

Interagency Gender Working Group Male Engagement Task Force

2021 STATE OF THE ART IN ENGAGING MEN AND BOYS IN HEALTH AND DEVELOPMENT: A Technical Marketplace

September 21, 2021



IGWG Male Engagement Task Force

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IGWG Male Engagement Task Force

- The Male Engagement Task Force is an information, advocacy, and knowledge exchange network that:
- Examines how to engage men and boys in health promotion and gender equality
- Explores the who/what/where/when/why/how of better reaching and including men and boys while addressing gender dynamics that act as barriers to health
- Focuses on the health areas of family planning and sexual and reproductive health (FP/SRH); maternal, newborn, and child health (MNCH); HIV/AIDS, and prevention and treatment of infectious diseases (e.g., malaria, tuberculosis)
- Considers best, promising, and emerging practices in research and programming in order to improve outcomes across these health areas



Agenda

8:40am – 10:00am	Brief presentations grouped along four themes
8:40am - 9:05am	<i>Men as clients</i>
9:05am - 9:25am	<i>Men as partners</i>
9:25am - 9:40am	<i>Men as agents of change</i>
9:45am - 9:55am	<i>Diversity of men</i>
10:00am – 10:20am	Breakout room discussions along four themes
10:20am – 10:30am	Closing remarks

Men as Clients



Men as Clients

- **Coach Mphilo Program in South Africa** (Shawn Malone, Population Services International)
- **Male Contraceptive Research and Development Activities Snapshot** (Heather Vahdat, Male Contraceptive Initiative)
- **iDARE Methodology** (Taroub Harb Faramand, WI-HER)

A lot of what we ‘know’ about men is wrong

Healthcare providers think...	Men told us...
Men are stubborn and apathetic about HIV.	They may wear a mask of indifference but are actually deeply anxious and afraid.
Men are primarily ‘workers’ who just need practical solutions.	They are complex human beings who face functional <u>and</u> psychosocial barriers.
Sources of support are available; men just fail to access them.	They are eager for support but none of those sources feel safe or relatable.
Men should know that HIV is no longer a death sentence.	They anticipate physical, social and/or sexual death as a result of HIV.
Treatment is life-saving, so men should embrace it.	Treatment is a reminder of failure and a marker of disease.
We are caring and compassionate, but men simply are not open.	They are intimidated by healthcare providers and anticipate poor treatment.
We are helping men by being proactive with testing and treatment.	They feel hunted and ambushed and fear loss of control over their own lives.
We provide counseling, but men do not listen or comply.	Counseling is scripted, one-directional, and overly technical.
Men are behaving irrationally by avoiding HIV testing and treatment.	A cost-benefit analysis shows that putting off testing and treatment is rational.

Men asked us to do four fundamental things

Make it feel good to be on treatment	Provide the right source of support
Make HIV a collective challenge	Improve the healthcare experience

We tested an intervention that touches on all of these: *Coach Mpilo*

What it is

A reimagined peer navigator / case manager model that employs men stable on treatment and living openly with HIV as ‘coaches’ of newly diagnosed men and men lost to follow-up

Why men like it

- Breaks the isolation and paralysis that many men feel on diagnosis
- Gives men a source of support that is immediately safe and relatable
- Provides living proof that a man can have HIV and live a normal life
- Helps coaches reframe and reclaim their own identity as men living with HIV

Why other stakeholders like it

- Rapid-response—Coaches can be recruited in any community and trained in one week
- Low-cost—Coaches are paid a modest salary (same level as community health workers) and a transport/data stipend and require minimal infrastructure and support.
- Relieves pressure on clinic staff, who can refer challenging cases to a coach.
- Reduces stigma among family and community members by providing living proof that a man with HIV can thrive on treatment.
- Honors the principle of “nothing about us without us”, putting PLHIV at the center of the response

