

Men and caregiving: Challenging norms, changing systems, cross-country learning and collective impact

The roadmap for integrating and promoting male engagement in child caregiving for improved ECD outcomes in Eastern and Southern Africa

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Preamble

In African society, the traditional roles and expectations surrounding child caregiving have begun to shift, some are changing while others are completely transformed. In some parts of Africa, caregiving has traditionally been associated with women and girls, but of recent, there is an acknowledgement and need to encourage more men to take on child caregiving roles thus challenging gender and social norms, systemic barriers and the wrong long-held community beliefs, stereotypes and biases towards men who do caregiving.

Male caregiving, whether as a father, spouse, guardian, or relative is an essential and often overlooked aspect of our society. The strength of a male caregiver comes with a unique perspective and set of strengths to child caregiving agenda; for example, they possess qualities such as care, love, empathy, resilience, and have the ability to create a nurturing environment paramount in providing the care and support needed by children. It is this strength that is overshadowed by harmful social cultural and gender norms, as well as systemic barriers – which question or undermine the abilities of men in caregiving roles. This hinders “potential” male caregivers' confidence and sense of worth, making it important for actors to work collectively in challenging these gender and social norms therefore creating community environments that support male caregivers in their roles.

The impact that male caregiving for children has on the overall well-being of families and communities needs to be emphasised. By actively participating in caregiving, men contribute to the physical, emotional, and social development of those people around the children, thereby promoting a healthier and more equitable society. Male caregivers have the potential to provide role models for future generations, breaking down the inter-generational gender norms, gendered stereotypes and paving the way for an inclusive and compassionate society. Embracing and promoting male caregiving not only benefits the individuals in need of care, but also enhances the lives of the caregivers themselves. The opportunity to connect on a deep level, develop meaningful relationships, and make a positive difference in someone's life can bring immense personal fulfilment.

Based on the above context, achieving male caregiving in the African traditional society requires using behavioural change approaches to shift change and transform harmful social norms – while promoting positive male caregiving norms.

Social and behaviour change work involves analysis of the different factors that influence how people behave, and the use of different strategies including communications to influence changes in these factors in order to remove barriers to change and to facilitate positive norms, expectations, attitudes and preferences. The aim is to reach a tipping point for change at the individual, community and social levels, this is the point at which a sufficient number of people adopt the new behaviour and it is “spread” to other members of the community and society, and becomes unstoppable and sustained (Promundo, 2021).

Therefore, to achieve large-scale impact, build momentum and achieve results, male caregiving does not need silo-faced actors. Rather, it can be achieved as a function of collective action, coordinated efforts, intentional collaborations, government engagement, donor engagement, convergence of measurement metrics and collective implementation.

Main definitions

Social norms: Unwritten rules regulating what actions are acceptable, appropriate and obligatory in a given situation shared by members of a group.

Men caregivers: This brief uses the terms men caregivers and fathers interchangeably, to refer to men who have a primary role in caring for young children – whether they are biological or adoptive fathers, stepfathers, grandfathers, uncles, guardians, or other family members.

Engagement: Refers to the level of interest, interaction, and commitment individuals have towards a particular activity, cause, or relationship. Strong engagement usually indicates a deep connection and dedication. Engagement can be measured through various metrics, such as the level of participation, responsiveness, and the quality of interaction Fathers.

Gender: The social and cultural meaning attached to someone's biological or perceived sex.

Gender norms: These are norms specifically defining acceptable or appropriate actions for someone based on what gender they are associated with.

Good health: Refers to the health and well-being of the children and their caregivers. We know that the physical and mental health of caregivers can affect their ability to care for the child.

Sanctions: Anticipation of reward (positive sanction) or punishment (negative sanction) for complying or not complying with a social norm (e.g. I will get a promotion if I always deliver on time; people in my neighbourhood will stop talking to me if I litter).

Adequate Nutrition: This refers to maternal and child nutrition. We know that the nutritional status of the mother during pregnancy affects her health and well-being and that of her unborn child. After birth, the mother's nutritional status affects her ability to breastfeed and provide adequate care

Opportunities for early learning: Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. Recognizes that every interaction (positive or negative, or absence of an interaction) is contributing to the child's brain development and laying the foundation for later learning.

Responsive caregiving: Refers to the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Considered the foundational component because responsive caregivers are better able to support the other four components.

Safety and security: Refer to safe and secure environments for children and their families. Includes physical dangers, emotional stress, environmental risks (such as pollution), and access to food and water.

Traditional knowledge: Refers to the knowledge, practices, and beliefs that have been passed down through generations within a particular culture or community.

Background:

Men and child caregiving

A caregiving is a non-gendered word which describes anyone who gives care to other persons who need help taking care of themselves. Therefore, while communities in East and southern Africa may typically think of caregivers as women, men are just as capable of offering nurturing, loving, and effective care for their children. Moving this from theory to practice requires implementation paradigm shift, active engagement and support to local actors and implementers towards family-centred interventions.

