It's not every dad that can wash nappies and cook for the family. He can take good care of us as a whole family. That makes me feel so special…"

Many fathers were surprised to hear their children's nominations. "I never knew that my child saw me this way," said one father during an interview.

After the contest, the families were interviewed; together, their stories formed a series of six radio episodes which were featured on a number of radio stations, including those in Botswana, Namibia, Zambia and the Democratic Republic of the Congo (DRC). One finalist was even featured on national television.

In the future, My Dad Can seeks to become an annual presence, promoting a different kind of fatherhood, changing perceptions of fatherhood in the media, and inspiring dads around the country to become more involved in their children's lives.

Step 6: Define campaign themes:

When considering a campaign related to fatherhood and caregiving, it is necessary to identify more specific topics or themes. These themes should fit under the umbrella of the campaign's established goals, and will act as desired "outcomes" of the community mobilization effort. The global MenCare campaign has 10 specific themes: health, education, affection, play, care work, equality, involvement, prenatal care, support and non-violence. However, this is not an exhaustive list of themes. As a result of the needs assessment and stakeholder interviews (Steps 2 and 3), you may choose to focus on just one or two of the global themes, or to pick ones of your own that are specific to your target group(s). These can include a focus on sexuality, reproductive health, mental health, young fathers, alcohol abuse, etc.
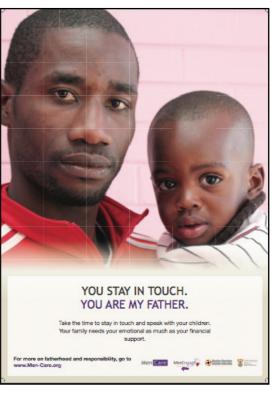
Using the goal established in Step 3, to engage men more effectively in maternal health, as an example, a corresponding theme will solidify the goal by presenting more specific avenues through which to achieve this goal. For example, themes under the umbrella of this goal could be: men as supportive partners in (1) prenatal care, (2) newborn care, and (3) being present in the delivery room. These themes form the foundation of the campaign, and will shape its impact moving forward. Note: the campaign can have multiple goals and corresponding themes.

Step 7. Develop key messages for each of the themes of the campaign:

These key messages will help refine the themes, and present them in a more tangible way, providing specific activities and models of action for involved and caring fatherhood. These messages will represent the campaign's themes in action. In the MenCare Global Campaign, each message is written from the child's perspective, and followed by the tagline, "You are my father." For example, with the theme established in Step 6 of "men as supportive partners in prenatal care," the key message could be, "You never miss a prenatal visit. You are my father." Or, for the theme of "men as supportive partners in newborn care," you could use the message, "You hold me close when I cry. You are my father."

It usually requires a lot of time and creativity to develop these messages. Remember that the most effective campaigns are action-oriented messages, and are often more inspiring than those focused on negative stereotypes or actions. When focusing on solving a problem or changing a behavior, model the positive endpoint rather than the problematic behavior. These key messages will appear on your campaign posters and media, and will provide guidance and direction to the actions expected of positive, involved fathers and caregivers.

CAMPAÑA DE PATERNIDAD
Amor, presencia y compromiso DE PADRE

YOU STAY IN TOUCH.
YOU ARE MY FATHER.

Take the time to stay in touch and speak with your children.
Your family needs your emotional as much as your financial support.

For more on fatherhood and responsibility, go to
www.Men-Care.org

ME GUSTA QUE RESPETÁS A MI MAMA
VOS SOS MI PAPA

Ser papa es respetar las ideas de toda la familia y de todas las personas. Es enseñar a nuestras hijas e hijos que todo mundo merece respeto: las personas grandes o las personas chiquitas, las mujeres y los hombres. En la tarea de ser papa es importante cuando respetamos a la mama, a las hijas, a los hijos, no importa si vivimos juntos o no. Cada vez que tratamos con respeto a las mamas, enseñamos a nuestras hijas que nadie debe ofenderlas o maltratarlas. Y enseñamos a nuestros hijos a respetar a las mujeres en todo momento. Al respetar, somos un modelo para aceptar que la gente piensa cosas distintas y que les gustan cosas diferentes, y que eso es parte de la riqueza humana. Ser papa es aportar a formar mujeres y hombres que hagan este mundo menos violento y ¡mas respetuoso!.

