

Saving Brains Thematic Brief: Gender Equality and Early Childhood Innovation

Introduction

Grand Challenges Canada (GCC) is committed to advancing gender equality and offers Saving Brains (SB) innovators an array of [gender modules and resources](#). These resources address a range of relevant topics including gender analysis and strategy development. The gender modules encourage innovators to consider how gender influences various levels of their work, from the operations and management of the organization (e.g. recruitment policies, gender balance, etc.) to programmatic aspects of the innovation (e.g. considering how gender influences implementation, how gender dynamics impact families, etc.).

Box 1: Grand Challenges Canada Gender Equality Portal

The [portal](#) provides a comprehensive set of gender equality tools. The tools are targeted at innovators, policy makers, impact investors and others who are interested in supporting and enhancing gender equality through innovation.

On this topic, integrating a gender perspective into early childhood development (ECD) programs has been a focus of the SB platform team's direct work with innovators. This thematic brief aims to share learnings from SB's innovators and summarizes key themes arising from this work over the period from June 2018 to May 2019. In addition, the brief shares vignettes from SB's innovators (Appendix 2).

Please note, GCC engages a Gender Equality Advisor who is available to support teams interested in furthering their gender equality work. Support ranges from advising on how to conduct gender analysis or develop a gender strategy, to simply better understanding how gender dynamics might impact their work. If interested, Saving Brains innovators are encouraged to reach out to their GCC lead to request being connected with the gender advisor and are asked to indicate what type of support they believe would be most useful at this stage of their work.

Sources for this brief include:

- Discussion with Saving Brains innovators during three webinars focused on gender equality.¹

¹ The results of the platform's gender equality survey were separately analysed and reported to innovators in a [webinar presentation on February 6](#); the current brief does not attempt to recapitulate the survey, but instead focuses on experience and commentary provided in the course of the activities listed here.

- A Gender Equality Facebook page where innovators have contributed ideas, comments, references and questions.
- Two focused conversations with five innovators who volunteered to play a leading role in developing the webinars; these conversations provided a forum for innovators to share with one another their discoveries about the gender dimensions of early childhood development, and how these discoveries are shaping the way they design and implement their innovations.
- Six short vignettes contributed by Saving Brains innovators on their experiences, attached as an Appendix to this brief.
- Comments and contributions from Saving Brains innovators to the initial draft of this document, in the first quarter of 2019.

This brief is not intended to be a definitive guide; rather it is a snapshot of activity and insights from SB innovators at the current stage of their work. Learning on these themes will naturally grow and evolve. At any rate, the Platform Team wishes to thank all the innovators who contributed to this paper. Links to their home institutions are provided at the end of this document (Appendix 1).

The first section of this paper presents an overriding theme we heard from innovators: that *gender matters for ECD initiatives*.² After briefly reviewing innovator comments and experiences on this broad theme, we turn in Section Two to the ways innovators have approached the challenge of advancing gender equality in their ECD work. Here, we review major dimensions of these efforts, including *skill building; addressing attitudes and norms; and dealing with formal policies and social marginalization*; we also highlight two concrete topics were raised repeatedly by innovators as salient for their work at the intersection of gender equality and ECD: *engaging men – especially fathers – and measurement for change*.

Section 1: Gender Matters for ECD Initiatives

Gender equality is an important influencer across ECD programs. Innovators told us that gender discrimination, gender-based violence and women's low status contribute to poor maternal mental and physical health, impede mothers in their parenting, and create risks to childhood development. Innovators also spoke about how low rates of father involvement in caring for the young children can impede healthy early child development.

² The International Development Innovation Alliance (IDIA) recently published a report on bridging gender equality and innovation that may be of interest to innovators: <https://www.idiainnovation.org/idia-insights/>.

“ ...some symptoms of [unequal gender relations] include the continued practice of female seclusion, very low female labour force participation rates, a large gender gap in literacy rates, extremely restricted female property rights, strong gender preference, widespread neglect of female children and a drastic separation of married woman from her natal family.

– [Stepping Stones, Datta Meghe Institute of Medical Sciences, India](#)

A team member from Learning Clubs in Vietnam told us why they made gender equality an explicit and integrated part of their innovation.

“ Gender equality and gender-based violence are only two of the risk factors related to women’s mental health problems which have adverse consequences on child development. But together they constitute ... the biggest risk factors. When we developed the Learning Clubs project, we felt gender equality had to be addressed directly in the intervention.

– Jane Fisher, [Learning Clubs, Research and Training Center for Community Development and Monash University Partnership, Vietnam](#)

Nearly all of the innovators we spoke with reported their own increased awareness of the impact of gender inequality on caregiving and early childhood development. For example, several innovators reported that the Saving Brains webinars as well as the Gender Equality Survey helped them identify gender dimensions they had not considered before, concerning their project and their project team.

“ Joining your discussion webinars actually opened our eyes to start focusing more and intentionally collecting some data on gender equality ... the survey also helped to identify domains to explore.