In many communities, men hold most of the decision-making power at the household level, and have the most say in determining how family resources are saved, spent and invested. Men also often play a major role in deciding how women access (or do not access) maternal health services, including for antenatal care (ANC) and childbirth (Mencare, 2015). In addition, men who are actively involved with the care and development of their children are more likely to feel satisfied with their lives, adopt health-promoting behaviours and consume less alcohol and drugs. They are also more likely to experience less stress, get sick less, have fewer accidents and to live longer, as well as have greater involvement in their community.

Male caregiving is associated with positive outcomes for children's physical and mental wellbeing. Benefits are related to better cognitive development, higher educational achievement, better peer relationships, greater capacity for empathy, more openness to questioning traditional gender roles, fewer behavioural problems among boys and fewer psychological problems among girls, higher self-esteem and life satisfaction, less or no self-doubt and lowers rates of criminality and substance misuse later as children grow. However, even with these evident benefits, male caregiving is still low in uptake and thus a need for collective efforts to harness this opportunity.

About the learning convening and implementing partner interest.

Impact and Innovations Development centre (IIDC) with support from Hilton foundation and other donors supporting male engagement and Early childhood development interventions organized a learning and practice sharing convening with male engagement and caregiving actors from in Eastern and Southern Africa. The overall objective of the convening was to deepen understanding of the practices, learning, challenges, opportunities for normalizing and scaling caregiving (specifically ECD) through male engagement interventions. Cross learning was from programs, projects, interventions and organizations working on male engagement and we included both scientific "evidence-based practices" and indigenous knowledge practice-based interventions/approaches around male engagement. Following the rich learning experience, of the 22 targeted participating organizations targeted, twenty (91%) expressed interest in taking male caregiving forward.

Integration

Service integration refers primarily to ways of organising the delivery of services to people at the local level. Services integration is not a new programme to be super-imposed over existing programmes; rather, it is a process aimed at developing an integrated framework within which ongoing programmes can be rationalised and enriched to do a better job of making

services available within existing commitments and resources. Its objectives must include such things as: (i) the co-ordinated delivery of services for the greatest benefit to people; (ii) a holistic approach to the individual and the family unit; (iii) the rational allocation of resources at the local level so as to be responsive to the local needs (OECD, 1996a, p.35). Kodner and Kyriacou (2000) define integration as “a discrete set of techniques and organizational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors at the funding, administrative and/or provider levels.”

The WHO European Office for Integrated Health Care Services defines integrated care as “a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve the services in relation to access, quality, user satisfaction and efficiency” (Gröne and Garcia Barbero, 2001).

The World Health Organization defines integrated service delivery as the “the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system. Effective service integration reduces the costs of services by decreasing repetition (i.e. multiple assessments), reducing the amount of inappropriate service usage by clients and increasing overall service efficiency (King and Meyer, 2006; Weiner et al., 2008)

Enablers and barriers to integrating male engagement and caregiving.

The tables below show what the actors highlighted as key enablers and barriers to male caregiving across partners in eastern and southern Africa.

Table one: Enablers for the integrating child caregiving and male engagement

#	Emerging enabler of integration	Elaboration of the enabler
1	Enabling policy environment	Evidenced by favourable government policy, commitment, and support. In addition, there is existence of clear guidelines and manuals the guide male care givers and this includes teen fathers, biological fathers and social fathers including the Nurturing care framework, national ECD policies and action plans.
2	Rich and positive cultural traditions, values and male engagement approaches	It was evident that culture is a barrier, but also an enabler. The interventions can be adapted to fit the different cultures, existence of positive cultural values that can be a spring board, some untapped and culturally-oriented organizations and active tribal/clan leaders championing male care giving. Once male caregiving becomes culturally acceptable and promoted, then it can be sustained without any fear of sanctions and backlash.
3	Existence of learning resources and implementation organizations	Technical resources/documents, experts, existence of integrated interventions/approaches on which to learn, various scale-up approaches, gender experts (implementation and research). In addition, there are some ongoing programs that can kickstart the momentum.

