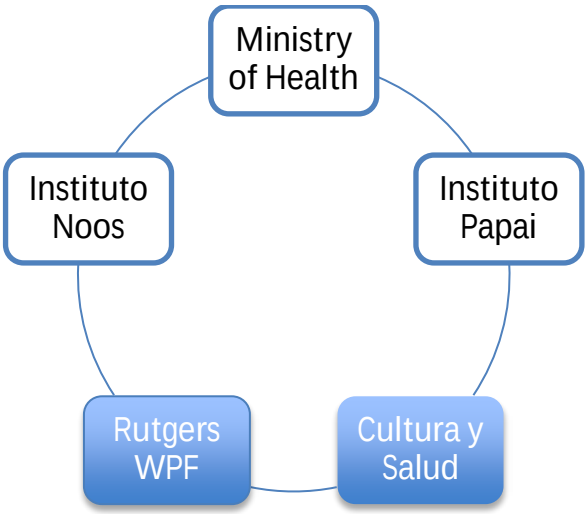
US AID Milestones
Period 1 – Instituto Promundo
September 30, 2014

This set of milestones will include the following:

I. Partner coordination plan
II. Intervention strategy
III. Evaluation strategy

I. Partner coordination plan



Promundo is collaborating with a number of partners in order to implement this project, brief descriptions of each organization are listed below.

- Ministry of Health – MoH (Brasília)
- Instituto Noos (Rio de Janeiro)
- Instituto Papai (Recife)
- Rutgers WPF (Holland)
- Cultura y Salud (Santiago, Chile)

Currently, Promundo is working on a three year project, MenCare+, together with Rutgers WPF with support from the Dutch government with all partners listed above. This USAID DIV project will serve as a pilot project that will work in conjunction with the MenCare+ project and actions at federal and municipal levels over the next 18 months. Rutgers WPF and Cultura y Salud are highlighted as blue because they are considered strategic partners who will work on actions and outputs within a larger scope of the

project with work related to MenCare+. Additionally, Promundo US will serve as an important strategic partner during the project cycle.

Currently Promundo US, Promundo in Brazil and Cultura y Salud are communicating about the possibility of translating the online content to Spanish for a target group in Chile. Also, Cultura Salud may contribute to the DIV course modules because of their experience in designing and testing the Program P manual (manual on Paternity). Their participation is being supported by the MacArthur Foundation.

The MoH will serve as our principal partner in project implementation since we will be building off ongoing actions at federal and/or municipal level. Instituto Noos and Instituto Papai will serve as technical partners representing Brazilian civil society and working to create content for the portal. It is through ongoing collaboration of current project implementation that Promundo and its partners decided an online education portal would be a cost-effective and sustainable approach to train and reach health care workers working in the public health sector.

The MoH will be working to help identify what themes/areas are not addressed in current courses and content offered at the federal level for health care workers through training and capacity building. Therefore their input will directly help Promundo and project partners to decide what information and materials will be needed to complement current or ongoing programming related to online courses, training and capacity building. As well the MoH will be the key actor in **mobilizing beneficiaries** (health care workers) to participate in the online course and its evaluation. Currently Promundo and partners are evaluating the possibility of using a platform that already exists with the MoH (www.atencaobasica.org.br).

Instituto Noos and Instituto Papai will be working with Promundo and its identified consultants to develop or adapt content related to fatherhood. Noos will be writing and editing and Papai will work on structure and design.

In October, team members from Promundo will visit Brasília to talk with the MoH and their points of contact about the feasibility of using this platform and overall intervention and evaluation strategy and project timelines for the upcoming 18 months.

The Men's Health Unit, the Ministry of Health is responsible for implementing the National Policy for Men's Health which was established in August 2009. Its work is based around five themes: Access to Health Care, Sexual and Reproductive Health, Fatherhood and Parenting, Preventing Disease and Violence Prevention.