Pilot results

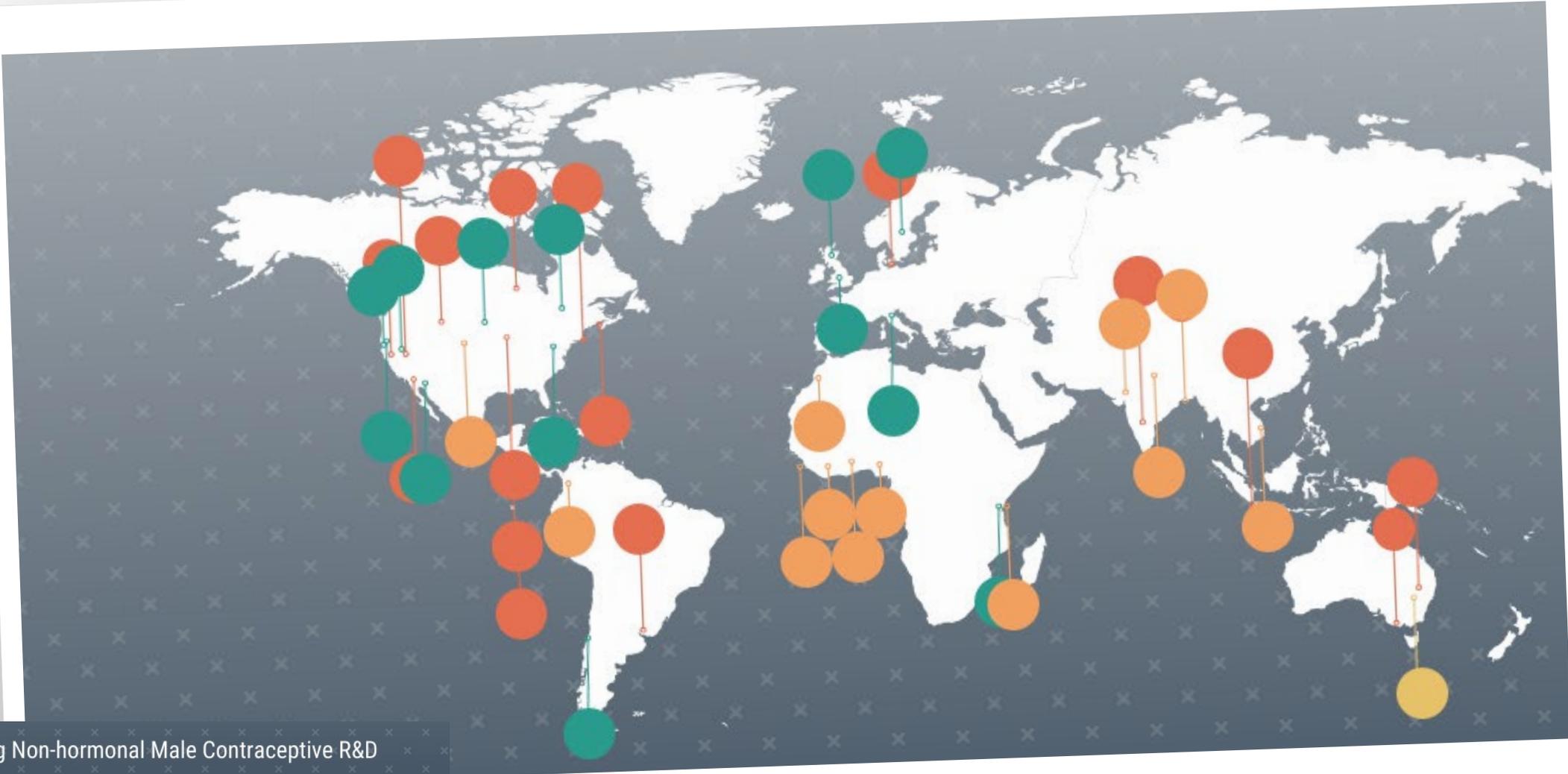
- Piloted in three districts over 7 months
- 3848 men enrolled in the pilot
- 94% of men who were offered a coach accepted
- 96% of men with a coach were linked to, maintained on, or returned to treatment
- 95% of men with a coach reported being current on treatment at pilot endline



Contacts:

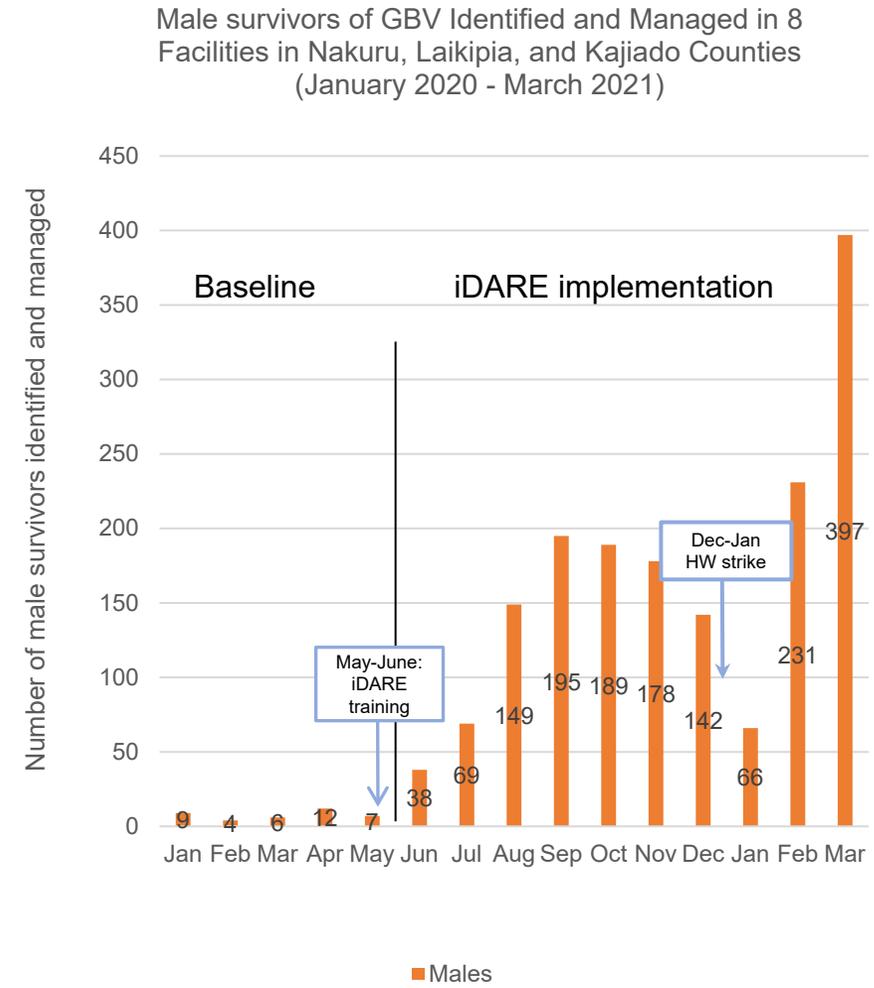
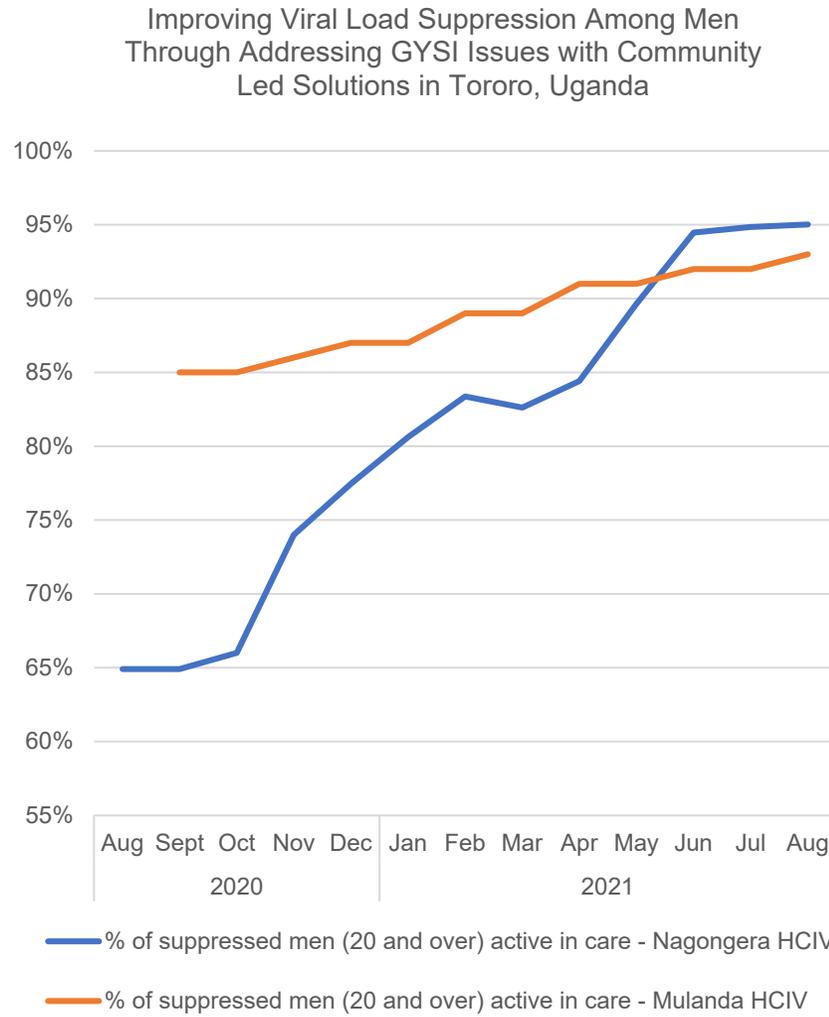
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Male Contraceptive R&D Activities Snapshot



- Ongoing Non-hormonal Male Contraceptive R&D
- Proposed Sites for Global User Preferences Research
- Ongoing Clinical Trials (hormonal)
- Pending Clinical Trials (non-hormonal; Q1 2022)

Using WI-HER's iDARE methodology to empower communities to design their own culturally and contextually appropriate solutions to improve outcomes among men



Men (and boys) are often experiencing GYSI issues that are impacting their health seeking behavior and overall utilization of health services. In Kenya and Uganda, through the use of iDARE, we were able to support male clients to access, utilize and experience improved services and feel supported by the community and health system to change health seeking behavior and utilization of services.

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Men as Partners

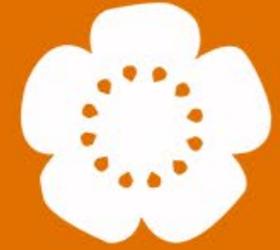


Men as Partners

- **Broadening Accountability of Men Campaign in India** (Manoj Pal, EngenderHealth)
- **Parenting for Respectability Project in Uganda** (Godfrey E. Siu, Makerere University)
- **Advocacy for Male Engagement in Family Planning in Nepal** (Erin DeGraw, Health Policy Plus [HP+], Plan International)

Enhancing Male Engagement in Family Planning (FP)

Lessons Learned from EngenderHealth's Broadening Accountability of Men Campaign In Karnataka and Maharashtra, India



Introduction / Overview

Objectives:

1. Encourage men to adopt positive attitudes about FP by increasing awareness about its benefits
2. Promote informed, joint FP decision-making