Once you have established the key messaging, create sample media, such as posters or flyers, stickers or billboard mock-ups, which incorporate these messages as well as caring images of fathers with their partners and children. This media, which will be the "face" of your community mobilization campaign, will then be pre-tested (see Step 8).

Step 8: Pre-test some of the messages and images with men, women, and other key stakeholders in the community:

After you have created sample media which incorporates positive imagery and the key messages established in Step 7, it is important to make sure that the selected themes and messages work together and make sense based on the community's needs.

This process of pre-testing is needed to confirm that the campaign messages are clear and relevant. Involving key stakeholders also helps to ensure their buy-in to the campaign, and to discover if there are any problems with the messaging. Pre-testing can be done through interviews and focus groups with men in selected target groups. Ask the men what types of emotions the images and slogans evoke, what their reactions are to the messages, and if they think that individuals and institutions will respond to and feel inclined to adopt the modeled behaviors. Based on the feedback you receive, adapt the message accordingly.

Step 9. Put your campaign into action!

Now you have a goal, themes and key messages that resonate with the community: individuals, men, women and policy makers. You understand your target audience. You have mapped out the proper outlets to disseminate your messages, and have brainstormed creative venues through which to promote them. Now, it's time to take action.

Schedule a meeting with all of the key stakeholders, partners, and men and women who have influenced the planning and creation of your community mobilization plan. Take into account the brainstorming, focus group information, and local context, and fill out the matrix below to create a plan of action.

For "Goal 1," fill in your campaign's first goal, as established in Step 3. In our example, this goal is to engage men more effectively in maternal health.

Next to "Theme 1," fill in one theme under the umbrella of Goal 1, as identified in Step 6. In our example, the first theme is "men as supportive partners in prenatal care."

To fill in the "Action" section, draw from the messaging you created in Step 7 and tested in Step 8, which highlights desired actions. In our example, this messaging was "You never miss a prenatal visit." When identifying activities to achieve that action, think creatively and refer to

the venues and outlets identified in Step 5, along with the characteristics of men in your target group, as defined in Step 4. Keep in mind the multi-level approach of community mobilization, and incorporate activities that speak to individuals, community and higher-level policy development.

In this project framework, there are also columns to indicate who will be responsible for each activity (Implementer) and how you will know that the activity has been completed successfully (Means of Verification). Finally, in the budget column, identify what funding will be necessary to accomplish each activity. Make sure to verify that these funds are available.

You can adapt this framework to your needs, adding additional columns for timelines, indicators, descriptions of the events, etc. The more collaborative this process is, the more invested each partner will be in seeing it through to completion. Once you have completed the Project Framework with your partners and everyone has agreed on the actions, implementers and timeline necessary to achieve your campaign's goals, consider planning a launch event to kick off your plan and reveal it to the community at large. Then, get started!

For more resources on community mobilization, please see:

Engaging Men at the Community Level (2008), a manual developed by the ACQUIRE Project, EngenderHealth and Promundo to help participants develop community level activities related to male engagement and HIV and AIDS. The manual also focuses on mobilizing community members to engage men against HIV. Available for download here: http://www.engenderhealth.org/files/pubs/acquire-digital-archive/7.0_engage_men_as_partners/7.2.3_tools/service_manual_final.pdf.

Developing MenCare Fathers Groups in Sri Lanka

In the formative research and focus groups conducted by World Vision and Promundo for "A MenCare Fathers' Group Manual for Sri Lanka," alcohol abuse in the plantation communities came out as one of the strongest themes in these discussions. By assessing the needs and concerns of community members, you will be able to better shape the priority areas of the campaign.

"[To be a good father], you have to be non-alcoholic."
–Boys' Focus group, ages 15-16

"If you get rid of alcoholism, then you will have solved many of our problems."
– Women's Focus group

This later informed the development of the program and the manual to focus on alcoholism as a key driver in men's use of violence against women and children and inhibitors to their participation in caregiving.