Instituto Noos is a civil society organization, nonprofit, founded in 1994. Composed of professionals in human, social and health sciences, Noos aims the development and diffusion of systemic social practices aimed at promoting healthy relationships in families and communities. In particular, researching methodologies that contribute to

the peaceful of family and community conflicts and diffuses through the courses offered by its School of Social and Systemic Practice Publications publisher. Noos is devoted primarily to the prevention of domestic and gender violence.

Instituto Papai, founded in 1997, is an NGO whose work is based on feminist principles and defends the idea that a just society is one in which men and women have equal rights. Their mission is to promote citizenship through social justice, while contributing to ensuring human rights through the elimination of inequalities and the affirmation of diversity by working with men, from a feminist and gender perspective.

Rutgers WPF, based in Holland, has a mission is to work for human development and improve the quality of life and the sexual and reproductive health and rights of all. They do this, in particular, in the Netherlands and in low- and middle-income countries. Their work gives special attention to women, young people and marginalised groups.

CulturaSalud, is an NGO based in Chile that conducts research and develops group education tools and resources around fatherhood and youth engagement around violence prevention. CulturaSalud and the masculinities network, EME, is strongly active in conducting advocacy in the Latin America region around gender equality. In 2013, CulturaSalud together with Promundo US and Brazil, worked to design and evaluate the Program P manual.

II. Intervention strategy

Project implementation with partners

- Needs-based assessment in Brasília with MoH and partners (October 2014)
- Identify cities/regions with MoH and partners (October 2014)
- Identify beneficiaries with MoH and partners (December 2014 - February 2015)
- Scaling plan with partners and future funding opportunities (March 2015)

Portal

- Discuss platform with partners (comunidades de prática; PEGE) (currently ongoing)
- Design curriculum (currently ongoing)
- Identify and contract company to design and build platform (November 2014)
- Contract specialists to create content - (October - November 2014)
- Produce content (November - December 2014)
- Transfer content to platform for target group after relevant partner feedback and discussion (December 2014 - January 2015)
- Input content on the new platform/portal (January 2015)

Communications Strategy

- Press release with DIV team (September 2014)
- Launch event in Brasília with relevant stakeholders (February 2015)

As explained in the **Partner coordination plan**, Promundo will be visiting Brasília in October to begin project discussions on target groups to be reached (500 health care workers), regions/cities to be identified and discuss possibilities of which platform/online site to use that may already exist through the MoH. Over the next four months, Promundo and project partners will implement parallel actions regarding the launching of the portal by: **a. creating content for the online portal or site** and **b. working with a company to design the content for target audience.** These actions are broken down in the above diagram. Through ongoing communication and collaboration, Promundo and partners have outlined the following modules:

1. **Fatherhood and men's participation in maternal and child health**
2. **Sexual rights and reproductive rights for women**
3. **Engaging men in the prevention of violence**

Additionally, Promundo's communications team will be working with project partners and USAID's DIV team about the initial press release and relevant project updates to be shared on Promundo's Twitter and Facebook to ensure cross posting between all partners and DIV's team. The launch event in Brasília is scheduled for February 2015 and will be coordinated by the communications team with project partners.

III. Evaluation strategy

Promundo and partners will be evaluating the implementation of the online portal for 500 health care workers. Currently Promundo is in discussions with the MoH about project implementation and evaluation. In designing our evaluation strategy, we will take into account the existing tools and strategies, if any, that are already being used by the MoH to evaluate their online courses. In the next month, we will have a stronger understanding of our close collaboration with the Brazilian MoH and will be able to formulate a more detailed evaluation plan.

In general, Promundo and partners will aim to evaluate two aspects of the project: **1. Acceptability and effectiveness of the online format of the course** and **2. Attitude/behavior changes** towards the themes of fatherhood, SRHR and engaging men in the prevention of violence.