Target audience: Men who (1) are first-time parents, (2) are expecting a baby soon, or (3) have completed their family

Innovative approach: Reaching men by promoting the benefits of FP in relation to romance through a 30-day multimedia communications campaign

Immediate Results

- **Radio:** 5,460 radio spots aired over 4 channels
- **SMS & WhatsApp:** 1.5+ million messages sent
- **Interactive games:** 2,195 men participated
- **Call center:** 6,057 calls received; 2,661 from men
- **Leaflets with keys FP message:** 30,000+ distributed to men in target area

Key Activities

- **Key message:** “Pati, patni, aur pyar: FP se apaar” or “Husband, wife, and love: maximize love by using FP” message used to promote FP as a tool for romance
- **Outreach platforms:** Information based on the key message delivered via radio spots, SMS and WhatsApp messages, informational leaflets, street plays and puppet shows, interactive games, a selfie pledge booth, and a toll-free call center for questions (advertised on the leaflets)



Photo credit: Srishti Media

Impact and Sustainability

A survey of 400 men exposed to campaign 2 months after its completion showed:

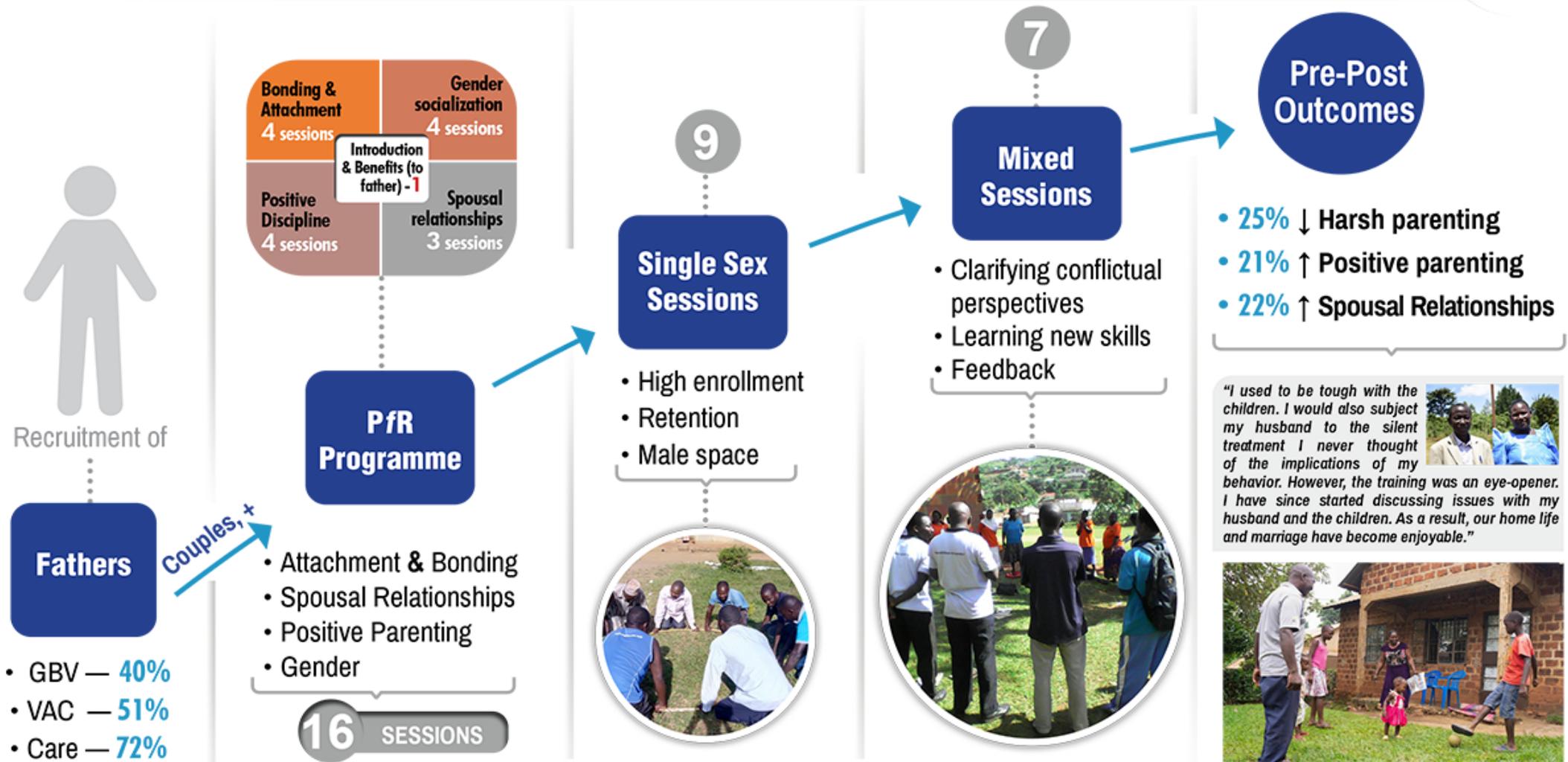
- 85.5% of men learned new FP info and 71.5% reported having a better understanding of their role in FP
- 59.75% of men discussed FP with partners and 31.7% of men initiated condom use
- 32.75% of men accompanied their partners to a health center for FP services
- Aurangabad district government now using our campaign logo and message





