Bandebereho: Adapting Promundo's Program P to Create a Gender-Transformative Couples Intervention in Rwanda

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November 11, 2021

Introduction

The Bandebereho program is an adaptation of Promundo's Program P to serve families in Rwanda. Promundo, an international organization promoting healthy masculinity and gender equality, and Program P, a fathers engagement intervention originally developed in Latin America, are the subject of a forthcoming case profile in this series.[1] The work in Rwanda was led by the Rwanda Men's Resource Center (RWAMREC), a Rwandan non-governmental organization. RWAMREC, Promundo and the Rwanda government collaborated to adapt Program P in three ways: first, to tailor the program to the cultural context and circumstances of Rwandan families; second, once that was achieved on a pilot basis, to modify the delivery system so the program could be implemented at larger scales by the government health system; and third, when the scale up was underway, to modify content and delivery in response to COVID-19.

About this Brief: This case brief is part of a series exploring practical lessons from ongoing innovations for early childhood development, made possible by the support of Grand Challenges Canada (funded by the Government of Canada), Porticus, and the Saving Brains Partnership.

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RWAMREC was created to advance gender equality by promoting positive forms of masculinity and applying best practices for male engagement in development programs. While the Rwandan government supports programs addressing gender inequities, traditional gender norms remain strong in Rwanda's communities. One reason, in RWAMREC's view, is

[1] Program P was created jointly with EME (Chile), Redmas (Nicaragua), Instituto Promundo (Brazil) and Promundo-US (U.S.A.) in 2013, after field testing in Nicaragua, Chile, and Brazil. It was part of the global MenCare campaign, created by Promundo-US (U.S.A.) and Sonke Gender Justice (South Africa), which launched in 2011. See https://promundoglobal.org/ and https://promundoglobal.org/programs/program-p/.

that gender equality programs are too often seen as narrowly about women, although gender equality is integral to sustainable development for all. With this in mind, RWAMREC decided to work with Promundo to develop the Bandebereho program ("role model" in Kinyarwanda). The program aims to engage fathers to promote gender equality, reduce gender-based violence, advance positive parenting approaches, and improve family wellbeing in general and early childhood development in particular. A major aspect of the adaptation to the Rwandan context was that even more than the original Program P, Bandebereho works with fathers and their partners together and emphasizes communication within couples.

Adapting, Designing and Testing the Pilot Program

From May 2013 to January 2014 RWAMREC worked with Promundo, the Rwanda Ministry of Health, and local stakeholders to develop the Bandebereho program with a curriculum for fathers and couples based on Promundo's Program P. Program P was developed in Latin America, so a key theme for the design of Bandebereho was adapting existing programming to the Rwandan cultural context. The program's core subject matter, and its aim to change intimate cultural norms around gender and family, made cultural adaptation especially important; the team wanted to assure that the Bandebereho program resonated with people, spoke to their experiences, and provided a platform for community-based change.

Adaptation Process

RWAMREC and Promundo spent about six months working on the initial adaptation of Program P. First, RWAMREC and Promundo interviewed men, women, and health care providers in the four Rwandan districts selected for piloting Bandebereho. Interviews covered gender norms, men's involvement in parenting, gender-based violence, and related topics. RWAMREC and Promundo also evaluated men's interest in participating in a program for men as fathers, their desire to be more involved in parenting and challenges to their involvement, and their preferences regarding program themes, location, and timing. They asked women about their preferences for the level of their partner's engagement during pregnancy and in parenting, and about any challenges or risks they saw in increasing their partner's involvement.

Based on this formative research, RWAMREC and Promundo began developing a curriculum, using Program P and other Promundo material as the foundation. They identified, ranked and modified proposed activities, then tested the resulting draft curriculum by running one-week intensive courses with couples in the four pilot districts. Participating couples, facilitators and observers from RWAMREC and the Rwanda Biomedical Center provided feedback, and

RWAMREC and Promundo incorporated this feedback into the curriculum both through refinements and through new content on topics that particularly resonated with pilot participants. The Rwanda Biomedical Center then reviewed and commented on the full curriculum, and RWAMREC and Promundo made final revisions before the Government approved the program.

Adaptation Themes and Examples

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As the adaptation work developed in Rwanda, a consensus emerged that it would be worthwhile to add further sessions on preventing gender-based violence and alcohol abuse; the team built on existing work from Brazil and Rwanda to do this. They also increased the focus on sessions with couples, rather than with fathers alone. While the original Program P includes both, the Bandebereho program shifts the emphasis, and makes positive communication between couples even more of a focus area. Partly this reflects the shared priority in the Rwandan context of preventing domestic violence; it also arose from direct requests by participants in the Rwanda pilots for more couples sessions. Also, when RWAMREC and Promundo began working on Bandebereho, Program P had largely been implemented in urban settings in Brazil. In contrast, the Rwanda program was designed for rural and remote regions, where, as the Rwanda team noted, participants were more likely to be in stable relationships and living with their partners. Enhanced couples programming was thus a natural fit.

