

MINISTRY OF HEALTH

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NATIONAL DIRECTORATE  
OF HEALTH

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REPRODUCTIVE HEALTH  
DIVISION

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REPUBLIC OF MALI

ONE PEOPLE – ONE GOAL – ONE FAITH

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# **Guide for Constructive Men's Engagement in Reproductive Health (CME-RH)**

**January 2008**



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## PREFACE

Family planning has long been recognized in sub-Saharan Africa as an essential way to maintain the health and well-being of women and their families. Several international conferences have advocated for increased support for family planning as an important strategy for promoting reproductive health. In particular, the 1994 International Conference on Population and Development in Cairo clearly emphasized the significant role that family planning plays in the reduction of maternal, neonatal, and infant mortality. In spite of efforts carried out, I must note that contraceptive use remains very low in sub-Saharan Africa. This is the case in Mali, where the modern contraceptive prevalence rate is 7 percent, according to the 2006 Demographic and Health Survey of Mali (EDSM). Further, insufficient access to healthcare, especially reproductive healthcare, contributes to high rates of maternal death.

Multiple EDSM report that the maternal mortality ratio in Mali remains high. The situation is further exacerbated by harmful practices and behaviors, including adolescent pregnancy, closely-spaced pregnancies, clandestine abortion, delays in seeking healthcare, limited access, and a lack of adequate obstetric care.

The total fertility rate in Mali has stayed almost the same for the last five last years (6.6 children per woman) and remains one of the highest rates in sub-Saharan Africa. In contrast to other West African countries whose total fertility rates have recently declined, fertility in Mali has not changed notably.

Despite high fertility, several EDSM confirm that many Malians strongly desire to plan and space childbirths. According to the 2006 EDSM, 19 percent of women in union in Mali say they would not like to have any more children and 34 percent would like to wait at least two years before having another child. According to the same survey, unmet need for family planning is estimated at 31 percent. Meeting these needs for family planning could significantly increase contraceptive prevalence in Mali.

Taking these reports into consideration, there is a strong call from decisionmakers at all levels for the “repositioning” of family planning. Men should not be left out of these initiatives. In effect, if we want to reverse the current trends that impair quality of life, weaken the health and survival of women and children, and seriously compromise the achievement of national development objectives, then we must invest in men as key decisionmakers at the family and community levels to promote family planning.

An immensely hopeful development for reproductive health in Mali is Law 02-044, signed by President Amadou Toumani Touré on June 24, 2002. Law 02-044 guarantees access to contraceptive methods for everyone. Effective implementation of this law will ensure more affordable and equitable access to reproductive healthcare services, respond to unmet needs for family planning, and strengthen the involvement of men.

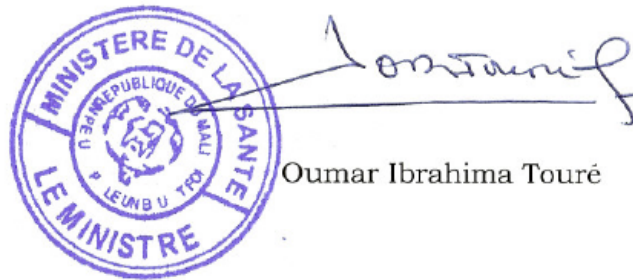
Around the world, and especially in Mali, men are the primary decisionmakers in couples’ lives, including decisions that impact women’s and girls’ opportunities to work, go to school, access health facilities, and control their maternity. At the household level, men generally make decisions for the entire family on how, when, and where to obtain healthcare.

Policies and strategies to constructively engage men in reproductive health, including those recommended in this guide, are essential for the improvement of health conditions—not only for women but also for men themselves, the whole family, and the entire community. This guide is a tool of the Ministry of Health and will inform technical services for reproductive health. It will also be used by civil society organizations and other technical and financial partners to contribute concretely to the constructive engagement of men in reproductive health.

Undoubtedly, the strategies discussed here will contribute significantly to the improved the health of women, men, and the community as a whole. They will also help our country to achieve the Millennium Development Goals. For these reasons, I exhort all health professionals to adhere to the information in this guide, and I hope that all those involved in reproductive health and family planning will put the guidelines into practice everywhere they work in Mali.

The success of this guide will be for us all. Reproductive health includes constructively engaging fathers, husbands, brothers, cousins, decisionmakers, and leaders—in short, all men!

Le Ministre de la Santé



Oumar Ibrahima Touré

Minister of Health  
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## SUMMARY

In 1990, Mali adopted a major and innovative document called “Sectoral Policy for Health and Population.” The implementation of this policy by the government and its various partners contributed to bringing public health facilities closer to the population. Thus, 76 percent and 51 percent of the population are now located within a radius of 15 km and 5 km, respectively, from health services (Local Medical Information System or SLIS, 2006).