PARENTING FOR RESPECTABILITY - PFR PROGRAMME

IMPACT OF FATHERS INVOLVEMENT



MALE ENGAGEMENT IN FAMILY PLANNING

Understanding Policy Implementation

Barriers and Enablers in Nepal



The **Health Policy Plus (HP+)** project conducted an analysis that:

- Applied a [male engagement policy framework](#) to 26 policies and guidelines in Nepal to examine how policies support or hinder men's and boys' (15-24) involvement in family planning.
- Conducted 30 key informant interviews in Kathmandu, Karnali Province, and Province No. 2 to identify barriers to and enablers of effective policy implementation.

Key Findings:

- Nepal's policy framework does not comprehensively address men and boys as supportive partners in family planning or as agents of change.
- Lack of capacity of policymakers and program managers to develop, implement and monitor issues of male engagement has restricted policy implementation at national and sub-national levels.

Recommendation:

- Strengthen the capacity of policymakers, decisionmakers and program managers to develop and implement male engagement policies that comprehensively address men's and boys' three roles in family planning across all levels of the health system.

Men as Clients

Men as Supportive Partners

Men as Agents of Change

Questions? Please reach out to Erin DeGraw at erin.degraw@planusa.org



Men as Agents of Change



Men as Agents of Change

- **Secure Futures Program in Kenya** (Enouce Ndeche, Vijana Amani Pamoja)
- **Dads and Daughters Project in Kenya** (Elias Muindi, Kenya MenEngage Alliance)
- **Engaging Men in Accountable Practice (EMAP) Project in the Democratic Republic of the Congo** (Jean De Dieu Hategekimana, International Rescue Committee)

SECURE FUTURES PROGRAM (S.F)



ABOUT SECURE FUTURES PROGRAM

Secure Futures engages pregnant adolescent girls and young mothers (PAG/YM) aged 15 to 25 and their male partners from Nairobi slums in a holistic sport-based programme. With the following objectives:

1. PAG/YM experience increased social connectedness and support – Have improved access to safe spaces, supportive networks and referral services
2. Increased critical life and parenting/ motherhood skills – PAG/YM gain specific life skills critical for safety and wellbeing of themselves and their children.
3. PAG/YM have increased self-reliance – by accessing live-hood opportunities and pathways to income generation.

Secure futures implementation started in 2019 and has been running for 3 years now till 2021



MAIN PROGRAM ACTIVITIES

Life skills – Critical lifeskills are offered to improve young mums' knowledge, attitudes and behaviors for their own and their children's safety and wellbeing

Sport and fitness sessions focus on improving health and wellbeing during pregnancy and after pregnancy. Furthermore, the fun and physical nature of sport and play offer young mums an opportunity

Psychosocial support, maternal care and referrals – Young mums get counselling, psychosocial support and referrals to youth friendly health and maternal facilities

Child care – Day care services and child support is offered to ensure young mums are consistent and comfortable during the program activities.

Economic empowerment – Livelihoods and income generating activities tailored for young mums based on their interests and needs to help them become self-reliant. These activities include Vocational Training, business training, micro finance schemes, savings groups

Male and community engagement – S.F engages men who are closest to the young mums to learn about positive masculinity, women rights, violence and child development in order to influence their safety and security. These men are also engaged in forums to give their views and contributions to the program

MALE ENGAGEMENT APPROACH

The component of Engaging male influencers was designed based on insights from PAG/YM who expressed concern about their male guardians and partners attitudes and treatment towards them. Male partners have been noted to have a big influence in the young mums lives and their decision making. To ensure that they influence them positively we engage them in Heshima (respect) session that teach them about positive masculinity, women rights, violence and child development. In addition they take part in other forums such as Mixed Gender Forums & Tournaments and community awareness forums. They are also engaged through *m-AFYA (mHEALTH)* is a digital text-based program for male partners to receive their female partners' personalized text messages as 'Reminders' of their due date visit to health clinics

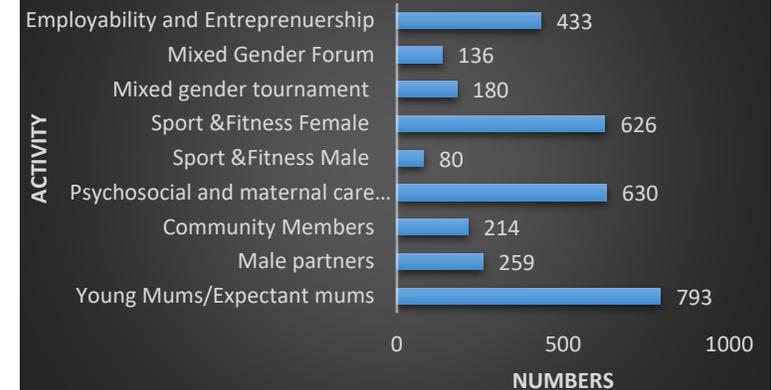
CONTACT INFO

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IMPLEMENTING PARTNERS



SECURE FUTURES OUTPUT



KEY LEARNING

- Implementing activities that engage men closest to PAG/YM has proven to play an instrumental role in positively changing the young men's attitudes and behaviors to influencing their partners safety and security. It has increased respect and caretaking responsibilities among the young fathers and reduced Gender Based Violence.