#	Emerging enabler of integration	Elaboration of the enabler
4	Presence of ECD convergence centers and programmes	Learning opportunities like male health care conferences, fatherhood tournaments, and ECD centers that can act as convergence centers for engaging men
5	Gender responsive and transformative approaches & programmes	Existence of gender responsive approaches and programmes were noted because male caregiving requires gender transformation.
6	Role models i.e. non-conformant and safe spaces for men and boys	Presence of role models at different levels, those that refused to conform to the social-cultural norms. These can be the starting point in the target countries to promote and advocate for male caregiving

Table two: Barriers to the integrating of child caregiving and male engagement

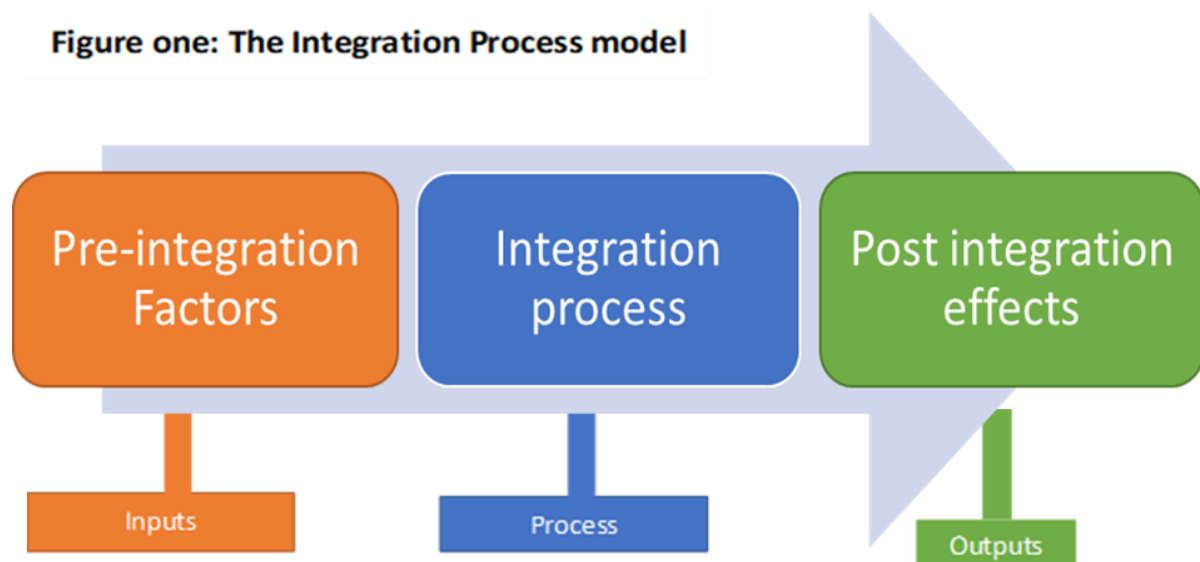
#	Barriers to integration	Elaboration of the barrier
1	Mis-information, dis-information, myths and/or misconceptions around male caregiving	Misperceptions around level of education and child care was highlighted. There is need to re-orient communities about the role of men in caregiving
2	Social-cultural norms, beliefs and traditions around male caregiving	The supremacy of culture is often ignored by programme designers, women are not willing to allow men to participate in caregiving for fear of cultural sanctions, men have other family responsibilities, Stigma associated with male caregiving for disabled and impaired children. It was noted that culture and tradition is much stronger than human rights-based issues which underpin current interventions.
3	Religious influences	Some communities use religious beliefs as a cover to undermine male caregiving. Therefore, religious institutions have a big stake in influencing male care giving.
4	Knowledge gap on nurturing and caregiving among men	Low knowledge can be attributed to limited engagement of men in designing interventions, low capability and bias towards caregiving. Men also have limited knowledge around development milestones, nutrition and the value of stimulation on child development. Men also tend to have busy schedules which lack time for child caregiving.
6	Male engagement work is focused largely at the national level and above site support	Where male engagement is active at above site and policy level and less at the local/community level. Focus should be to apply a bottom-up approach.
7	Gender norms and the feminine outlook of the caregiving role	Caregiving is looked at as ANC, health facilities are female dominated, ECD centers not attractive to men, women don't allow men to take part in care giving, Health provider bias in favour of female caregiving,
8	Inadequate government support	Governments are not actively engaged, male engagement is not a government priority, not vital in government planning processes and poor government coordination. Lack of male engagement strategies

The process integration framework

IIDC is adapting and modifying the integration process model to guide the integration of child care into male engagement. Integrating child care into male engagement interventions should encompass all aspect of the system – manpower, services, infrastructure and information system (Lenka et al., 2013). The process integration framework provides three phases that must be thought through carefully for successful integration. Figure one below shows three potential phases of the integration that is;

- i) **Pre-integration** where the implementers/actors study the factors, motivations and justification for integration barriers notwithstanding,
- ii) **The integration process** that is informed by the implementer/actor self-assessment/reflection and organizational factors to integrate based on the added value envisaged and
- iii) **The post integration** phase where the implementers/actors and designers focus on the anticipated results of the integration process i.e. the results of integration from the monitoring, evaluation systems.