To address the two aspects of the project listed above, the evaluation will include both qualitative and quantitative components. Promundo will apply a baseline and endline survey to 500 health care workers (accounting for drop out rates) at the beginning and end of the 4 month (60 hour) course. Participants will be selected across three geographically varied Brazilian states to acquire a varied sampling across cultural and geographic differences. The quantitative survey will allow us to examine changes in the participants' (self-reported) attitudes and behaviors over time.

To understand how the online course was experienced and utilized by health care professionals or management, Promundo and its partners will conduct qualitative research through focus groups and individual interviews, as appropriate and feasible. The qualitative research will require site visits to three cities (in three Brazilian states) to do in-person interviews or focus groups with approximately 10-12 professionals in each site who participated in the course. . Promundo hopes to work in different geographic regions in the country (Southeast, Northeast and North) in order to have a varied sampling of health care workers who will have access to the platform and online course. Much like the United States, Brazil is a geographically large country with 200+ million inhabitants, therefore we think it's important to explore different regions to understand their experiences with the course and platform – as the challenges and lessons learned can be shared at the federal level as well as international level. The northeast of Brazil has the highest poverty rates in the country, therefore we think it is important to reach that population as well as evaluate their experience. Promundo and partners plan to interview 10% of participants who drop out in order to understand their reasons for not completing the course. When relevant, Promundo will hold focus groups and/or individual interviews with beneficiaries depending on site settings and access.

The final evaluation report will include a qualitative and quantitative analysis as well as an accompanying detailed plan for scale up to reach more states and health care

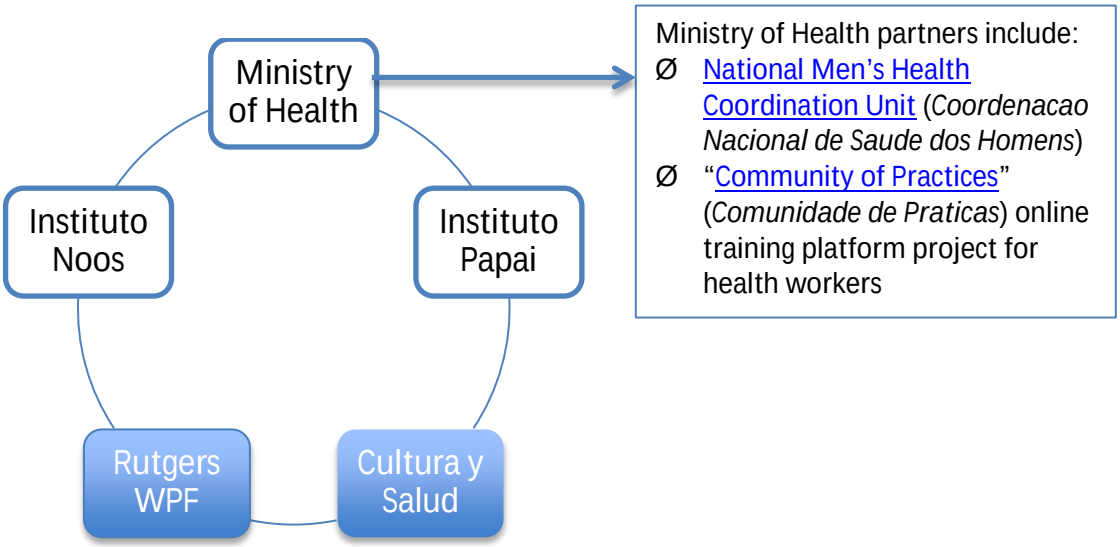
workers in Brazil, as well as future plans for funding and support from partners and donors.

USAID Milestone Report 2
Instituto Promundo
May 14, 2015

This set of milestones will include the following:

I. **Partner coordination plan**
II. **Intervention strategy**
III. **Evaluation strategy**
IV. **(Un)-Identification of intervention and control groups**
V. **Content Creation for online portal**

I. Partner coordination plan



Currently, collaboration is being focused on partners in Brazil (highlighted in white boxes above) as they are consultants helping to design content. Within the Ministry of Health, partners include the National Men's Health Coordination Unit's technical team and the Community of Practices online training platform team, who are helping to implement the intervention and mobilizing beneficiaries.