Dads and Daughters Project in Migori County

Elias Muindi – Kenya MenEngage Alliance

Funded by:  mundo cooperante

◆ **Baseline survey (2018)**

- In 3 villages, 151 households
- **Main finding:** Fathers who knew specifics about daughters' lives were significantly less likely to want her to marry before age 18 or to believe that they alone should decide when she marries

◆ **Goals of D&D Project (2019)**

- Increase dad-daughter communication
- Raise awareness about risks of early marriage
- Have dads & daughters to do activities jointly
- Help dads support daughters in their aspirations

1. Held 10 one-day workshops with:

- 188 dads
- 232 daughters

2. Key activities during workshops:

- Introduced each other with ice-breaker
- Lecturettes/songs on early marriage harms
- Played games like: how do I resemble my dad?
- Received matching t-shirts, lunch and stipends
- Given homework assignments



Swahili slogan for D&D:
Baba Bora uBoresha Binti

(Translation: *Better dads promote/upgrade their daughters*)

Fathers' reactions to D&D Workshops:

- "It was my first time to sit close to my daughter and listen to her. It felt good. I am very happy today."
- "I am very excited today to learn that my daughter would like to be a doctor."

Other D&D collaborators:

Sixtus Otieno, Margaret Wanzuu Foundation
Paula Tavrow, Professor, UCLA

FOUR YEARS AFTER IRC'S INVOLVEMENT, HOW HAS ENGAGING MEN IN ACCOUNTABLE PRACTICE (EMAP) BEEN SUSTAINED IN COMMUNITIES IN THE DRC?

METHODOLOGY

- March 29 – April 1, 2021
- Focus groups & participant observation
- Two sites, Tchengenero and Kabonero, chosen because staff learned that former participants had continued to meet in their EMAP groups
- 36 participants (16 in Tchengenero, 20 in Kabonero)

FACTORS SUPPORTING PROGRAM CONTINUITY

Men met consistently

- Men met 1x/week at a consistent day and time.
- Tchengenero: men organized four EMAP groups and provided training to men in another village to establish their own EMAP group.

EMAP + Village Savings and Loan Associations (VSLAS)

- VSLAs were used for program retention; EMAP content comprised 30-45 minutes per meeting.
- Tchengenero: EMAP groups were used as organizing space for provision of social safety nets (for example, support to members for births, marriage, illness, or death). Men noted that VSLAs were an important addition to EMAP "to make us even stronger."

SUCCESSES & CHALLENGES

Successes: Gender Box & Women's Rights

- Participants felt that the gender box activities were helpful and used examples of challenging gender norms in their sessions.
- In Kabonero, participants remembered content on women's rights.

Challenges: Explaining Content & Community Attitudes

- Need to repeat messages to ensure understanding among new members.
- Negative reactions in the community and within institutions such as Protestant churches: "There is also the shame, the fear, the community tells us that we have become dogs because we help our women with housework and in the fields."

UNINTENDED EFFECTS

Accountability to Children

- Men noted their own behavior changes towards their children and sought to include both women and children in decision-making.
- In addition to household chores, men described caring for children's health and hygiene needs.

KEY TAKEAWAYS

- Locally-owned efforts to engage men may be sustainable and holistic, seeking to address both gender norms and factors which affect family- and community-level stability
- Men continue to work with each other and women to implement gender-equitable behaviors in the absence of continued donor or organizational support; efforts to document long-term effects of interventions may illuminate pathways to



Diversity of Men

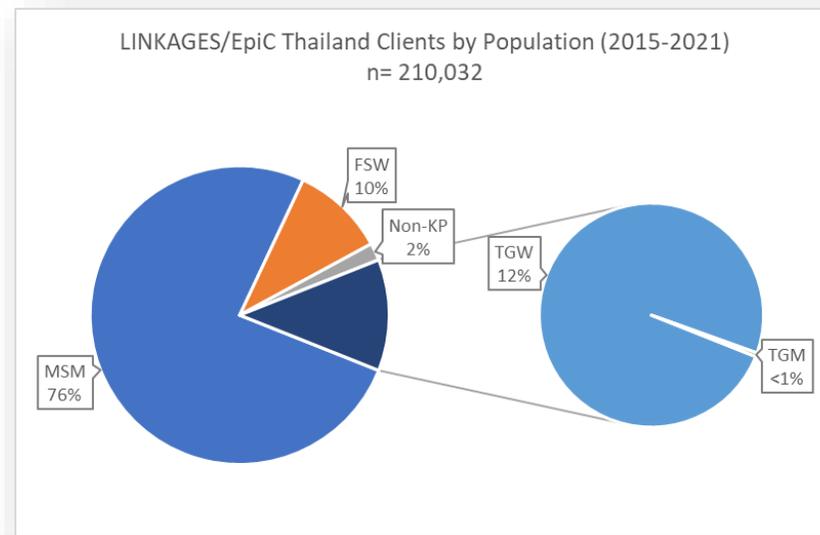


Diversity of Men

- **Transgender Outreach and Engagement through the EpiC and LINKAGES Projects in Thailand (Robyn Dayton, FHI 360)**
- **Critical Health and Social Services for Men Have Sex with Men in the Democratic Republic of the Congo (Kashindi Shabani, Savie Asbl NGO LGBT PGEL)**