Figure one: The Integration Process model



(Integration process factors and effects: Adapted and modified from Schonewille and Bouwman, 2010)

IIDC will work with different types of stakeholders along the integration process/pathway to ensure that collectively, the different outputs result into nurturing male caregiving for improved and sustained child wellbeing outcomes at scale. At the integration process stage/phase, focus is on the revision of intervention logic models and theories of change.

Learning – integration – adaptation – scaleup – documentation.

Based on the learning, interest and value for male caregiving gathered through the learning convention, IIDC is leading the process of visioning and taking the momentum of integrating child care in male engagement interventions, but also integrate male engagement into child care systems across countries in Eastern and southern Africa. Below is a description of the visioning and strategic direction of male caregiving.

Emerging vision

An African continent where all children survive, are healthy and able to develop and reach their full potential, contributing to the development of their communities and countries.

Super goal.

To normalize male caregiving across different cultures and eliminate child deprivation East and Southern Africa

Strategic objective

Support indigenous organizations, civil society organizations, researchers, governments to integrate, scale-up and/or mobilise resources for sustained male caregiving interventions.

Specific objectives

1. To build the capacity of actors to adapt, design, integrate and scale-up male engagement in child care within their interventions.
2. To promote social, cultural and gender norms, values and beliefs that encourage male engagement in child caregiving and address those that impede their engagement.
3. To document and share evidence on indigenous, cultural and traditional practices that promote male caregiving.
4. To generate and disseminate evidence of male caregiving interventions on child wellbeing outcomes.
5. To build a multi-country coalition of actors to collectively advocate for an enabling environment for male engagement in child caregiving.
6. To develop and strengthen systems to support male engagement in child care including MEL
7. To inform and engage current and potential donors/partners on priorities for male engagement in caregiving