> *"I think couples communication is really critical for so many of the outcomes of the program, like family planning use, your children's development, prioritizing how you use your income to support your family. So many of those things are linked to having good communication."*
>
> - *Kate Doyle, Promundo Fellow working with RWAMREC*

A second area for adaptation was in program delivery. While Program P's sessions are often led by professional facilitators, the Bandebereho program supports community volunteers – local fathers – in that role. In recruiting volunteer facilitators, RWAMREC and Promundo generally selected local fathers who had participated as clients in earlier Bandebereho pilot work. While the volunteers were highly motivated and could bring knowledge and insight from their own experiences, they lacked group facilitation experience. To support the volunteers, RWAMREC and Promundo created a more detailed curriculum, with step-by-step instructions and explicit messages for each activity. They also augmented the facilitator training sessions with more background material on gender transformative programming, to help facilitators "shift their mindset and think about their own attitudes, to think about the rationale and reason for wanting to engage men and change gender norms," as Kate Doyle put it.

Feedback to Promundo

The work of adapting and subsequently testing the curriculum for Bandebereho also created an opportunity for Promundo to learn from RWAMREC. Kate Doyle, a Fellow at Promundo, explained that "a lot of what we see now, adaptations that Promundo does on Program P, is very much influenced by the Bandebereho curriculum, because of the process of adaptation that it undertook, how much we've researched it and understood its impact."

Finally, RWAMREC and Promundo found that different types of activities resonated differently with participants in Rwanda compared to participants in Brazil. For example, in some of the activities adapted from other Promundo curricula developed in Brazil, participants often made drawings or completed written exercises. In contrast, role-playing and conversations worked better in Rwanda. Similarly, the Brazil program included exercises with toys considered as "for girls" or "for boys," but these types of manufactured toys were not prevalent where the Rwandan program was being implemented. The team therefore dropped these exercises from the curriculum.

The Resulting Design of Bandebereho

The program that emerged from this full process of adaptation consists of 15 weekly sessions of participatory dialogue and reflection with men and their partners in groups of 12, led by community volunteers who are also local fathers. Seven sessions are specifically for men to critically reflect on their roles as fathers and partners, while the remaining eight are for couples. The sessions run about three hours and are built around key themes. Each opens with a check-in for participants to share how they are doing and discuss their homework (which may have been to discuss last week's topic with their partner). Facilitators then introduce interactive activities (e.g., role-playing, games, stories) related to the new session's

themes. Each session ends with reflections by participants and a new homework assignment. Participants receive information on cycles of intergenerational violence and practice equitable co-parenting, communication strategies, and non-violent conflict resolution.

Implementation and Testing in Four Pilot Districts

Between 2013 and 2015, the Bandebereho program reached over 1,700 families in the Karongi, Musanze, Nyaruguru and Rwamagana districts of Rwanda, through an initial pilot program and three follow-up cycles. These early pilots were encouraging, so from 2015-16 the program conducted a randomized controlled trial with 1,199 couples, and reported:

- Lower rates of: physical punishment for children, parental alcohol use, intimate partner violence and male dominance in household decision making
- Higher rates of modern contraceptive use
- Increased antenatal care attendance for women
- Increased men's participation in unpaid childcare, antenatal care, and household work
- Increased time spent by both fathers and mothers with their children.

For more information on the trial, please visit: https://promundoglobal.org/resources/gender-transformative-couples-intervention-male-engagement-rwanda-randomized-controlled-trial/

Adapting for Scaling Up

Given the pilot's success, in February 2019 RWAMREC and Promundo turned to scaling up. They partnered with the Rwanda Ministry of Health and the Maternal, Child and Community Health department of the Rwanda Biomedical Center, and selected the Musanze district as an initial focus for scale-up. The concept for scaling was to move from the pilot's approach, where RWAMREC delivered Bandebereho through specially recruited local volunteer facilitators, to an institutional model where the government health system would deliver the program through its frontline community health workers, without RWAMREC's and Promundo's direct involvement. The team sought a cost-effective, scalable delivery approach that could be sustained even with changes in government. However, achieving these goals was challenging. Scaling and delivering the intervention within the health system, with a different cadre of frontline workers and at reduced cost, required a second set of adaptations.

One challenge noted by the RWAMREC team was the orientation of most of the health system to treatment, as distinct from prevention. However, RWAMREC had a longstanding relationship with the Ministry of Health, and there was strong motivation there for the program, including at the highest levels. The Ministry formed a Technical Advisory Committee to guide the scale-up process, including the adaptation of program materials for use by community health workers.

To adapt Bandebereho for scaling, the partnership followed a process similar to the initial adaptation of Program P to the Rwandan context. RWAMREC and Promundo reviewed feedback from prior participants and facilitators and compared this with the evidence of impact from the randomized trial. They conducted new formative research to understand how to best improve the curriculum's content. This resulted in an expanded, 17-session curriculum, including a stronger focus on unpaid care and women's economic empowerment, with two additional couples sessions (for a total of ten).