Current reach and opportunities to serve trans men in Thailand

- LINKAGES and EpiC partner with trans-led organizations that offer holistic services: HIV/STI counseling, testing and treatment, condoms and lubricant, violence response, hormone treatment and monitoring, and gender-affirming referrals
- Programming focuses on trans women, and most services are free to trans women (apart from hormone therapy); trans men can also seek care
- Over 7 years, 100/139 of the trans men registered by these organizations under EpiC/LINKAGES programming tested for HIV; 4 tested positive and 6 are on antiretroviral therapy.
- Fewer than .01% of clients reached by LINKAGES/EpiC in Thailand are trans men. HIV prevalence among trans men is 4 times that of the general population.
- **Lesson:** Holistic services catering to trans women could easily reach more transgender men if cost barriers were removed and demand generation were tailored.



IHR officially launching PrEP in the City: The first-ever PrEP campaign for transgender women in Thailand

Presenter: Robyn Dayton
RLDayton@fhi360.org

Context

The Democratic Republic of Congo (DRC) is one of the poorest countries in the world, with a weak health system and lack of basic infrastructure and social services after decades of violent conflict and economic unrest. Although the HIV prevalence decreased from 0.9% in 2016 to 0.8% in 2017, certain groups continue to face a higher risk of acquiring HIV. In 2017, the estimated HIV prevalence rate was 8.2% among MSM and 5.7% among sex workers.

(Source: UNAIDS 2020 https://www.unaids.org/sites/default/files/media_asset/2020_global_x0002_aids-report_fr.pdf)

Background

Sexual and gender minorities (SGM), including men who have sex with men (MSM), continue to experience stigma, discrimination, and violence in the DRC. There is no legal recognition of same-sex unions, and there is a constitutional ban on same-sex marriage since 2006. The lack of anti-discrimination laws mean that SGM remain unprotected in employment, in the provision of goods and services, and in the public space.

- Lack of sensitivity to SGM priorities and needs within health and social services
- Limited access to inclusive sexual health education and outreach
- Limited access to basic needs assistance (food, shelter)

Priorities and Needs

- Targeted sexual health education and outreach is needed to reach MSM and other SGM who are disproportionately affected by HIV in safe, supportive, and affirming ways.
- Basic needs assistance is critical to support MSM and other SGM experiencing food and housing insecurity.

What We Do - Deliver Life-Saving Services

- Advocacy for LGBT+ rights
- Sexual health education and outreach, especially HIV
- Care and treatment for LGBT+ people living with HIV (PLHIV)
- Food and shelter relief
- Peer support groups

How We Do It

- Offsite document management and confidential code system
- Fundraising for MSM basic needs assistance
- HIV service delivery via mobile clinics
- Staff commitment and perseverance

OUTPUTS

- 4 peer support groups for MSM / sex workers
- 3 mobile HIV clinics since 2017

OUTCOMES

- 74% of MSM / sex workers in Bukavu receive emotional support
- 3 workstations under development for addressing violence against MSM
- 12 advocacy events on MSM visibility (since 2017)

IMPACT

- Reduced violence against MSM in the streets
- Increased access to HIV services for MSM youth
- Increased access to information on relevant issues (e.g. education, health, safety and security) for MSM
- Improved sensitization of general public to SGM identities, priorities, and needs



Contact

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Annie Nabintu Chishungu, savieasbl@gmail.com

Small Group Questions

- **MEN AS CLIENTS:** What more can we do to engage men and boys as clients of health services for their own health and well-being?
- **MEN AS PARTNERS:** How can we engage men as partners and users in gender-synchronized interventions (such as couple-focused programming) while still upholding women's agency and autonomy? How might the approach vary for men in monogamous and non-monogamous relationships?
- **MEN AS AGENTS OF CHANGE:** What does it take to engage men and boys as agents of change in shifting gender-inequitable norms of masculinity and fortifying more equitable norms at the community and societal levels?
- **DIVERSITY OF MEN:** What can we do to engage a broader diversity of men and boys (for example, men with gender-inequitable attitudes and beliefs, men who are a sexual or gender minority, men with disabilities)?