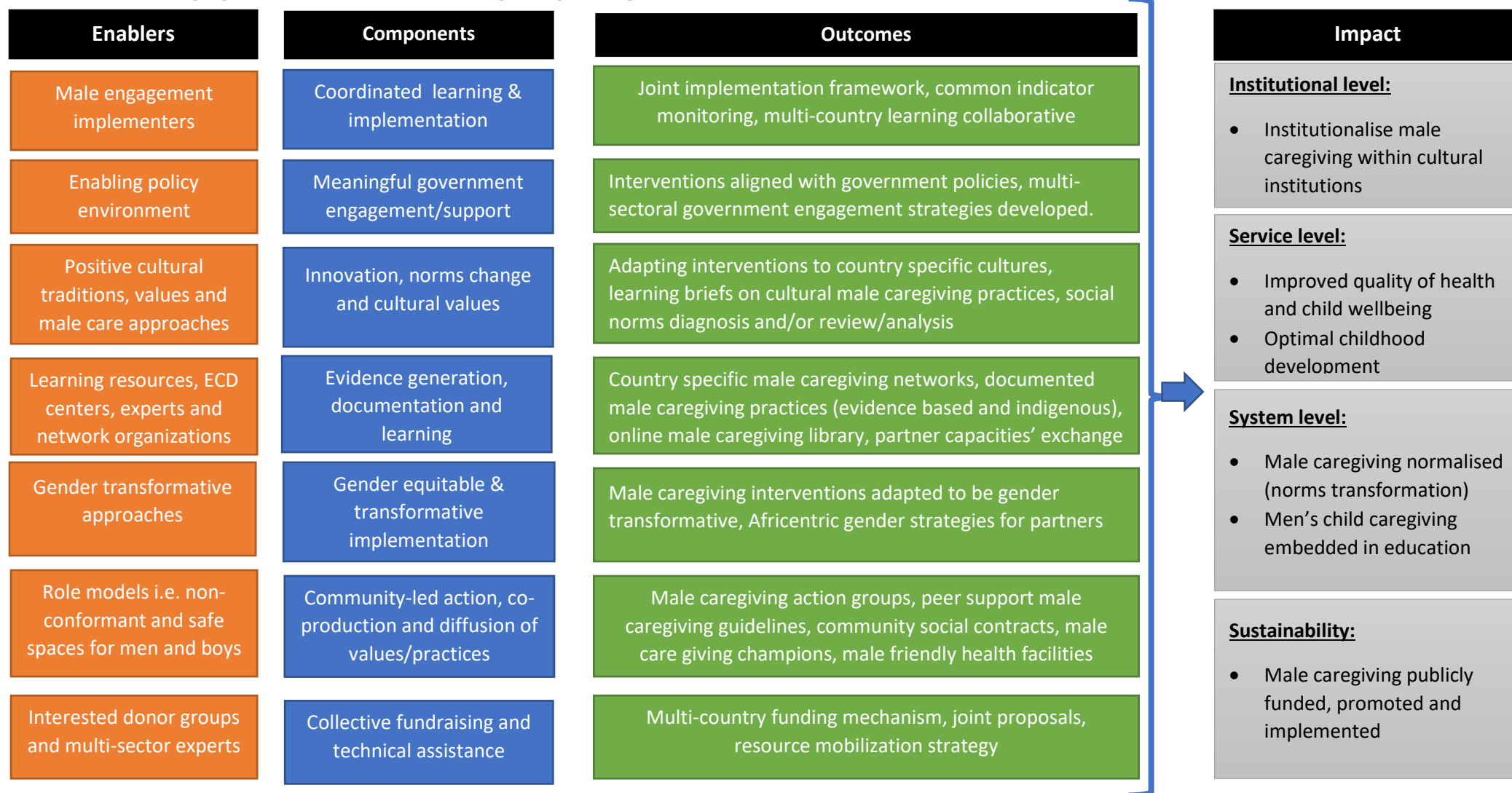
Strategic results

1. Male engagement actors have the capacity and capability to adapt/design, integrate and scale-up male caregiving interventions
2. Diffusion of social cultural and gender norms, beliefs and traditions that promote male caregiving
3. Child poverty and deprivation reduced in target communities/countries
4. A multi-country movement of male caregiving actors established and sustained

Priority matrix for accelerated scaling of male caregiving

Category	Priority area	Description	Partners prioritizing this area	Countries represented
A	Social-cultural traditions and norms	Working with cultural institutions and culturally oriented organizations to infuse male caregiving in culture.	ICS, ADCG, Heartlines, FXB, Fidelitas, Sesame, Somero, Rwamarec	Kenya, Mozambique, South Africa, Uganda, Rwanda
B	Integrated program design	The priority is to support the integration of care giving in running interventions	ADS Nyanza, FHI360, TECDEN TZ, Codes of love, CHDC, Childlife Mozambique, Somero, FXB, Tahea Mwanza	Kenya, Tanzania, Mozambique, Uganda
C	Research, learning and documentation	Evidence generation, documenting indigenous male caregiving practices and joint learning opportunities.	ICS, FHI360, Mencare, Equimundo, Fidelitas, Sesame, CHDC, Somero, Heartlines, MENKEN, Rwamarec, Kwakha Indvodza, FXB	Kenya, Uganda, Rwanda, South Africa, Eswatini, Mozambique
D	Advocacy & Movement building	Implementers that need to create male caregiving networks with intention of movement building	ICS, ADS Nyanza, TECDEN TZ, Mencare, Fidelitas, Sesame, Childlife Mozambique, Heartlines, MENKEN, ADCG, Rwamarec, Baby Ubuntu, Kwakha Indvodza,	Kenya, Tanzania, Uganda, Mozambique, Eswatini, Rwanda, South Africa
E	Capacity strengthening	There is need to build capacity of partners to ensure that interventions are readied to integrate.	ADS Nyanza, Codes of love, Fidelitas, Heartlines, TECDEN TZ, MENKEN, ADCG, Rwamarec, Tahea Mwanza, Equimundo	Tanzania, Mozambique, Uganda, South Africa, Rwanda, Kenya
F	Adaptation and scaling pathways	This speaks to partners whose priority is to adapt and scale male caregiving. Technical support is for these two areas.	TECDEN TZ, FHI360, Fidelitas, Baby Ubuntu, CHDC, Codes of Love, Kwakha Indvodza, Equimundo	Tanzania, Uganda, Rwanda, Eswatini

Male engagement and child caregiving integration model



Steps for integrating male engagement and child caregiving interventions

Phase	Key action	Purpose
Step one	Formative research and/or needs assessment from the community point of view	Actors need to understand context including what fathers, families, communities want/prefer in relation to caregiving support and help decide on and describe the target audience, understand the factors which influence men's care giving behaviour, and determine the best ways to support them. In addition, it will help actors to understand the gender/social norms, beliefs/attitudes and practices of target groups with a view of exploring behavioural determinants.
Step two	Integration readiness assessment	Assess implementer readiness to integrate care giving in their male engagement interventions. This allows for identification of strengths, integration capacity gaps. This will also include assessing whether the actors have adequate funds to promote and integrate male engagement and child caregiving.
Step three	Capacity strengthening and sharing	The aim is to identify sharable capacities (partner – partner) and connect partners for capacity transfer, but also identify gaps that require technical training. E.g. we will connect researchers from universities to implementers who need support in research and evidence. Once integration and adaptation capacity gaps are addressed, implementers are ready to redesign.
Step four	Setup the integration and adaptation team	Adaptation is a reality in integrated service delivery because implementers must adapt interventions to their context to improve intervention – context fit and outcomes. Implementers form an adaptation team, composed of direct service providers, MEL, management team and community representative. This team will be responsible for overseeing the entire adaptation process.
Step five	Actual integration and adaptation	At this stage, measurement indicators that help track the effect of adaptation and integration are developed. At this stage, partners will be supported to use HCD approach to create only key adaptations that don't affect fidelity of innovations.
Step six	Pilot testing the integration and adaptations	Beyond having them documented and effected, it is vital to test the adaptations to be sure that they work. The measurement system developed in stage four above is very vital in piloting the integration to demonstrate that the integration and adaptations are causing change. This will also help in differentiating between the intent of integration and/or adaptations and the outcomes of effects of adaptations – hence measuring the impact of the integration.
Step seven	Scaling male caregiving	With successful testing of the integration at small scale, implementers develop scale-up strategies to expand the impact of integrated services. For male caregiving, the government pathway will be a key but secondary pathway to institutionalization. Implementers can institutionalize primarily through social cultural institutions.
Step Eight	Sustaining the spread and diffusion male caregiving practice	Beyond systematic and controlled scale-up, implementers need to intentionally package and connect male caregiver knowledge, skills, information, values with diverse groups and channels by way of diffusion. These include community groups, religious actors, tribal/clan leaders, men's groups and using technology/media channels for wider reach.