– Hana Rabadi, [Empowering Palestinian Mothers, World Vision Jerusalem-West Bank-Gaza, Palestine](#)

During the gender equality webinars innovators suggested that undertaking a [gender analysis](#), even a simple one, can help them identify what gender dimensions are salient for their project. For example, innovators in [Putting Families First, Tajikistan](#) using network mapping discovered mothers have large support networks to help with childcare and thus reduce stress on them. On the other hand, fathers have limited support networks, feel stressed when alone with their child and would not seek help in child development matters. This information reinforced the priority the [Tajikistan team](#) placed on delivering their parenting program for dads, their “Mellow Dads” groups. This program was adapted to men’s psycho-social needs, with the goal of increasing men’s participation in caring for their young children. The findings from network mapping will also help the team formulate future interventions that better take gender considerations into account. In light of this, many SB innovators have now just completed gender analyses using [GCC’s Gender Analysis Tool](#).

**Box 2: Grand Challenges Canada
Gender Analysis Tool**

The [Gender Analysis Tool](#) is a guide for health innovators to perform gender analysis to inform their gender strategy. The framework examines how gender considerations have been woven through the innovation, their organizations or companies, and how the intervention is influenced and influences the social, cultural and policy environments.

Through gender analysis, innovators shared that as they deepened their understanding of gender dynamics, they altered the design and implementation of their innovation. For example, innovators from [Vietnam’s Learning Clubs](#) and [India’s Stepping Stones](#) worked to increase fathers’ participation in parenting sessions by including videos and pictures of fathers caring for children. These innovators report that after participating in parenting sessions, fathers contributed more to childcare activities such as bathing and playing with their child.

In a related example, HOPE Worldwide Kenya’s [BEGIN project](#), which works with slum-dwelling teenage mothers, observed at baseline that a very few babies (6.2%) had birth certificates. They identified this as both an ECD issue, since birth certificates are required for children to begin school, and a gender and policy issue, since both the father and the mother must present identity cards for birth certificates to be issued. Subsequently, the BEGIN project works directly worked to engage fathers (see Section 2.D below), and has seen a substantial increase in birth certification. [Report from Julius Nguku, BEGIN.]

Section 2: Gender Strategies Used to Advance Gender Equality

Based on innovator’s feedback, we have grouped the way innovators are approaching gender inequalities in their projects into five categories:

- A. Building Skills and Capacities
- B. Addressing Attitudes and Cultural Norms
- C. Dealing with Formal Policies and Social Marginalization
- D. Engaging Men – Especially Fathers
- E. Measuring for Change

The first three categories are general dimensions of gender equality work; the final two represent more specific strategies highlighted by innovators. Each of these five areas topics addressed below relates to the others, and all are entry points to improved gender integration for innovations. For example, individual skills and formal laws are factors you can observe and count. Moreover, individual attitudes and collective norms are inferred from behaviours and communal practices. This section discusses each of these five categories in turn.

A. Building Skills and Capacities

Building skills, capacities and knowledge with moms, dads or both are valuable strategies that can, in different ways, reduce gender inequality while improving child outcomes.

“ By increasing the mothers’ skills, resources, networks of support and knowledge, we counter the effects of exclusion and improve child development....

– Jonathan Watkins, [Putting Families First, Tajikistan](#)

We found that developing mothers’ and fathers’ skills and capacities in parenting overall, and in particular to stimulate and promote child development, is common across the innovations we explored.

[Stepping Stones](#) also began with a primary focus of building skills and knowledge in early childhood development for staff at national network childcare centers in India; subsequently, the program engaged with mothers, fathers and grandparents in developing positive parenting skills through home visits by field workers.

In Vietnam, mothers and fathers attending the [Learning Clubs](#) program participate in facilitated group sessions and one home visit focused on building skills and knowledge to (a) optimize mother and infant health and (b) increase father participation in child care while (c) minimizing the potential for family violence.

“ One of the things that’s really struck me is the potential of role-play to build empathy among men. [Learning Clubs] has an amazing technique where they ask men to wear a backpack weighted with stones on their front and then squat down and try to hand wash clothes for ten minutes. It arouses humour and warmth but it seems to be an extraordinary powerful way of developing increased empathy, increased awareness, without having to go in for a big lecture. There are creative ways of building recognition and empathy that have substantial benefits.

– Jane Fisher, [Learning Clubs, Research and Training Center for Community Development and Monash University Partnership, Vietnam](#) [Innovator Group Call]

Kaylie Cordingley from the HOPE Worldwide Kenya [BEGIN project](#) offered a reflection on the skills building theme, proposing to broaden the frame by focusing on the purpose of our joint efforts – new, effective actions by people in their families or in their communities:

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Is "skills training" really what we mean as we think about behaviour change that positively impacts mother and child health and reduction in gender-related harmful behaviours[?] If so, it would seem that knowledge is the "skill" we are referring to, yet we know that behaviour does not change simply with knowledge. That is, knowledge is not always internalized into action - though actions may eventually change into sustainable behaviours.