In spite of these efforts, indicators of reproductive health, especially maternal mortality and contraceptive prevalence, are rather alarming.

It is for these reasons that the Ministry of Health, through the National Management of Health (DNS)/Division of Reproductive Health (DSR) undertook drafting of the Guide for Constructive Men’s Engagement in Reproductive Health, with technical and financial support from the United States Agency for Development (USAID) | Health Policy Initiative, Task Order 1. Indeed, men play a central role in decisionmaking regarding the health of couples and families in most countries around the world. The effective engagement of men in reproductive health programs and projects will contribute to the improvement of reproductive health indicators, particularly maternal morbidity and maternal, neonatal, and infant mortality rates.

The Constructive Men’s Engagement in Reproductive Health (CME-RH) Guide was developed to help reinforce men’s participation in reproductive health (RH) in order to improve RH for the entire population.

The participation of men is conceptualized according to three axes:

- Men as clients of RH services
- Men as supportive partners for women’s RH
- Men as agents of change within the community

The guide comprises three main chapters:

**Chapter One** includes the following sections:

- Introduction
- National context and short review of RH in Mali
- Definition of some concepts in CME-RH
- General principles for the CME-RH, for example:
  - The policies and programs that engage men should be based on an approach that respects the dignity of men and women and upholds equity between the two.
  - The involvement of men is meant not only to gain additional RH clients but also to contribute responsibly to the improved health of women and families.
  - The needs of young men should be taken into account very early (during childhood and adolescence) and successfully accounted for in policies and health programs that will help to make them true allies of women’s RH.

**Chapter Two** is devoted to development of the various CME-RH strategies around seven key areas:

- Improvement of existing RH services for men
- Awareness raising and community mobilization
- Awareness raising and mobilization of adolescents and youth
- Promotion of couple communication for shared decisionmaking
- Capacity building for actors undertaking CME-RH activities
- Development and implementation of CME-RH policies
- Research, monitoring/evaluation, and documentation

**Chapter Three** relates to implementation of the guide strategies and covers the following:

- Official reporting
- Action planning
- Alliances and actors
- Implementation
- Monitoring/evaluation
- Conditions of success

The process of developing the CME-RH guide took place in three principal stages, following a multisectoral and participatory approach:

- Situation analysis, beginning with a technical meeting on March 1, 2007
- Development of the document outline by the steering committee
- Finalization and validation of the document

The CME-RH strategies can be implemented by alliances among the public sector, civil society, and development partners and guided by operational plans at all levels. To accomplish this, it is critical to have robust and visible political commitment, leadership of the highest authorities, effective involvement of local governments and civil society, and the continued support of technical and financial partners.

## ACRONYMS AND ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
ASACO	Community Health Association
BCC	behavior change communication
CME-RH	constructive men's engagement in reproductive health
CSCOM	community health center
CSCRPF	Growth and Poverty Reduction Strategy Framework
CSLP	Strategic Framework for Poverty Reduction
DNS	National Directorate of Health
DSR	Division of Reproductive Health
EDSM	Demographic and Health Survey of Mali
FENASCOM	National Federation of Community Health Associations
FP	family planning
HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
IWGD	Integration of Women in Gender and Development
KAP	knowledge, attitudes, and practices
NEPAD	New Partnership for Africa's Development
NGO	nongovernmental organization
PDDSS	Ten-Year Social Health Development Plan
PRODESS	Medical and Social Development Programs
RAPID	Resources for the Analysis of the Population and its Impact on Development
REMAPOD	Network of Malian Parliamentarians for Population and Development
RH	reproductive health
RIPOD	Islamic Population and Development Network
SLIS	Local Medical Information System
STI	sexually transmitted infection
UNAIDS	United Nations Joint Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USAID/ATN	USAID /National Technical Assistance
WHO	World Health Organization



# CHAPTER I

## INTRODUCTION

Mali adopted a Ten-Year Social Health Development Plan (PDDSS 1998–2007) to continue implementing the Sectoral Health and Population Policy. It was rendered into five-year programs under the names of the Medical and Social Development Programs: PRODESS I (1998–2002) and PRODESS II (2003–2007).

Other significant documents—Policies, Norms and Procedures in Reproductive Health; the Reproductive Health Strategic Plan (2004–2008); the National Communication Strategy for Reproductive Health (2007–2011); and the Adolescent and Youth Strategic Health Plan—contributed to implementation of PRODESS.