The addition of two couples sessions reflected feedback RWAMREC and Promundo received from the pilot work. As RWAMREC's Project Coordinator Emmanuel Karamage put it, participants had shared that "it's important to bring men and women together at the same time, in the same session." He believes that this approach has enabled participating couples to embark on a "journey of good communication, in the sessions but also in the evening at home."

PHOTO CREDIT: RWAMREC

A key activity for the new version was training community health workers, district staff, and local authorities to deliver Bandebereho and monitor implementation for fidelity and quality. RWAMREC and Promundo tailored the training sessions to fit the skill levels and existing training of community health workers (some of whom could not read or write). To help orient the community health workers to Bandebereho's approach, the team added new background material on gender transformative programming and the importance of gender equality. They also developed refresher trainings and organized monthly preparation

meetings. To ensure alignment with existing community health worker training, the Rwanda Biomedical Center reviewed the curriculum and proposed further changes.

Sustainable scaling also required reducing cost. Involving community health workers provided one way to do that, by cutting back on specialized external support. In the pilot, to deliver sessions on family planning and on pregnancy the program engaged a clinician, usually a nurse or midwife from the local health center, as a session co-leader. This resulted in additional transportation and professional costs. With the community health workers delivering the intervention, these sessions are now co-led with other local community health workers who are already responsible for promoting antenatal care and family planning.

In the pilot, RWAMREC provided a transportation stipend for participants as an incentive to attend the group sessions. To control costs, RWAMREC removed this from the transition-to-scale model. RWAMREC and Promundo were concerned about reductions in attendance, but recruitment has been strong and only about 10% of all participants drop out. Retention has remained high even amidst the COVID-19 pandemic. Meanwhile, RWAMREC and Promundo are exploring low-cost material incentives that the health sector can feasibly distribute to ensure that attendance and retention remain high in the future.

Another curricular adjustment was to further emphasize unpaid care work. The randomized trial found that although the program increased men's involvement in unpaid care work, the change was not enough to yield an equitable division of housework. RWAMREC and Promundo then used funding from the Work and Opportunities for Women Fund to explore why. This additional research found that: 1) there was inadequate communication within couples about expectations for unpaid care work; 2) women often ended up devoting more time to do other unpaid care work that they did not have time for before their partner became more involved; and 3) women often had to redo what their partners had initially tried to do. Based on these results and participant feedback, RWAMREC and Promundo enhanced the Bandebereho sessions on unpaid care work with a focus on expectations, including which partner is responsible for what, and how it is done. They also asked men to think about the work their partner does outside the home and how sharing work in the home can benefit their family. In addition, greater discussion of women's participation in paid work was emphasized throughout, including how men taking on care work can support women's paid work. This has led to greater recognition among men of the benefits of men and women working together within the home.

Scale Achieved as of February 2021

- 432 community health workers trained
- 27 health sector and district level staff supporting implementation, training, and monitoring
- 9,770 parents have either engaged in group sessions or have newly enrolled in them
- 700+ local authorities support implementation.

PHOTO CREDIT: RWAMREC

Adapting to COVID-19

RWAMREC's connection with local communities in Rwanda, combined with its engagement with community health workers and the health system in scaling Bandebereho, meant that the partnership was in a strong position to adapt further when the COVID-19 emergency struck. As RWAMREC's Project Coordinator, Emmanuel Karamage, observed, the pandemic created challenges in program delivery, together with a new climate of fear and uncertainty in the community and an increase in gender-based and intimate partner violence. In response, RWAMREC sought to keep the Bandebereho program alive, while directly addressing the community's public health concerns and the problem of domestic violence.

Under lockdown, RWAMREC enabled continued delivery of men's engagement programming through WhatsApp, Facebook, SMS, radio programming, and even loudspeakers. The community health workers, who in the scale-up model were at the front line to deliver the program, all had cell phones. RWAMREC staff sent them regular messages on child development, on identifying and preventing intimate partner and gender-based violence, and on encouraging men's engagement at home. These messages are not only core themes of Bandebereho, but they also could aid the community health workers' ongoing work with families outside of the program. RWAMREC also helped distribute personal protective equipment (face masks and hand sanitizer) through community health workers and supplemented the Bandebereho curriculum with material on how to prevent viral spread.

In reviewing lessons from their COVID-19 experience to date, the RWAMREC team emphasized the importance of technology to secure continuous support to families, and the

value of connections not only with health workers, but also with village leaders: "The focus in the transition to scale was on the health sector and the community health workers, but COVID showed how important it is to continue to involve the village leaders as well. That's something we will take forward."

The work of the Saving Brains Learning Platform Team to engage with this innovation and prepare this profile was made possible by the support of Grand Challenges Canada (funded by the Government of Canada), Porticus, and the Saving Brains Partnership.

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We extend a thank you to RWAMREC for their work and for sharing their story with us.

For more information about **RWAMREC**, please visit their website: https://www.rwamrec.org/