Goal 1: To engage men more effectively in maternal health.						
Theme 1: Men as supportive partners in prenatal care.				**Budget**		
Action 1.1	**Activities**	**Person Responsible**	**Means of Verification**	**Yr 1**	**Yr 2**	**Yr 3**
X Fathers will attend prenatal appointments with their partners by end of Year 1	Disseminate posters with the slogan "You never miss a prenatal visit" in all local clinics.					
	Encourage fathers at the clinic gates to come into the clinic to be a part of their partners' visits.					
	Set up a consultation booth at the music festival/theater performance for fathers to ask questions about pregnancy. Encourage them to attend their partners' next appointment.					
	Speak with policy makers about making consultations and clinic spaces more supportive of male partners.					
Theme 2: Men as supportive partners in newborn care				**Budget**		
Action 1.2	**Activities**	**Person Responsible**	**Means of Verification**	**Yr 1**	**Yr 2**	**Yr 3**

Supplementary Activity for Step 1: Building Partnerships

Activity: Engaging Partners

OBJECTIVES	• Analyze the possibilities, advantages and challenges of building new alliances • Improve the scope and effectiveness of efforts to involve men in preventing violence against women and promoting paternal care
RECOMMENDED TIME	90 minutes
MATERIALS NEEDED	Flip chart and markers.

SESSION STRUCTURE

1. Identify potential allies (20-25 minutes):

The goal here is to discuss possible allies and partners. Before the group session, the facilitator should create a table with the column headings below on several sheets of paper, and invite the group to discuss one column at a time. The group must be aware that this is not the time to evaluate or discuss the pros and cons of potential allies. That will be done during the next step.

The column headings:

a. Partners and potential allies

b. Benefits and reasons to work together

c. Barriers to groups working together

d. Resources and ideas for overcoming these barriers

e. Prioritize objectives and how the chosen allies ascribe (or do not ascribe) to these objectives

a. Partners and potential allies:

This can include a wide range of institutions and organizations (e.g., women's organizations and service clubs in which women predominate, religious institutions, community groups, businesses, unions and professional associations, schools, scouts, sports clubs and other youth organizations, high profile individuals, different levels of government and NGOs).

b. Benefits and reasons to work together:

This includes the reasons and the benefits of partnering with an organization or group. For example, you may want to work with an organization in order to establish contact with other organizations in their network. In other cases, you may want to take advantage of the visibility and the influence of an organization in the community because they are the largest company in the area, the only university, etc.

c. Barriers to groups working together:

These are the potential barriers to building a partnership with the organization or group.

d. Resources and ideas to overcome these barriers:

This includes practical resources and ideas to overcome these barriers, for example, personal relationships or physical proximity.

e. Prioritize:

The facilitator should review the table already developed and ask the group to categorize potential allies, according to the following criteria:

List A: High ally potential. An organization or institution on this list is considered to have a high degree of importance to the alliance, which means there are many advantages in working together. All obstacles are surmountable.

List B: An organization on this list has great potential for partnership, but is not a guarantee of success.

List C: Working with an organization that is part of this list may offer some benefits or may have too many insurmountable barriers.

Annex 1:
Review of best practices

Review of Best Practices – Ten Examples

Program P is transforming how men and their partners conceptualize gender and their roles in the care of children and domestic work, in order to create a more gender-equitable environment for men and women in caregiving. Program P is based on the best practices available today. Below is a review of ten father-focused initiatives:

* Ecole de Maris in Niger, Niger

 A study commissioned by UNFPA found that one of the key barriers to women's access to and use of reproductive health services was the power and influence men had over their partners. In response to this finding, UNFPA Niger developed Ecole des Maris ("Husbands' School") to involve men in promoting reproductive health at the community level. Men who chose to participate met twice a month to discuss specific areas of reproductive health and seek community-appropriate solutions to problems. Couples whose husbands participated in the groups reported several positive changes in attitude and behavior, including more open communication on maternal health. Perhaps more significantly, there were also reported changes in the number of births attended by a skilled health professional by women whose partners were involved in the groups. The Ecole de Maris initiative has spread to other regions and countries.