Since October 2014, Promundo has been working closely with consultants and partners on organizing and designing content for the online course. In October, Danielle Lopes from Promundo visited Brasília to talk with the MoH and Community of Practices about their points of contact about the online course and overall intervention and evaluation strategy. The meeting was key in establishing the partnership and Promundo continues to maintain close collaboration with partners at the MoH and Comunidade de Praticas.

The Coordinator of the MoH's National Men's Health Coordination Unit, Eduardo Chakora, has been a key collaborator and has been extensively involved in the elaboration of the content curriculum. We hope that the close collaboration with the Ministry of Health will help ensure the sustainability of the project.

As of right now, Promundo US, Promundo in Brazil and Cultura y Salud are also communicating about the possibility of translating the online content to Spanish for a target group in Chile.

II. Intervention strategy

Project implementation with partners

- ✓ Needs-based assessment in Brasília with MoH and partners (October 2014)
- ✓ Identify cities/regions with MoH and partners (February-March 2015)
- ✓ Identify beneficiaries with MoH and partners (February-March 2015)
- Scaling plan with partners and future funding opportunities (ongoing)

Portal

- ✓ Discuss platform with partners (comunidades de prática; PEGE) (February-May 2015)
- ✓ Design curriculum (February - May 2015)
- ✓ Identify and contract company to design and build platform (March - April 2015)
- ✓ Contract specialists to create content - (March - April 2015)
- ✓ Produce content (March - May 2015)
- Transfer content to platform after relevant partner feedback and discussion (May - June 2015)
- Input content on the new platform/portal (May - June 2015)
- Testing of platform (June 2015)
- Platform course launch (June 24, 2015)
- Platform course closure (December 1, 2015)

Communications Strategy

- Press release with USAID DIV team (June 2015)
- Mobilization of participants for course (May - June 2015)
- Launch event in Rio with relevant stakeholders (June 2015)

The priority over the last months has been elaborating and editing content for our Brazil intervention, in addition to going through a series of negotiation with the Ministry of Health's Community of Practices online platform on formatting and structural agreements. The modules (as presented in the last Milestone report) are as follows:

1. **Fatherhood and men's participation in maternal and child health**
2. **Sexual rights and reproductive rights for women**
3. **Engaging men in the prevention of violence**

Over the last months, Promundo has internally reviewed the designed content and are in the process of making final suggestions, edits and comments. The content is in the final stages of the design process, and the course is set to be launched on June 24th, 2015 through the Community of Practices online training platform for health workers. Please refer to "*Section V. Content Creation for online platform*" for more details on the content design and platform integration process.

III. Evaluation strategy

Promundo and partners will be evaluating the implementation of the online portal for 500 health care workers (initially signed up for the course, not accounting for attrition). Currently Promundo is in discussions with the design consultant and MoH regarding the project implementation and evaluation. In designing our evaluation strategy, we will adapt the existing tools and strategies that are already being used by the MoH's Community of Practices to evaluate their online courses. This will be particularly useful in evaluating the acceptability and effectiveness of the online course format. We have begun discussing the evaluation plan and needed instruments, and in the next month, will be finalizing the data collection instruments in collaboration with the content consultant and the MoH's National Men's Health Coordination Unit and Community of Practices teams.

Using quantitative and qualitative mixed methods, Promundo and partners aim to evaluate two aspects of the project: **1. Acceptability and effectiveness of the online course format** and **2. Attitude/behavior changes of participating health workers**. Under the second aim of the evaluation, we are especially interested in measuring the adoption of themes of fatherhood, SRHR and engaging men in the prevention of violence in the workplace.