Male engagement and child caregiving actioning matrix

OBJECTIVE	STRATEGIC ACTION	ACTIVITIES/TASKS	LEVEL OF IMPLEMENTATION	
OBJECTIVE 1: To build the capacity of actors to adapt/design, integrate and scale up male engagement in child caregiving within their interventions.	Strategic action 1: Build capacity in adaptation, integration, monitoring and evaluation	Identify a steering committee member organization per country	Country level	
		Map the partners to ascertain areas of expertise.	Country level	
		Conduct capacity, support and training needs assessment of each actor.	Country level	
		Develop tools and training materials.	Regional level	
		Develop monitoring & reporting framework including score card. Adapt tool for use at each level (regional, country, local)	Multi-level	
		Conduct regional master trainers training	Regional level	
		Mapping of existing tools at country level.	Country level	
		Conduct country-level mapping of actors.	Country level	
OBJECTIVE 2: To promote social, cultural and gender norms, values, and beliefs that encourage male engagement in child caregiving and address those that impede their engagement.	Strategic action 1: Integrate information regarding best fathering practices into existing trusted institutions such as churches, tribal clan authorities and other organised unions/groups.	A situational analysis of existing social & cultural institutions.	Country level	
		Identify and document existing male engagement practises.	Country level	
		Design advocacy tools and message on male engagement in child caregiving.	Country level	
		Communication strategy to disseminate advocacy messages and behavioural change.	Country level	
		Engage social & cultural institutions on male engagement and child caregiving.	Country level	
	Strategic action 2: Intentional adaptation/promotion of social-cultural and community resilient	Identify and empower champions to lead the social transformation needed on male engagement e.g. role model and influencers.	National and Institutional levels	