At the beginning as we design interventions, we need to talk about the "how" and the "where" of training and engagement. The method (the how) of skills and training has to engage adults, where they are, in their context. Participatory learning activities to engage women and men, mothers and fathers, in dialogue and reflection on what they are currently doing and why as well as what they are experiencing as a result is needed. We use storytelling, demonstrations, and picture cards that reflect their context both positively and negatively to begin a conversation and remove the personal context, or blame, while allowing people to empathize (and sympathize) in order to see a different, better way. Then perhaps the skills we are looking for can transform into actions that positively impact outcomes of health and gender-related attitudes and behaviours.

The questions we then need to ask community members sound something like:

- What do you want?
- What can you do?
- What action can you take?
- How will you work with others to better your home and theirs? To ensure that your children and theirs, boys and girls, thrive? To ensure that your intimate and community relationships are healthy?

And so we have also come to the "where" of the skills building. Intimate and personal engagement in individual, home, and community skills in applying knowledge and taking appropriate action is what is needed to optimize outcomes. Groups are incredibly important vehicles for promoting change and buy-in, but the home is also critically important. Behaviour is learned and practiced in the home and at the community level. Exploring one while ignoring the other is to the detriment of long-term sustainable positive outcomes.

B. Addressing Attitudes and Cultural Norms

Addressing persistent and negative gender and sociocultural norms is an important aspect of ECD innovations. Innovators told us about their efforts to deal with gender stereotyping and norms around parenting roles, household tasks and decision-making; around work outside the home; and around acceptance, by men and women, of domestic violence.

“ The persistence of these norms has an adverse effect on maternal mental health and as a consequence on the development of their children. Our approach to gender equality and reducing gender-based risk focuses on increasing empathy, looking at negative consequences of criticism, using every opportunity to promote the rights and needs to the baby. Learning Clubs is intended to challenge stereotypes about women, and not to make men feel humiliated or embarrassed. Endorsement by local authorities and community leaders has been essential to acceptance of Learning Clubs.

– Jane Fisher, [Learning Clubs, Research and Training Center for Community Development and Monash University Partnership, Vietnam](#) [personal communication]

Stereotypes are hard to change as they are regarded as facts of life, and their persistence, as expressed in the quotation above, adversely affects early childhood development. Yet innovators also reported on-the-ground examples where expected stereotypes were not being followed, and where there was hopeful uptake of their work. Melissa Crutchfield from Episcopal Relief & Development reports:

“ We apply learnings from programs across our organization to inform our ECD program’s faith engagement components and strategy. For example, we use scripture and other religious texts from an interfaith program addressing violence against women and children to unpack the religious and cultural norms particularly around POWER dynamics and how that impacts violence in the home.

– Melissa Crutchfield, [Episcopal Relief & Development](#) [from SB February 6 Gender Equality webinar]

[HOPE Worldwide Kenya’s Bridge to Empower Girls in Nairobi \(BEGIN\)](#) is working in Nairobi’s informal settlements (slums), where there is a high rate of pre-marital motherhood. Facing health, economic and social challenges, teenage girls engage in transactional sex with older men for small amounts of cash. These young mothers are put in even more precarious social and economic position and as a result young children born of such transactions are at great risk of stunted growth. BEGIN wanted to know why the majority of men in such encounters do not take responsibility for children and leave the mother more vulnerable. BEGIN conducted focus groups with men and found the primary reasons for their lack of involvement were “low economic capacity and fear of the law and stigma from other men and society” [personal communication]. Using this information, BEGIN experimented with different ways to increase involvement of these fathers in parenting. Crucially, BEGIN is reporting early success in

engaging with these fathers, and an expression of interest of the fathers in their role as parents. Reflecting more generally on the challenge of changing cultural norms – in a way that resonates with Episcopal Relief’s experience noted above – Kaylie Cordingley of BEGIN noted that “faith leaders are key stakeholders in creating change around more deeply-entrenched behaviours . . . that can impede the development of children.”

Another promising example of engaging with cultural norms comes from World Vision Jerusalem-West Bank-Gaza:

“ When World Vision started working on health projects to benefit marginalized mothers and their newborns in the West Bank, they needed to find and train female community health workers (CHWs) who would visit mothers in their homes. In these communities, women are not allowed to work. Village Councils selected a number of women including a number of young women to take on the role of CHWs. It took time for the CHWs to be accepted by the communities and the beneficiary households, but once that happened several unanticipated positive consequences occurred: The CHWs reported feeling more confident, they began to be seen as leaders in their community, some have gone onto post-secondary education, and mothers and grandmothers have expressed their desire to help other women.

– Hana Rabadi, [Empowering Palestinian Mothers, World Vision Jerusalem-West Bank-Gaza, Palestine](#)

Finally:

“ While implementing skillful parenting programs, we have an opportunity to address the root cause of gender inequalities. Where we implement our project in western Kenya, there is a tendency for parents to associate weakness and some household chores with the female gender. This means that the children became gender insensitive at a very early age and thus carry with them stereotypes throughout their lives. In training the care caregivers and service providers, we want to make their interactions with children gender aware and responsive. This can be achieved by promoting play and communication that respects each gender. By so doing children will grow up respecting and supporting all genders. By changing the beginning of the story, we will have changes [to] the whole story on gender stereotypes.