Quantitative Methodology - Promundo will apply an endline survey to assess ***the acceptability and effectiveness of the online course***. This survey will be adapted from the Community of Practices existing survey, which is currently being used for other training courses. In order to measure (self-reported) ***attitudinal and behaviorial changes of participants*** over time, a baseline and endline survey will be administered as part of the online course to the 500 participating health care workers (initially signed up for the course, not accounting for attrition). However, we also expect that participating healthcare workers may already have high baseline positive attitudes about men's participation in health, and therefore will also focus the evaluation on the application of the online course content within the workplace, to better assess whether practices were adapted in every day work functions (and thus contributed to *behavior change*). Several innovative evaluation methodologies have been discussed, including the use of the online chat platform to ask structured questions on the application of module topics in

the workplace. Other methods to be defined include the use of "pipeline" endline survey questions, such as "since beginning this course, have you used any of the following strategies to engage men in the workplace? (*Give options based on chat conversations*)."

Qualitative Methodology - To better understand how the online course was experienced and utilized by health care professionals in the workplace, Promundo and its partners will conduct qualitative research through focus groups and individual interviews. Using the focus groups and interviews, we also hope to gain structured feedback on improving the content course (*aim #1*) and how workers adapted what they learned in the workplace (*aim #2*).

The qualitative research will require site visits to two to three cities (in different Brazilian states) to do in-person interviews and/or focus groups with approximately 10-12 professionals in each site who participated in the course. These cities will be selected depending on the location and demographics of participants who completed the course. Promundo hopes to work in different geographic regions in the country (Southeast, Northeast and North) in order to have a varied sampling of health care workers who will have access to the platform and online course. Brazil is a geographically large country with 200+ million inhabitants, therefore we think it's important to explore different regions to understand their experiences with the course and platform – as the challenges and lessons learned can be shared at the federal level as well as international level.

In addition, Promundo and partners plan to interview 10% of participants who drop out in order to understand their reasons for not completing the course. When relevant, Promundo will hold focus groups and/or individual interviews with beneficiaries depending on site settings and access. Phone interviews have also been discussed as a possible strategy to interview participants who have dropped out.

The final evaluation report will include the qualitative and quantitative analysis results as well as an accompanying plan for scale up to reach more states and health care workers in Brazil, in addition to future plans for funding and support from partners and donors.

IV. (Un)-Identification of intervention and control groups

Promundo originally intended to identify a control group to serve as a comparison group to measure the impact of the intervention. However, through our conversations with Promundo's M&E Coordinator, the content consultant and the MoH, we've realized that the identification of a control group will be logistically difficult and not sound given the two aims of the evaluation (content evaluation and attitudinal/behavioral change). First, we do not know who the intervention group will be prior to the course, since participants will be taking their pre-test at the same time that they sign up for the

course through the MoH's Community of Practices portal. Therefore, we have no way of predicting what types of participants will make up the intervention group. Without these baseline characteristics available, it will also be difficult to identify a reliable and comparable control group in the different health units, sectors and regions of Brazil. Second, we are particularly interested in understanding participants' acceptability and usefulness of the course itself, which is separate and irrelevant to the use of a control group. Third, the control group may be a biased comparison method when measuring differences in attitudinal and behavioral changes because we have no way of controlling for any pre-intervention characteristics between the intervention and control groups (again because we do not know in advance the demographics and characteristics of the intervention group). Finally, the second aim of the evaluation is to understand better how workers adapted the course content to their work, which may be more useful via qualitative interviews, focus groups and the moderated chat discussions, rather than through quantitative comparative surveys. We will be glad to discuss these issues in person with USAID, if need be.

V. Content creation for online portal

As mentioned in the Partner Coordination Plan, our content creation has been underway since November 2014. Since then, we have contracted Daniel Lima, who has spent the last few years working with the Ministry of Health in Brasília and his experience and knowledge at the federal and municipal level has been helpful both in the elaboration and final completion processes of the online content. Earlier this year, we also hired Leonardo Pompone as a consultant to integrate and adapt the designed modules for the online Community of Practices platform. As mentioned earlier, the National Men's Health Coordination Unit is invested in having their perspective and experiences integrated into the course curriculum. As such, Eduardo Chakora (Men's Health Unit Coordinator) has also been very involved in the elaboration of the content curriculum.