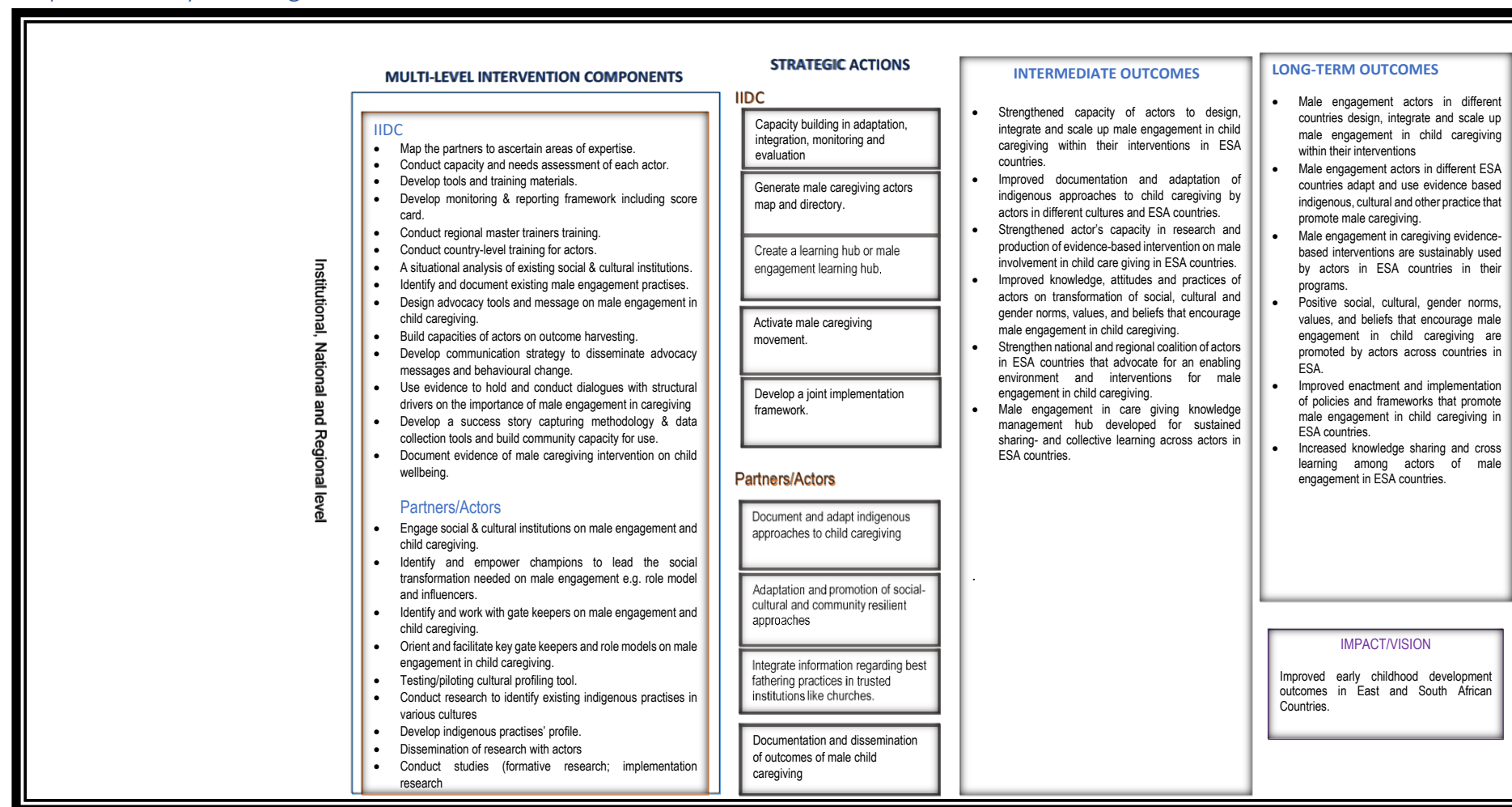
OBJECTIVE	STRATEGIC ACTION	ACTIVITIES/TASKS	LEVEL OF IMPLEMENTATION	
	approaches. This goes hand in hand with adaptation different interventions and approaches to the local contexts for acceptability and local ownership. Caregiving should be contextualised across cultures in the different countries.	Identify and work with gate keepers on male engagement and child caregiving.	National and Institutional levels	
		Orient and facilitate key gate keepers and role models on male engagement in child caregiving.	Institutional level	
		Pilot test the social cultural values, norms and beliefs profiling tool.	National and Institutional levels	
	Strategic action 3: Develop tools for adoption, adaptation and inclusion of gender transformative lens in interventions	Develop tools for adoption, adaptation and inclusion of gender transformative lens in interventions together with key stakeholders in the community.	National and Institutional levels	
OBJECTIVE 3: To generate, document share evidence on indigenous cultural and other practise that promote male caregiving.	Strategic action 1: Document and adapt indigenous and other approaches to child caregiving by men in different cultures and countries.	Build capacities of actors on outcome harvesting.	Institutional level	
		Conduct research to identify existing indigenous practises in various cultures.	National and Institutional levels	
		Conduct situational analysis on the extent to which indigenous cultural practices are being harnessed to promote male caregiving	National and regional level	
		Dissemination through visual media.	National and Regional level	
		Develop indigenous practises' profile (how they are done or undertaken or implemented)	National	
	Strategic action 2: Adapt and test indigenous approaches to	Dissemination of research with actors (learning events, workshop, written reports, case studies – email & social media)	National and regional level	

OBJECTIVE	STRATEGIC ACTION	ACTIVITIES/TASKS	LEVEL OF IMPLEMENTATION	
	local contexts for acceptability and local ownership.	Use evidence to hold and conduct dialogues with structural drivers on the importance of male engagement in caregiving	National and regional level	
OBJECTIVE 4: To generate, document and disseminate evidence of male caregiving interventions of child wellbeing.	Strategic action 1: Documentation and dissemination of processes and outcomes of male child caregiving.	Generate evidence on standardised measures of male caregiving interventions.		
		Conduct studies (formative research; implementation research; process evaluation, impact evaluation; RCTs)	Institutional and National	
		Cost and cost-effectiveness studies in ESA on male engagement in child caregiving.	Institutional	
	Strategic action 2: Generate evidence of effectiveness for integrated male child caregiving.	Develop a success story capturing methodology and build community capacity for use.	Institutional	
		Evaluate, document & disseminate what works & what doesn't.		
		Document evidence of male caregiving intervention on child wellbeing outcomes	Institutional and national	
		Disseminate evidence of male caregiving interventions on child wellbeing.	National and regional	
OBJECTIVE 5: To build a multi-country coalition of actors to collectively advocate for an enabling environment and interventions for male engagement in child caregiving in ESA.	Strategic action 1: Develop a joint implementation framework	Conduct regional planning workshops with SADC and EAC blocks leading to African call for action		
		Conduct a joint planning workshop at country level.		