– Collins Otaro, [Combining Skillful Parenting and Economic Empowerment in Western Kenya, Investing in Children and their Societies](#)

C. Dealing with Formal Policies and Social Marginalization

The project lead for HOPE Worldwide Kenya's Bridge to Empowerment for Girls in Nairobi asked the following question.

“ How are Saving Brains partners influencing policy to address gender inequalities at different levels — community, national, regional, global?

– Julius Nguku, BEGIN Project, [HOPE Worldwide Kenya](#)

Innovators told us they often work with women, men and young children who are underserved by, or excluded from, services that could help them create a more favourable environment for healthy child development. Marginalized groups include, for example, adolescent and impoverished pregnant women and mothers, indigenous populations, displaced persons, incarcerated women, and groups excluded by race, religion, ethnicity, caste, class, sexuality or other status. Marginalization is reinforced by existing laws and policies, as well as cultural norms.

“ Hundreds of children are living with their mothers in prison in spaces that do not meet the specific needs of motherhood in prison and few spaces that guarantee an adequate comprehensive childhood development.

– [REINSERTA A. C., Health Care Model for Women and Children in Prison](#)

Innovators have raised questions about how to identify the underserved, how to assure their programs reach them, and how to work with the dynamics that arise when an intervention challenges government policies and formal power structures.

For example, the [Research Center for Training and Development in Vietnam](#) and [World Vision Jerusalem-West Bank-Gaza](#) work with local officials and religious leaders to gain acceptance and support for ECD initiatives which challenge gender norms and customary practices. Sometimes advocacy is needed from these formal and informal leaders to help women gain access to resources they have not been able to access on their own – e.g., skill building to support child development, vocational training, childcare skills, and nutritional support.

D. Engaging Men – Especially Fathers

Both fathers and mothers are essential for the positive growth of children. Innovators have also found that fathers are critical for children's development from pregnancy onwards; and subsequently, they have often made it an explicit objective to involve these men in their programs and to keep them involved. Jane Fisher from [Learning Clubs, Research and Training Center for Community Development and Monash University Partnership, Vietnam](#), told us that a key principle in their work is that “babies need mothers and fathers and what they do has an impact on how babies grow and develop” [personal communication]. Learning Clubs is currently seeking resources to test whether mothers and fathers attending group parenting sessions together leads to higher rates of behaviour change in parenting than mothers and fathers attending parenting groups on their own.

Strategies innovators have used for engaging fathers include:

- Involving male opinion and faith leaders to encourage fathers to participate in childcare (World Vision Jerusalem-West Bank-Gaza, Melissa Crutchfield, Episcopal Relief & Development)
- Using videos, photo books and stories showing men caring for a young child (Learning Clubs, Vietnam and Datta Meghe, Stepping Stones); inviting couples to come to sessions together as a unit (Learning Clubs, Vietnam, Partners in Health Rwanda)
- Involving mothers-in-law in home visits and encouraging them to talk to fathers (World Vision Jerusalem-West Bank-Gaza)
- Framing activities so that they may be more appealing to fathers, such as getting children ready for pre-school rather than promoting child health (Datta Meghe, Stepping Stones)
- Holding men's groups on parenting (Putting Families First, Tajikistan and Datta Meghe, Stepping Stones)
- Asking fathers who attend sessions how to reach out to other fathers (Datta Meghe, Stepping Stones and Skillful Parenting in Western Kenya)
- Emphasizing the harms of family violence to women's health and infant development in order to increase women's decision making power in family and create greater safety and health for mothers and young children (Learning Clubs, Vietnam and Putting Families First, Tajikistan).

Learning Clubs in Vietnam has generated evidence that intimate partner violence perpetrated during pregnancy or the early months of the baby's life is associated with reduced growth and development outcomes at age three. This evidence is presented at Learning Clubs sessions to illustrate the importance to all family members of respectful relationships.

The Stepping Stones (India) project added case studies for men's groups; the case studies were success stories of men in the form of a photo book, showing men undertaking childcare tasks. This didn't significantly increase men's participation in group sessions, but men's participation in home visits did increase.

Collins Otaro, with the [Investing in Children and their Societies' Combining Skillful Parenting and Economic Empowerment program in Western Kenya](#) cited three strategies to “encourage...fathers to participate in parenting,” and reported promising results from combining all three:

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1. Attaching economic strengthening components to the program.
 2. Starting off with fathers only parenting session to discuss issues they consider sensitive.
 3. Holding a father’s day out – this can be an event where male caregivers spend time to play and engage with their children. The roles of fathers are celebrated on this particular day.

Yet this remains a challenging topic. Partners in Health in Rwanda reported:

“ Our innovation is delivered by the public health system. It's common in Rwanda that women are responsible for bringing children for health services and so we've started special group sessions where mothers and their partners are invited for parenting discussions as an approach to get men engaged in the care of their children as the sessions can be held at times that are more convenient for men's schedules. However, we have not found mechanisms for increasing the role of men in bringing children for their Pediatric Development Clinic visits, which means women ultimately still shoulder the responsibility for participation.

