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## Engaging Men for Care Equality: Scaling *Bandebereho* in Rwanda

*Impact Story 10*

### KEY IMPACTS

This project aims to institutionalise the proven *Bandebereho* model within Rwanda's public health system by working through community health workers to promote equitable caregiving, shared decision-making, and healthier couple relationships. By embedding *Bandebereho* within existing community health structures, the project is generating evidence that engaging men in caregiving, household decision-making and unpaid care work can contribute to healthier relationships, greater gender equality and improved family wellbeing.

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## Project Overview

The [\*Engaging Men for Care Equality: Scaling Bandebereho in Rwanda\*](#) project aims to institutionalise the proven *Bandebereho* model within Rwanda's public health system by working through community health workers to promote equitable caregiving, shared decision-making, and healthier couple relationships. The project seeks to redistribute unpaid care and domestic work by engaging men alongside women to challenge harmful gender norms and strengthen men's roles as caregivers and supportive partners.

Implemented in Musanze, Burera, and Gakenke Districts, the project aims to reach 40,000 families while generating evidence to inform a national scale-up strategy and broader policy decisions on gender-transformative programming and care equality in Rwanda.

## Project Activities

Implementation focused on strengthening the integration of the *Bandebereho* model with the community health system while maintaining programme quality and government ownership. The programme was delivered through structured group education sessions led through the health system and supported by community health workers across Musanze, Burera, and Gakenke Districts. Supervision mechanisms were strengthened, with health centres actively overseeing implementation to ensure programme fidelity and quality. The project also expanded disability inclusion efforts through capacity building for community health workers and adaptations to outreach

approaches. Alongside programme delivery, the project generated and disseminated evidence through process and impact evaluations, presentations to the Technical Advisory Group, peer-reviewed publications, and knowledge-sharing activities with government stakeholders.

## Project Achievements

The project made substantial progress towards its scale-up goals. Between September 2025 and February 2026, the programme reached 17,598 parents across the three districts. When combined with previous cycles, the programme has cumulatively reached 49,915 parents representing 24,858 families demonstrating continued progress towards the target of reaching 40,000 families.

Programme monitoring and qualitative evidence show positive shifts in gender attitude and behaviour, including increased joint decision-making, improved couple communication, greater male participation in antenatal care and increased involvement of men in unpaid care and domestic work. One participant explained,

*"I began sharing household responsibilities, including cooking, cleaning, washing clothes, and caring for our children,"*

and

*"I started accompanying her to antenatal care visits and took on household tasks to reduce the burden and workload for my wife."*

The participant further reflected that the programme "challenged my harmful masculinity norms and helped me for a positive transformation ... renewed my sense of responsibility as a husband, parent and responsible father."

The project also achieved important policy and institutional outcomes. Findings from process and impact evaluations informed the development of a national *Bandedereho* scale-up strategy, which is awaiting validation and approval. Knowledge-sharing with the Ministry of Gender and Family Promotion (MIGEPROF) resulted in a request for RWAMREC to support the scaling of Gender Transformative Approaches (GTA) nationwide. Through this collaboration, 450 participants from local universities, all 30 districts of Rwanda, gender machinery institutions, and civil society organisations were trained on GTA approaches.

## Challenges & Lessons Learned

While implementation remained on track, the project identified challenges related to scaling through routine public systems. As delivery becomes increasingly integrated into the community health system, maintaining programme fidelity and quality requires continued investment in capacity strengthening, mentorship, supervision and operational support for community health workers and health facilities. The project also noted challenges in sustaining long-term engagement of policy actors and translating evidence into formal policy commitments.

These experiences reinforced the importance of continuous stakeholder engagement, tailored communication products, and close collaboration with government institutions throughout the scaling process.

## Care Sector Contributions & Next Steps

The project's main contribution is demonstrating that a gender-transformative care model can be institutionalised within Rwanda's public health system at scale. By embedding *Bandedereho* within existing community health structures, the project is generating evidence that engaging men in caregiving, household decision-making and unpaid care work can contribute to healthier relationships, greater gender equality and improved family wellbeing.

Next steps include validating and securing approval of the national scale-up strategy, strengthening engagement with government institutions, including the MIGEPROF, Ministry of Health (MOH), Rwanda Bio medical Center (RBC) and National Childhood Development Agency (NCDA) and parliamentarians, and continuing dissemination of evidence to support policy uptake and sustainable resource mobilisation. A key lesson from the project is that scaling care equality programmes requires strong government ownership together with sustained support for implementation quality and evidence use.

## About the Africa Cares Together Community of Practice

The [Africa Cares Together Community of Practice \(ACT CoP\)](#) is a vibrant, inclusive network of diverse actors committed to amplifying care work across Africa. It is coordinated by ActionAid International (AAI) and the Institute of Development Studies (IDS) and is funded by the International Development Research Centre (IDRC), Global Affairs Canada (GAC), and the Hewlett Foundation. The ACT CoP network is made up of members from the 19 projects of the [Scaling Care Innovations in Africa \(SCIA\)](#) initiative, a partnership between IDRC and GAC.

### Acknowledgements

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