OBJECTIVE	STRATEGIC ACTION	ACTIVITIES/TASKS	LEVEL OF IMPLEMENTATION
	Strategic action 2: Strengthen and activate a male caregiving movement through engaging SADC and EAC blocks to drive a joint African call for action.	Map out pre-existing networks, campaigns, coalitions, regional bodies already working in this space and bring them to one table.	Regional level
		Creation of a new steering committee comprised of country actors working in male engagement in child care.	
		Develop an advocacy agenda and a call for actors.	Regional level
		Convene regional spaces for engaging men within caregiving.	Regional level
	Strategic action 3: Create learning opportunities and coordination mechanism for male engagement actors in ESA regions.	Participate in international and regional conferences.	Institutional level
		Create opportunities for regional knowledge sharing (conference, learning hub)	Regional level
		Learning exchange visits.	Institutional and regional level
	OBJECTIVE 6: To develop/strengthen systems to support male engagement in child caregiving interventions including MEL	Strategic action 1: Generate male caregiving actors map and directory.	Mapping actors and current systems to support male engagement in child caregiving.
Capacity building of male engagement actors on MEL			
Joint implementation of systems.			
Collaborative design development of measures with key stakeholders.			
Strategic action 2: Create a learning hub or male engagement learning hub.		Conduct regular learning meetings	Regional and National.
OBJECTIVE 7: To inform and engage current and potential donors/partners	Strategic action 1: Develop a male caregiving donors map and engagement plan.	Situational analysis on donor funding landscape for male caregiving (who is funding what and what are their interests, priorities and where are they based?)	Institutional level

OBJECTIVE	STRATEGIC ACTION	ACTIVITIES/TASKS	LEVEL OF IMPLEMENTATION	
on priorities for male engagement in child caregiving.		Identify other potential funders e.g. government, private companies (corporate social responsibilities).		
		Build the capacity of actors in fundraising.	Country-level	
		Develop mechanisms for resource mobilisation; meaningful donor engagement and retention of donors.	Institutional level	
		Develop a resource mobilization strategy and action plan	Institutional level	
	Strategic action 2: Joint fundraising by actors in ESA	Strengthening south-south fundraising collaborations.		
		Collective funding proposal development implementation	Institutional level	
		Approach regional bodies e.g. SADC, COMESA, AU, EAC	Regional level	

Proposed theory of change



Guiding conclusions

- The male engagement actors and ECD subject experts have communicated a need for collaboration, co-learning and peer support to leverage on each other's strength to build and sustain the male caregiving momentum. It should be noted that for many decades, it has been widely agreed that breaking down barriers through better integration has the potential to deliver higher quality care that achieves better outcomes and uses resources more efficiently.
- The learning from this male engagement and ECD actors' convening demonstrates the value, missed opportunity in male caregiving, and a desire for large scale change through movement building and networking. It is important to note that even with the vision of large scaling, it is prudent to start small and plan a guided large-scale multi-site and multi-country implementation collaborative. This is IIDC's approach to scaling.
- Large scale change with integration seems so distant and in contrast with the current realities that it may feel overwhelming or impossible. However, for implementers, communities, donors, researchers and innovators to get engaged actively and meaningfully, they have to understand why they should be involved, how they should be involved, what they can do immediately and the support available along the integration journey. This roadmap attempts to provide that broader vision for integration as a collective.
- Multiple leaders from across the different types of organizations, government departments, cultural institutions and systems, and at all levels, who are drawn to the male caregiving vision must engage and commit their will, available resources, expertise and energy to the effort of achieving male caregiving at large scale. Eventually, as more distributed leadership emerges, is enabled and capacitated, cross country boundary partnerships will increase to allow integration to happen at a large scale and pace.
- The value of collective resource mobilization can't be overemphasised. The actors noted that for a movement to be nurtured, and leveraging on current donors, there is need to identify sizeable funding opportunities and propose largescale multi-country programs.
- The centrality of culture and cultural values, beliefs and norms is a cross-cutting theme more as a barrier, but less as a facilitator – yet the conversations highlight positive cultural beliefs, traditions and practices that can be harnessed to promote child caregiving in male engagement interventions. Therefore, to build a sustainable culturally oriented male caregiving movement, there is need to identify and take advantage of positive cultural beliefs, norms, practices and traditions.
- This roadmap helps to demonstrate complexities around male caregiving, but also within the complexity lies the solutions. Diverse nature and types of actors and experts who can collectively overcome the complexities through co-designing, co-implementing, co-capacity sharing and having meaningful collaboration. Thus, if the integration process of male engagement and child caregiving is given the time, thought, flexible designing and resources that are needed and done well, sustainability of change is the most likely natural by-product.