– Cat Kirk, [Partners in Health in Rwanda](#)

The BEGIN project team offered the following reflection:

“ We are currently refining our strategy for the best way to engage fathers. It’s important to be thoughtful about how, when, and who we are engaging. With fathers as primary caregivers, fathers as secondary caregivers, and men in the households - how are we engaging them in dialogue and advocacy across issues concerning the family, women, and children? Are we engaging them in the home and/or in caregiver groups? Are we engaging them from the beginning or just for particular messaging related to fatherhood and gender roles in parenting? Are we engaging them together as men or with women? And who are the "fathers" we are engaging? Is it enough to engage just primary and secondary caregivers who are male, or should we engage other males in the household (i.e. grandfathers, uncles, etc.)? These are questions we are grappling with in terms of our gender strategy and engaging fathers.

– Kaylie Cordingley, [BEGIN](#)

Other questions arising from innovator comments and stories pointed to an irony of gender equality: Increasing father’s awareness that they are missing something, and encouraging them to become more involved, seems to bring value to the “mothering” role, at least within the home. However, is it a correct assumption that the burden of balancing home and work still falls more on women? Are there examples which show a shift in employers’ recognition that bringing up children is an important consideration in workplace planning? More broadly, how do policies and practices leading to increased participation of women in the labour market affect relevant dynamics both at the workplace and within the family? (Thanks to Irene from the [BRAVE Project, Indonesia](#).)

E. Measuring for Change

Ensuring gender sensitive measurement and evaluation is critical for improving equality across ECD innovations. Innovators have also expressed interest in using qualitative and quantitative data to better address gender inequality in order to improve ECD outcomes. For example, innovators seek methods to measure changes that arise from promoting active participation of fathers in household activities, to measure fathers’ attachment to their baby, and to assess the impact of integrating gender into their ECD initiatives.

Box 3: Grand Challenges Canada Gender Equality Strategy – Monitoring and Evaluation

GCC’s Gender Equality strategy template (available [here, p.7.](#)) includes a Monitoring and Evaluation section. This section recommends that each project strategy “identify indicators for gender priorities and articulate how these will be measured and monitored in order to ensure the gender priorities are achieved.”

[World Vision Jerusalem-West Bank-Gaza](#) has used qualitative methods through interviews with community health workers to learn more about these workers' experiences. [Learning Clubs in Vietnam](#), as mentioned in subsection D above, is seeking resources to test behavioural change between mothers who attend parenting sessions alone compared to mothers and fathers who attend together.

Bringing to bear the distinction between *outputs* and *outcomes*, Collins Otaru from the [Investing in Children and their Societies' Combining Skillful Parenting and Economic Empowerment program in Western Kenya](#) noted that, "The number of male caregivers involved is a good *output* indicator," and reported good progress in their program in generating increases in this number, before going on to ask, "What are some of the *outcome* indicators we can use to look at fathers involvement in a parenting program?" [emphasis added]

Finally, the BEGIN team reported:

“ Our ECD initiative from the start involved gender issues and gender equality in parenting. In our most recent evaluation (2016) and current program phase baseline (2018), we focused on measuring behaviour change and some knowledge change quantitatively and found that through the qualitative data collection we were able to measure and deepen our understanding of attitude changes in regards to gender roles in parenting, particularly for fathers themselves.

– Kaylie Cordingley, [BEGIN](#)

Appendix 1: Innovators

 The Platform Team is grateful to the innovators who contributed experiences, reflections and questions to this briefing paper. Below are links to websites for each institution associated with each of these innovators.

- [Stepping Stones, Datta Meghe Institute of Medical Sciences, India](#)
- [Learning Clubs, Research and Training Center for Community Development, Vietnam](#)
- [Empowering Palestinian mothers to protect the bodies and brains of their newborns and infants, World Vision Jerusalem-West Bank-Gaza, Palestine](#)
- [Putting Families First: Safe, Sustainable Families in Urban and Rural Communities in Tajikistan, Social Legal Center "Sarchashma"](#)
- [Healthcare model for mothers and their children living in Mexico's prison system, Reinserta Un Mexicano, Asociacion Civil, Mexico](#)
- [HOPE Worldwide Kenya \(BEGIN\)](#)
- [Episcopal Relief & Development](#)
- [Combining Skillful Parenting and Economic Empowerment program, Investing in Children and their Societies, Kenya](#)
- [Partners in Health, Rwanda](#)
- [BRAVE Project, Human Nutrition Research Center, Indonesian Medical Education and Research Institute, Faculty of Medicine Universitas Indonesia](#)

Appendix 2: Innovator Stories

Bridge to Empower Girls in Nairobi (BEGIN) Project HOPE Worldwide Kenya

Looking for elusive fathers

Context

There is a high rate of premarital motherhood in Nairobi's informal settlements that predispose the girls to a wide range of social, economic and health challenges. One of the causes of this is age-disparate, transactional heterosexual relationships whereby an (usually) older male partner provides cash or in-kind support to the girl in exchange for sexual favors. Given gender-power dynamics, the girls are less likely to negotiate for safer sex in these relationships.