The adoption and implementation of multiple health and population policies and programs by the Malian Government and its partners succeeded in bringing public health facilities closer to the population. However, despite these efforts, behavior change related to reproductive health (RH) and advances in the RH field must be strengthened.

In Mali, the low use of health services in general and insufficient access to reproductive healthcare services in particular contribute to

- A high maternal mortality rate, estimated by the Demographic and Health Survey (EDSM-III) Mali at 582/100,000 live births; and
- High neonatal and infant mortality rates, estimated respectively at 46 per 1,000 and 96 per 1,000 live births according to EDSM-IV 2006.

Women’s education levels also influence their ability to attend health centers (EDSM-IV):

- 78 percent of women versus 60 percent of men never attended school or a literacy center.
- 67 percent of uneducated women have access to prenatal consultation services, in comparison with 87 percent of women with primary level education and 96 percent of women with at least a secondary level education.
- 33 percent of births take place in health centers in rural areas versus 90 percent in urban environments; 40 percent of mothers who live in rural areas are uneducated, while 12 percent of mothers living in urban areas are uneducated.
- 91.6 percent of women from 15–49 years old underwent genital cutting, according to the EDSM-III.

The HIV prevalence rate is low (1.3%, according to EDSM-IV), compared with other countries, but research and monitoring by the United Nations Joint Program on HIV/AIDS (UNAIDS) indicates that it is necessary to remain vigilant because HIV is prevalent in certain specific groups, such as sex workers (35.3%), truck drivers (2.5%), and traveling salespeople (5.9%). Further, prevalence among pregnant women is 2.9 percent.

Given men’s social status and the roles they play in their families and in society, and the poor use of general and reproductive health services, it is imperative to ensure men’s full participation in RH matters.

A single initiative or set of actions cannot meet all reproductive health needs. Nevertheless, measures must be taken in all fields to deal with these most pressing health problems.

The Ministry of Health, in collaboration with its partners, developed this Guide to Constructive Men’s Engagement in RH. The strategies put forth in this guide will help aid in implementation of the

Reproductive Health Strategic Plan and will help the government and its technical partners to better involve men in RH.

## **NATIONAL CONTEXT AND BRIEF OVERVIEW OF RH IN MALI**

Mali is a landlocked country located in the Sudanian Sahelian strip of West Africa. It covers 1,241,238 square km and shares 7,000 km of borders with its neighbors. The population is mainly sedentary. However, the country is experiencing more and more migratory influx—both internal (farm workers) and external (international).

Poverty is widespread in Mali: two of three inhabitants are poor and one third of the population lives in extreme poverty. The latter population is primarily female and rural. The weak purchasing power of these populations negatively affects their use of health and social services.

Mixing of racial and ethnic populations (Mali currently recognizes 15 ethnic groups and 10 languages) has resulted in great cultural diversity. Thus, it is essential to recognize the role of a number of secular beliefs in order to understand certain public health behaviors, such as the prohibition of certain foods for children or pregnant woman; the duration of breastfeeding; and other practices such as female genital cutting, the *lévirat*, *sororat*, [Translators note: traditions where a widow or widower marries the youngest spouse of the late partner] etc.

The country is noted for its democratic engagement, good governance, and decentralization. It is divided into administrative regions (8) and the District of Bamako (the capital), *Cercles* or regions (49), and districts (703).

The government has signed several international agreements:

- The Plan of Action of the International Conference on Population and Development (ICPD, 1994)
- Millennium Development Goals
- The New Partnership for the Africa's Development (NEPAD)
- The Strategic Framework of the Fight Against Poverty (CSLP, 2002)—of which the second generation has been just approved (CSCR: Growth and Poverty Reduction Strategy Framework)

Also, several laws and documents have been passed and prepared, respectively, within the RH sector:

- The Law 02-044 National Assembly of the Republic of Mali of June 24, 2002, pertaining to Reproductive Health and documents of implemented projects
- The No. 05-546 decree/President and Prime Minister of the Republic of Mali, December 20, 2005, pertaining to anonymous and free centers to provide voluntary HIV counseling and testing.
- The Law No. 06-028/of June 29, 2006, establishing regulations related to the prevention, financing, and control of HIV/AIDS
- Contraceptive Security Plan (2002–2011)
- Advocacy Tool for Unmet Need for Family Planning (2005)
- Action Plan for Repositioning Family Planning (2005)
- RH Strategic Plan (2004–2008)
- National RH Communication Strategy (2007–2011)

However, we should also note the reality that mobilizing resources and implementing the laws once they are passed is quite difficult.

Engaging men in reproductive health poses an opportunity to put these laws into practice.