For more information, please visit: http://niger.unfpa.org/.

* Ending Corporal and Humiliating Punishments, Brazil

This manual, created by Promundo, Save the Children and supported by the Bernard van Leer Foundation, is designed to inform and empower fathers, mothers and caregivers of children. It contains educational activities to promote reflection on the use of physical and humiliating punishments against children.

For more information and to download the manual, please visit: http://www.promundo.org.br/en/publications-for-professionals/.

* Family Foundations, USA

Developed at the University of Pennsylvania in the United States, Family Foundations is a course for expectant parents focused on improving the couple relationship and promoting the principles of positive parenting. This six-week course offers three classes before and three classes after birth. The results of the program showed that mothers experienced less postpartum depression, and reported fewer behavioral and emotional problems in children less than three years of age.

For more information, please visit: http://www.famfound.net/.

* Father Schools, Sweden and Eastern Europe

This course, developed by a partnership of Western and Eastern European partners including Men for Gender Equality in Sweden, was aimed at expectant fathers to prevent violence against women and promote the parent-child relationship. The course is based on the importance of gender equality and the importance of creating a safe space for expectant and new fathers to talk about their experiences. In groups, men can share information, provide emotional support to each other and develop new models of fatherhood. The course focuses on ending the stigmatizing belief that fathers are inferior caregivers. The Father Schools program was adapted and implemented in Russia, Belarus and Ukraine. In 2012, it was adapted to the needs of South Africa, Namibia and Botswana, with support from Sonke Gender Justice Network.

* Mama's Club, Uganda

Established in 2003, Mama's Club is a program that supports and trains HIV-positive mothers to work as educators in their community to prevent mother-to-child transmission of HIV. To raise awareness of the discrimination HIV-positive mothers face, educators deliver powerful messages through the use of song and dance as well as through discussion on the radio and television. An important component of Mama's Club is the transformation of men's beliefs and behaviors through group education. The men involved in the groups serve as group educators as well, and sensitize other men to the needs of women living with HIV, encouraging them to accompany their partners and become more involved parents.

For more information: http://www.aidstar-one.com/mama's_club.

* Nurse Family Partnership, USA

The Nurse Family Partnership is a program for pregnant women and includes home visits until age two of the child. The program aims to improve pregnancy outcomes by optimizing maternal health, promoting competent maternal health and child care, increase the use of family planning and help mothers complete their education and find work (Barnes et al.,

2008: 6). Expectant fathers participated in 51% of visits though only 5% were present at all visits. At the end of the program, both parents reported that they felt more confident in parenting. Approximately 58% of mothers requested more materials to share with the father and felt that the men's participation was positive.

For more information: http://www.nursefamilypartnership.org/.

* Positive Fathering, Hong Kong

The Positive Fathering program's goal is to prevent intimate partner violence. It offers three classes focused on increasing father's skills in the care of their children, strategies on how to avoid conflicts and how to establish open communication between the couple. The classes are linked with the services offered through the public health system in Hong Kong. Impact assessments have shown that couples that participated in the intervention reported improved and increased communication, increased confidence in the care of the children, and a decrease in post-partum depression.

* Program H

Program H (H for the Homens and Hombres, the words for men in Portuguese and Spanish), developed by Promundo, ECOS | Comunicação em Sexualidade (São Paulo, Brazil), Instituto Papai (Recife, Brazil), and Salud y Género (México), with support from the Pan-American Health Organization (PAHO), the World Health Organization (WHO), IPPF/WHR, JohnSnowBrasil and Durex – SSL International, works to engage young men in critical reflections of rigid norms related to manhood. The program is comprised of group educational activities, community campaigns, and an innovative evaluation model for assessing the program's impact on gender-related attitudes. After participating in Program H activities, young men have reported a number of positive changes, from higher rates of condom use and improved relationships with friends and sexual partners to greater acceptance of domestic work as men's responsibility and lower rates of sexual harassment and violence against women. It has been adapted and implemented in Latin America, the Caribbean, Africa, Eastern Europe, Asia and North America.