Problem

Almost 80% of the BEGIN teenage mothers in age-disparate sexual relationships receive no support at all from the men who had fathered their children. In a survey, the girls said the fathers of their children were no longer friends and had disappeared from their lives soon after conception of the babies. This leaves the new mothers even more vulnerable than they were before sexual contact with the older male partners. Where are the fathers?

Identifying Potential Causes of Gender Inequality

To answer this question, BEGIN conducted two Focused Group Discussions with the slums community men, one with men older than 45 years and another with younger men. The main reasons given for the men's lack of taking responsibility for the children were: low economic capacity, fear of the law (as marrying or cohabiting with a minor is illegal in Kenya), and stigma from other men and the society.

Innovation

To address this, BEGIN project undertook to include male-engagement aspects including: inviting the fathers to the monthly "Sister Walks" meetings that the teenage mothers hold, and later by creating a "Fathers' Forum" for them (this has not happened yet); and using the men who are supportive as role-models for others. Making male-involvement a critical issue in the BEGIN Project Advisory Committee (PAC) that include the area chief and other male community leaders has played a pivotal role as the PAC also engages community men through community barazas (meetings).

Early Indicators

As a result, there has been an observed increase in the number of men who support the teenage mothers by providing financial support (25 men), paying for daycare services for the babies in order for the mother to attend vocational skills training (29 men) or attend formal schooling (4 men). The picture on the right shows a grandfather of a teenage mother who usually baby-sits the grandson in his grocery shop while the mother goes for casual jobs to support the child.

Stepping Stones

A Stepping Stones Approach: Promoting involvement of males in childcare and child development activities

Context

Stepping Stones, started in 2005, is an innovative program aimed at promoting Early Child Development, by using the locally available resources and public sector ICDS program. The program is currently being implemented in 58 villages in forest buffer zone of two districts in Central India. This area has a sex ratio of 946 females for every 1000 males, and a literacy rate of 87.22%.

The lower sex ratio of the population may reflect highly unequal gender relations some symptoms of which include the continued practice of female seclusion, very low female labor force participation rates, a large gender gaps in literacy rates, extremely restricted female property rights, strong gender preference, widespread neglect of female children and a drastic separation of married woman from her natal family. These remote rural areas have an average annual per-capita income below the state average. People are predominantly farmers or farm laborers or involved in cattle rearing and forest based labors. These areas are also known for farmer's suicides due to reduced income from farming, crop failures. Traditional practices are widely prevalent in these regions strongly influencing health seeking behavior and child care practices. Availability and accessibility of health and social services for rural people is a great challenge.

Problem

Culturally, child bearing and rearing is the domain of women. Thus, women are overburdened due to child care responsibilities in addition to routine household chores and farm / forest laborer for income generation. Often, child is left to the care of older sibling or neighbors, when mother is too busy in her duties or out of home for work.

In most of the families, males are the heads of households, key earning members of family. They are reluctant to take child care as their responsibility and hesitate to spend time with their children. Care of children in daily routine like bathing children, feeding, changing diapers, dressing them are mainly done by women. Hardly a few men spare time for playing with their older kids. But younger children are relatively less to be interacted by fathers and male members of the family. Fathers role in child development is evident and needs to be promoted in this programme.

Identifying Potential Causes of Gender Inequality

The key potential cause of this inequality is lack of education and awareness in this population regarding physiology of child development and importance of contribution of fathers in ECD. Another potential cause is poverty which forces the male members of family to focus more on earning activities. Also cultural and social aspects which direct males to handover early child care responsibilities to mothers is equally important. These include: cultural beliefs about appropriate roles of men and women; marriage and kinship systems; household-based inequalities in resources available to men and women; gender inequality in the legal and educational systems and in labor markets; persistent poverty; and class and gender bias in development strategies.

Innovation

For raising awareness through Positive Parenting programme of Stepping Stones, we have developed a set of modules and self-reflective assessment tools which particularly emphasize on participation of males in child care and development activities. Subsequently we involved fathers and grandfathers, adapted family focused intervention, updated curriculum. Male field workers started delivering the sessions and provided space for fathers to participate and discuss. Prepared Picture books showing fathers engaged in child care. The parenting sessions which are delivered through home visits are scheduled so that male members of the family are captured at home. They are engaged in parenting sessions and development assessments. They are invited for community group sessions and assigned the activities like participation in role plays etc. Many photos and videos of positive parenting practices in the community that involve males are captured and shared in community group meetings. Their participation is appreciated and disseminated through training sessions, monthly meetings and photo-voice workshops. Thus, many male members of families like fathers, grandfathers and uncles have come forward to volunteer for ECD activities at village level.



Father helping child to walk



Father helping to change child's clothes



Grandfather feeding grand-daughter

Early Indicators

About 60% of home visits for parenting interventions by our field staff are well received by male members of the family and they have started spending time with children and participate in childcare activities. The effects are evident and are captured through photo/video documentation and notes in work-diaries of field staff. Gender disaggregated data on changes will be entered in RMAF.