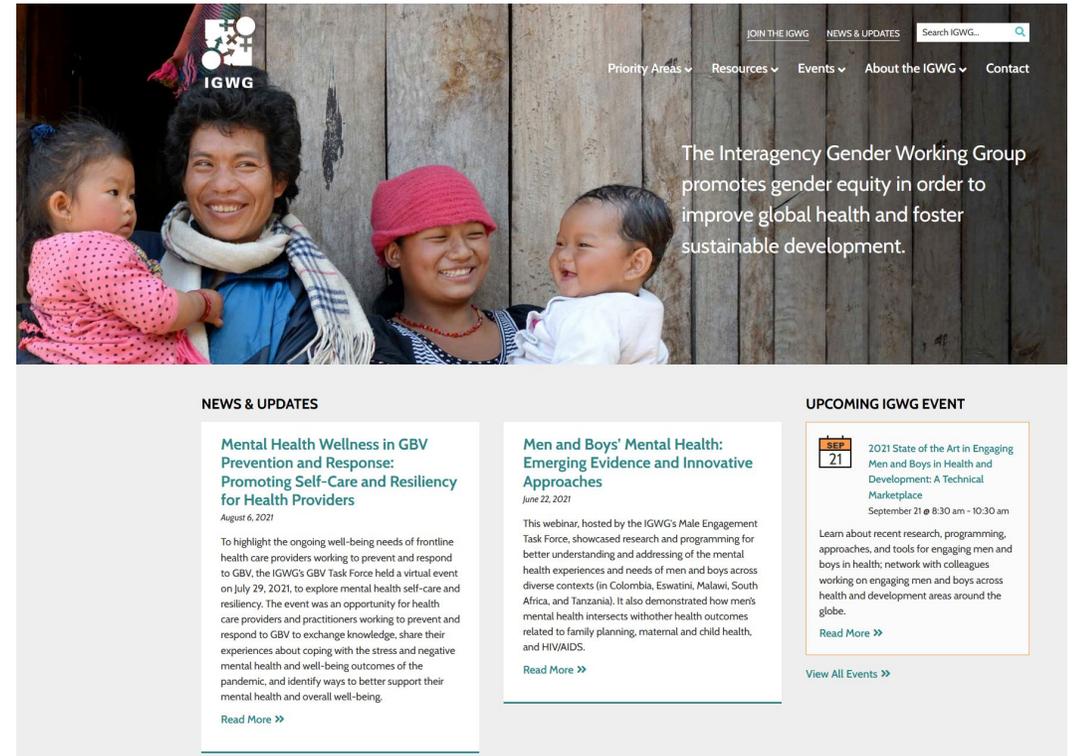
Cross-Cutting Questions

- What are common themes/lessons that emerged in the presentations?
- What are key approaches or challenges for scaling up these interventions?
- How have research topics and methodologies evolved to better capture the influence and impact of male engagement programming?

How to Access Content

Links to the **recording** of the webinar, the **slide deck**, and an **overview of each project** will be made available on the **IGWG website** and shared with those that registered.

<https://www.igwg.org/>

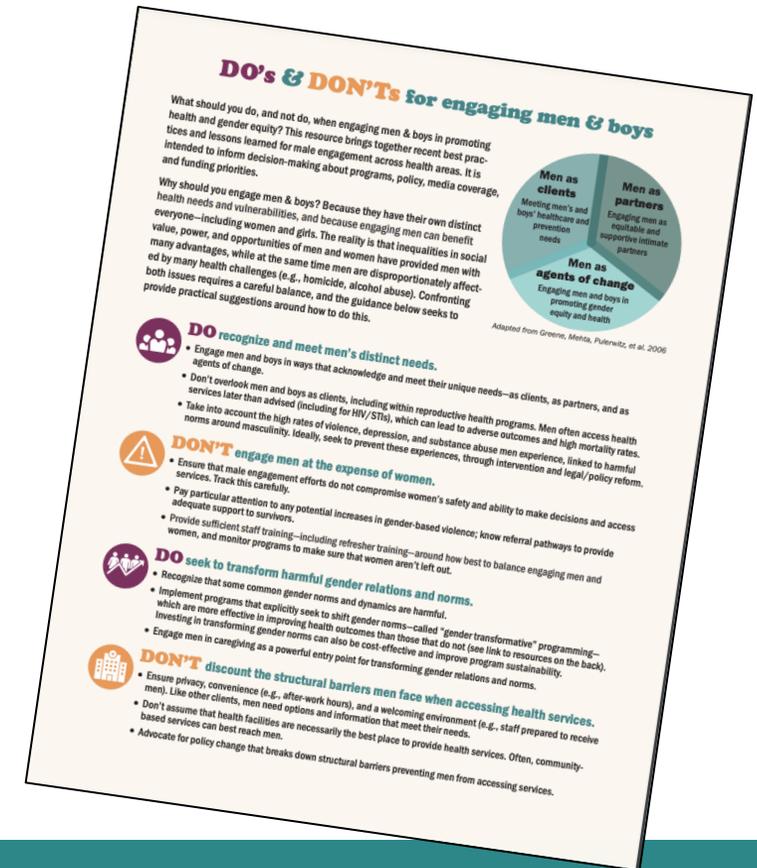


Become a Member of the METF Online Community!

Looking for **RESOURCES** on engaging men and boys in your work?

Would you like to **NETWORK** with others who are working with men and boys?

Do you have an event to **SHARE** with others related to men and boys?



JOIN US!

<https://www.igwg.org/priority-areas/male-engagement/male-engagement-task-force/>

Thank you!