* UNICEF Papa Schools, Ukraine (A joint collaboration between UNICEF and the Ukrainian-Swedish OLEH project)

In 2004, a UNICEF survey revealed that the area's respondents had poor knowledge of child health and development. Many respondents did not know about the benefits of breastfeeding; fathers had even less knowledge of these benefits and did not participate in the care of their children (UNICEF, 2010d). Parents had insufficient knowledge of the value of playing with children, and reading to and interacting with their children. As a result of these findings, UNICEF-supported Child Development -Centers began offering programs to expectant parents. In one area, the participation of men at birth increased from 4% to 75% (UNICEF 2010e). In these programs, expectant fathers gathered in groups for two hours six

or seven times before birth and one or two times thereafter. The goals of the program were to: recognize the importance of active parenting, prepare for the arrival of the child, promote the uptake of parental leave, provide breastfeeding support, increase parent knowledge of child development, support children's rights and prevent violence against women.

* For more information, please visit: http://www.unicef.org/ukraine/reallives_12082.html.

Annex 2:
Definition and Key Concepts

Definitions and Key Concepts (from Program H, Preventing Youth Violence and the meaning of being a man)

* **Active Fatherhood** - fathers who take a motivated interest in the lives of their children and support the mother by engaging in caregiving and domestic work.

* **Caregiver** - A key figure, such as a significant other, or other family member, who provides unpaid assistance in caring for an individual, whether it is a young child or disabled parent.

* **Domestic violence** - An abuse of power perpetrated mainly (but not only) by men against women in a relationship or after separation. The commonly acknowledged forms of domestic violence are physical and sexual violence, emotional and social abuse, and economic deprivation.

* **Domestic work** - Work performed for the purpose of maintaining a home including cooking and cleaning.

* **Fatherhood** - Men who take on caregiving activities and domestic responsibilities regardless of whether they are biological or non-biological fathers.

* **Gender** - Refers to relations of power and the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women.

* **Gender-based Violence** - Any harm that is perpetrated against a person's will; that has a negative impact on the physical or psychological health, development, and identity of the person; and that is the result of gendered power inequities that exploit distinctions between males and females, among males, and among females (Ward, 2002).

* **Gender Equality** - Refers to the fact that women and men, regardless of their biological differences, are entitled to justice and equality in the use, control and benefit of the same laws, goods and services in society.

* **Gender roles** - Roles, beliefs and expectations that people typically associate with being male or female. These roles are socially constructed. In other words, we learn these roles from the example and expectations of our parents, family, cultural groups and social context. How men and women are expected to behave and be varies in different cultures and communities and these roles can change over time. In most communities, however, gender roles are very specifically defined, and are different for males and females. More often than not, these differences result in equalities or power differences between men and women. Gender norms – social expectations of appropriate roles and behaviour for men (and boys) and women (and girls) – as well as the social reproduction of these norms in institutions and cultural practices are directly related to much of men's and women's (health-related) behaviour.

* **Gender stereotypes** - In the last century, people have started to free themselves of gender expectations so that they can choose for themselves who they want to be. In society at large, however, stereotypes still exist about what are typical traits for men and women.

* **International Men and Gender Equality Survey (IMAGES)** - IMAGES is a comprehensive household questionnaire, coordinated by the International Center for Research on Women (ICRW) and Promundo, on men's attitudes and practices – along with women's opinions and reports of men's practices – on a wide variety of topics related to gender equality. From 2009 to 2012, household surveys were administered to more than 20,000 men and women in Bosnia, Brazil, Chile, Croatia, the Democratic Republic of the Congo (DRC), India, Mali, Mexico and Rwanda. For more information, visit: http://www.promundo.org.br/en/activities/activities-posts/international-men-and-gender-equality-survey-images-3/

* **Intimate partner violence** - Refers to all forms of violence (physical, psychological, emotional, sexual, economic) that can occur within couple relationships, and is not limited to cohabiting couples.

* **Masculinity** - In broad terms, how men are socialized and the discourses and practices that are associated with the different ways of being a man.