Father Playing Games with Child



Grandfather swinging with grand-daughter

Putting Families First
Safe sustainable families in urban and rural areas of Tajikistan
Sarchashma, Hayyot dar Oila, Iroda, and HealthProm in association with UNICEF

How we have approached gender equality and what value addressing gender equality has made for our innovation.

Our overriding approach is one of promoting inclusion and this takes different forms.

First, most people who present to our services seeking help are mothers and young children together whose needs are closely intertwined. They are often poor and marginalised, both from family and society. We address their needs by offering practical support with social protection, support access to welfare benefits, as well as promoting parenting skills particularly where a child has a disability. By increasing the mothers' skills, resources, networks of support and knowledge, we counter the effects of exclusion and improve child development.

Second, we work directly with men in order to include them in childcare practices. We have started two parenting groups within the Mellow Parenting programme, called Mellow Dads. Each group has up to 8 men and lasts for 14 weeks. The programme helps men to engage with their children and take part in childcare.

We found through network mapping with separate groups of women and men that the key differences are about power and networks of support. We found that women tend to have greater networks of support but are more excluded from the power associated with money and position. We found that men are more empowered financially and by their positions in society, but are less included in networks of social childcare support.

Our approach indicates a need to 'empower' women, and 'strengthen men's networks of social care. This challenges established gender role models and we are becoming increasingly aware of gender diversity, both in terms of self-identity and social roles, as a force for development. Further analysis of our Netmapping will help us formulate this question in more detail, and guide our continuing work.



Learning Clubs

Learning Clubs To Improve Women's Health and Infant Development in Vietnam: A Cluster Randomised Controlled Trial to Inform Transition to Scale

Context

Learning Clubs are a novel, evidence-informed, structured intervention addressing the major risks to early childhood health and development in the first 1000 days of life. In a joint project RTCCD Vietnam, Monash University, the University of Melbourne and the Burnet Institute in Australia, with the support of Vietnam's Ministry of Health, developed Learning Clubs and are running a trial to evaluate the impact of this approach in a rural province in Vietnam. This innovation was developed from the evidence generated by the collaboration over the past 15 years about the psychological and general health of women during pregnancy and after giving birth, and the health and development of their young children.

Problem

In Ha Nam province, the project site, 32% of women who are pregnant report food insecurity, 20% have a BMI < 18.5, 80% are iodine deficient, 17% have iron deficiency anaemia, 19% have experienced intimate partner violence and a third meet criteria for a common mental disorder. All are poor with annual per capita incomes below USD800. Premature births are double international rates, one in five young children are stunted and the mean cognitive, language and social-emotional development scores are significantly lower than in high-income nations.

Identifying Potential Causes of Gender Inequality

Many women move upon marriage to live in their parents-in-law's household. There are strong gender-based divisions in roles and responsibilities. Child rearing and household work are traditionally women's responsibility. Although many women generate income, men are regarded as the household heads and the family's income earner. It is rare for men to participate in or share unpaid household and caregiving work. Men rarely attend antenatal care, births, or child health checks.

Innovation

The Learning Clubs intervention comprises 20 educational sessions, one a home visit and the others, facilitated group meetings. All content is drawn from interventions shown in RCTs in resource-constrained settings to be effective in addressing maternal nutrition, mental health, parenting capabilities, infant health and development, or gender-



based violence and empowerment. Sessions are organized into five modules targeting perinatal stage-specific essential knowledge and skills. The educational package includes 3 family books, 5 facilitator handbooks, 50 video clips and 20 take-home-message posters. Men are invited to participate in sessions and facilitators are trained to include them in the learning activities and question and answer discussions. The importance to optimizing women's health and infant health and development of men's care is emphasized and the harms of family violence outlined.

We have applied the following innovative strategies to attract men's participation and their active roles in the families. First, we have actively incorporated fathers into the materials that are shared, such as the educational package with video clips and family books that show fathers doing childcare activities; Second, we organized a session that discusses father's importance in child growth. Third, in all sessions we encouraged couples to come to sessions as a unit, rather than as individual mother or father. Fourth, during home visits, facilitators would ask the father to practice bathing their baby, changing diaper or massaging the baby, and facilitators would directly instruct the father in action. Fifth, we piloted organizing a facilitated group meeting on the vaccination day, when parents with their baby remain after vaccination for 60 minutes to learn. With this approach, more men attended the session as they are the driver who takes their wives and children to vaccination. Sixth, we gave a prize/award to the clubs facilitator/health worker for the club that has the most male participation.

Early Indicators

After 6 months of club implementation in the field, 90% of eligible women attended the 8 pregnancy sessions; 34% of their husbands and 21% of grandparents attended at least one session. Women said that since their husband joining the clubs, their husbands do more house chores and are more gentle to their wives. Among those whose babies are born, more men are bathing and playing with their babies. We plan to test whether there is a difference in behavioural change between mothers who attend the sessions alone, compared to mothers and fathers who attend as a unit.