Creating content has proved to be the most time-consuming – and we believe – important step in the project thus far. Since we are officially partnered with the MoH's Community of Practices platform, we have also gone through a series of structural content adaptations and negotiations, including the use of a Pedagogical Agreement Contract, with the Community of Practices Coordinator (Thiago Petra). An official Memorandum of Understanding will be signed in the coming months between the Ministry of Health and Promundo to formalize the partnership for this project, among others, including Program P.

Because of the collaboration between multiple consultants, partners and the internal Promundo team, we are behind schedule but plan to have every thing ready by the end of June 2015 to officially launch the online course through the MoH's online Community of Practices platform. We expect to officially close the course by December 1, 2015 and use the 3-4 remaining months for data analysis, final evaluation and dissemination of

the project. In anticipation of the course launch at the end of June, the modules are presented below:

1. **Introduction, Pedagogical Agreement and Pre-test**

2. **Module 1: Gender, Masculinities, Fatherhood, Sexuality and Rights (***This module was designed by Conceicao Seixas - a Promundo Consultant)*
    - Introduction
    - Gender, Masculinities and Health
    - Gender, Masculinities and Sexual and Reproductive Health Rights
    - Sexual Diversity
    - Sexual Diversity and Health Services
    - Conclusion and Glossary
    - References

3. **Module 2: Masculinities, Fatherhood and Men's Health (***This module was designed by Daniel Lima - former Ministry of Health employee)*
    - Introduction
    - Gender, Masculinities, Fatherhood and Caregiving
    - Challenges for Involving Men in Fatherhood and Caregiving (Ecological Model)
    - Recommendations for Professionals working in Prenatal, Birthing and Post-partum Services
    - What are the Benefits for Involving Men in Fatherhood and Caregiving?
    - Best Practices and Successful Experiences
    - Conclusion and Professional Experience Report
    - References

4. **Module 3: Engaging Men in Gender-Based Violence (***This module was designed by Carlos Zuma from Instituto Noos)*
    - Introduction
    - Panorama of Violence in the World and Brazil and its Impact on Health Services
    - Theoretical Background about Violence
    - Legislation and Norms about Violence in the Health Sector
    - Identifying and Notifying Violence Cases in the Health Sector
    - Referrals and Support Network for Violence Cases
    - Strategies for Including Men in Health Services
    - Conclusion and Reflecting on Personal and Professional Practices
    - References

5. **Final Evaluation of the Course**

As mentioned already, Promundo Brazil has reviewed the content, and are making final suggestions, edits and comments. The content will be sent to our partners at the Ministry of Health. The MoH and Community of Practices will help identify what themes/areas are not addressed in the content presented and how to contribute/collaborate in the next stages.

Over the next month, the following activities will take place prior to the online course launch on June 24th:

Week of May 11

- Finalization of methodology and structure with consultant and Promundo
- Hire consultant to integrate the contact into the online platform

Week of May 18

- Content will be sent to our partners at the National Men's Health Coordination Unit
- Planning meeting with the Ministry of Health
- Hire facilitator for the course (to be suggested by MoH)
- Integrate the content onto the Community of Practices online platform

Week of May 25

- Mobilization of course participants
    - Community of Practices online platform website
    - Ministry of Health website
    - Pamphlet distribution through health universities
    - Pamphlet distribution through state health secretaries
    - Promundo website
    - Nursing courses - UNIGRANRIO and Fiocruz
    - Instituto Noos (Carlos Zuma)
- Submit the content to the Community of Practices (24/5)

Week of June 1 through June 15

- Piloting and testing of course (*Community of Practices requires 30 days for testing)*
- Final adjustments

Week of June 22

- Course launch on June 24th