* **Men and Gender Equality Policy Project (MGEPP)** - The MGEPP, coordinated by Promundo and the International Center for Research on Women (ICRW), is a multi-year, multi-country research and advocacy initiative that seeks to build the evidence base on how to change public institutions and policies to better foster gender equality and to raise

awareness among policymakers and program planners of the need to involve men in health, development and gender equality issues. For more information, visit: http://www.promundo.org.br/en/activities/activities-posts/projetos-especiais/

* **Nongovernmental Organization (NGO)** - An NGO is a private or voluntary, usually non-profit group, which can be organized on a local, national or international level and generally participates in education, training or other humanitarian projects.

* **Paternity Leave** - A benefit that provides paid or unpaid leave for men from work to help care for a newborn child

* **Positive masculinity** - If masculinity is socially constructed, then there is the possibility of reconstruction. If boys and men accept systems of domination because they believe it is the path to power and mastery, then we can learn to embrace even more empowering and rewarding masculinities. The construction and promotion of "positive masculinities" creates opportunities for men to change, and to become role models for personal and social change.

* **Power** - There are two types of power: one that involves having the possibility, opportunity, the skills and ability (i.e. the power to do something), and the second means to exercise authority, control, dominate, exploit, command, impose (i.e. power over someone). The existence of this second type of power is closely related to the establishment of social hierarchies, resource control, authoritarianism, access to knowledge and violence against others.

* **Reproductive health** - A state of complete physical, mental and social well-being (not merely the absence of disease or infirmity) in all matters related to the reproductive system and to its functions and processes (FWCW Platform for Action, paragraph 94; ICPD Programme of Action, paragraph 7.2).

* **Reproductive rights** - This includes the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents" (Platform for Action, paragraph 95).

* **Save the Children** - Save the Children is a global leader in child protection with long experience of working in partnership with civil society organisations, child-led initiatives, governments and other key actors to stop all forms of violence against children.

* **Sex** - This refers to the physical and biological differences between men and women, including the different sex organs, hormones, etc. It can also refer to sexual contact, like intimacy, touching and fondling, petting, oral sex and all other options that go to make up the richness of sexuality, including sexual intercourse.

* **Sexual health** - A state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO).

* **Sexual identity** - This is about how you perceive yourself as a sexual being; how you think and feel about aspects of your sexuality and what you think is right or wrong for you (your values).

* **Sexual rights** - The human right of people to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence" (Platform for Action).

* **Sexuality** - This is a fundamental aspect of human nature, a positive force and a source of energy, creativity, motivation and interaction. Sexuality is associated with the ability to have children, and with love and pleasure. Sexuality is a complex term. According to the World Health Organisation (WHO), sexuality is a central aspect of being humanthroughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality can be experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. The meaning of sexuality varies between and within cultures, from person to person and between the different developmental stages of people.

* **United Nations Children's Fund (UNICEF)** - UNICEF works in 190 countries and territories to save and improve children's lives by providing health care and immunizations, clean water and sanitation, nutrition, education, emergency relief and more. For more information, visit: http://www.unicef.org/.

* **United Nations Population Fund (UNFPA) -** SUNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. For more information, visit: http://www.unfpa.org/public/.

* **Violence** - The intentional use of physical force or power, either as a threat or actual act, against oneself, another person, a group or community, that is likely to result in injury, death, psychological, developmental harm or deprivation. The definition encompasses interpersonal violence, suicidal behavior and armed conflict. It also covers a wide range of behaviors that go beyond the physical, such as threat and intimidation that compromises the well-being of individuals, families and communities (Krug, et al., 2002).

* **Violence against Children -** The UN Study on Violence Against Children (2006) definition of violence draws on Article 19 of the Convention on the Rights of the Child: "all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" as well as the definition used by WHO in the World Report on Violence and Health (2002): "the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity.

* **Violence against women -** The United Nations General Assembly defines it as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." The 1993 Declaration on the Elimination of Violence Against Women noted that this violence could be perpetrated by assailants of either gender, family members and even the "State" itself.

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