 For more information about the program and trial, please see our published protocol: <https://europepmc.org/articles/pmc6059326>



REINSERTA A.C

Health Care Model for Women and Children in Prison

Context

Reinserta A.C. is a Mexican based organization, founded in 2013, that fights for a safer world, through the prevention of crime, working in favor of the rule of law, improving the criminal justice system, promoting the respect of human rights of those imprisoned, and proposing improvements in public policies with a gender perspective. We do this with the purpose of creating real and lasting changes.

Problem

In Mexico, there were 10,594 incarcerated women at the end of 2017, accounting for 5.18% of the total penitentiary population (206,614). Unlike some countries, Mexico does not have laws that mandate that children living in prison receive even their most basic necessities. Because of this, the children live on environments where they are in contact with violence, explicit sexual behavior and substance abuse, which leads to traumatic experiences that affect their long-term development. Hundreds of children are living with their mothers in prison, in spaces that do not meet the specific needs of motherhood in prison and few spaces that guarantee an adequate comprehensive childhood development.

Identifying potential causes of gender inequality

Women in prison are highly invisible and are generally doubly punished: criminally and socially for transgressing the limits assigned to their gender role. Committing a crime sentences women socially, by their families who tend to abandon them: 70% of the women in prison are abandoned by their families, especially considering they were the main providers in their families. This leads them to lack a support network to provide them assistance during the legal process. Furthermore, there are gender biases in the justice system: women tend to be judged more severely because judges lack gender perspective in trials.

Due to the cultural and social zeitgeist in Mexico, women in Mexico live under repressive family dynamics, for which they participate in crimes (sometimes without the intention of doing so) in order to maintain their family.

Innovation

We seek to transform the lives of children that are born and live in prison and their mothers, through a health care model for integral development during early childhood. It is based on evidence and intervention in groups according to their ages.

In Mexico, some prisons host both men and women in the same space, and the lack of infrastructure, generates problems such as sexual violence and overpopulation. We strive to create violence-free and suitable spaces in women prisons for both children and women alike.

Together with their mothers, we fight so they have the same rights as any other child who is out of prison, because prison should not be an impediment to their development. We work from a psychological

standpoint with mothers, through secure attachment with their children, despite the clear difficulties they have of being mothers in prison. This way, the mothers have the necessary tools to raise their children and prepare them for a potential life without them. The model has four stages: assessment, intervention, transition to community living and follow-up.

A key aspect of our innovation is political incidence with local and national authorities. Reinserta was involved in the creation of a law that recognized the existence of children in the penitentiary system, including them in the penitentiary budget and respecting their human rights. It is now our job to make sure the government executes the law fully in all prisons of the country.

Early indicators or plans to capture change

During the first year, we will work with 50 children and 50 women in three different prisons in Mexico, with indicators that will measure the effect in the integral development of the children, the parental style of the mothers, secure attachment, dignifying spaces and environments and the follow-up with children once they leave the prison.

World Vision Canada Jerusalem-West Bank-Gaza

Empowering Palestinian mothers to protect the bodies and brains of their newborns and infants

It takes empowered women to bring about change in fragile contexts

In West Bank, Palestine, World Vision (WV) provides an integrated package of services for mothers and children that aims to ensure holistic child development.

Twenty-one vulnerable communities were targeted through implementation of a female Community Health Worker (CHW) approach. Most of the targeted communities are isolated, with limited or no access to health services. The project equips CHWs with proper knowledge on the First 1000 Days of a child's life, maternal mental health, and Early Childhood Development, which they transfer to the participant mothers through visits to homes and health clinics.



Implementing this integrated approach through female CHWs contributed to improving mothers' knowledge and practices, and therefore children's growth and developmental outcomes. In addition, the targeted mothers became more confident and began to engage outside the home to influence other mothers, and to make their own decisions, especially on issues related to raising their children.

An unanticipated success was the impact on the CHWs themselves. Meetings, observations and interviews with the CHWs revealed the following:

Through their work with this project, the CHWs have been empowered and gained self-determination. They can now move freely in their communities to visit mothers, attend primary healthcare clinics to support clinic activities, and travel outside their communities for regular project meetings. They have taken on leadership roles, provide essential support to the Ministry of Health, and are recognized and respected in their communities. Some have even become community leaders; for the first time, women are serving as members of village councils.

The work of the CHWs also had an impact on transforming social norms. Communities are beginning to accept working women and women leaders. Community members are becoming active and advocating for their health rights, and communities are interacting with and supporting each other.

The positive trends toward valuing the time and workload of women are observed among the CHWs, as the time they spend to implement project activities is valued and recognized by the project participants and their communities. For CHWs with young children at home, their volunteer work with the project is

recognized and supported by their own families, as in-laws step in to provide childcare so that CHWs can do their work.

The CHWs use the incentives they receive to make purchases for themselves and they spend their money as they wish. A number used the incentives to finish their education, and a few reported being able to support their husbands in their small business or start a small business of their own. It is impressive to see this transformation and how it impacts the entire community.