Healthcare is organized according to a pyramidal structure consistent with administrative divisions. This makes it possible to expand access to the population while improving the quality of those services. The health services offered, however, remain characterized by the following:

- Poor access to health services (geographically and financially)
- Poor use of the services in spite of increasing the number of community health centers (CSCOM) to 785 in 2006 (Local Medical Information System or SLIS)
- Insufficient materials and equipment
- Insufficient number and unequal distribution of qualified personnel

These factors impact the effectiveness of reproductive health projects and programs developed by the Malian Government and its partners.

## Regarding Family Planning

By law, everyone in Mali is guaranteed access to contraceptive methods. Law 02-044 pertaining to reproductive health was passed by the National Assembly and signed into action on June 24, 2002, by the President of the Republic. It stipulates the following items:

**Article 4:** Any individual, any couple has the right to freely access reproductive health services and to benefit from the best possible quality of care.

**Article 5, subparagraph 2:** Couples and individuals have the right to make free and responsible decisions about the number of children they wish to bear and the spacing of these births and to have access to information to inform these decisions.

Consequently, any woman has the right to use contraception to increase her chances of survival, as well as the chances of the survival of her children.

There is political will for the effective repositioning of family planning (FP) in Mali. This is evident from the existence of a multi-agency working group on family planning, which has existed since 2005 under the coordination of the Division of Reproductive Health (DSR) of the National Bureau of Health. The working group facilitates meetings on reproductive health and conducts FP campaigns. The theme of the latest publication, in 2006, was the constructive engagement of men.

According to multiple EDSM, women are knowledgeable about modern FP methods; however, contraceptive use in Mali remains low. Thus, the total fertility rate remained practically the same for the last five years [from 6.8 (EDSM-III) to 6.6 (EDSM-IV) children per woman] and remains one of the highest in sub-Saharan Africa.

However, there is a strong desire to plan births in Mali. According to the EDSM-IV, 19 percent of women currently in unions report that they do not want more children and 34 percent want to wait more than two years before having another child. Unmet need for family planning is estimated at 31 percent. Effectively responding to unmet need for family planning could significantly impact the notably low contraceptive prevalence (7% according to the EDSM-IV 2006). Taking these statistics into consideration, there is a strong call from Malian authorities and all those working in the RH field to satisfy unmet need.

In its document, *RH Communication Strategies (2007–2011)*, the Ministry of Health's DSR identifies the weak involvement of men, the private sector, and civil society as problematic. The document proposes measures for reducing maternal and neonatal morbidity and mortality. Yet, it offers few strategies for engaging men as clients and supporters of their partners' reproductive health. Thus, there is an urgent need to publish strategies for constructive men's engagement.

# **GUIDE TO CONSTRUCTIVE MEN'S ENGAGEMENT IN REPRODUCTIVE HEALTH**

## **Clarification of Concepts**

### **Reproductive Health**

Participants at the ICPD agreed that RH is defined as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes.” Reproductive health includes the provision of a wide range of preventive and curative services to empower vulnerable groups—including women, children, and young adults—to reduce maternal, infant, and child mortality and thus to promote the well-being of all individuals.

Promoting reproductive health requires a strategy based on a holistic approach to reproductive health problems, continuity in RH and FP services, and the principle of equal and equitable access to RH services.

### **Constructive Men's Engagement in RH (CME-RH)**

Since the ICPD convened in Cairo in 1994, a broad mandate was given to FP programs internationally to meet the needs of women and men of all ages and to reduce gender inequity (Boender et al., 2005). Mali is a signatory of the action plan produced at this conference: men's assumption of responsibility and participation are recognized in this action plan as critical aspects of the improvement of reproductive health services and policies.

The participation of men is envisioned in three capacities:

- Men as clients of RH services themselves
- Men as supportive partners for women's reproductive health
- Men as agents of change within the community

## **Why Constructive Men's Engagement in RH?**

### **Evolution of Gender and Health Programs in Mali**

Following the ICPD (Cairo, 1994) and the International Conference on Women (Beijing, 1995), Mali integrated the concept of gender and health into all documents and thinking related to health activities. This initiative was about equality and equity between men and women, with a special emphasis placed on empowering women. This concept brings together a number of measures to promote the individual development of men and women alike, especially in regard to the following aspects:

- Responsible decisionmaking in sexuality and procreation
- Access to reproductive health information and services for those that want them
- The right to self-determination in regard to one's body

Given the powerful positions that men occupy within families and society, as well as the poor use of RH services, health professionals in Mali began to pay particular attention to the role of men in questions of gender and health, which led to the articulation of the concept of “involvement of men in reproductive health.” Involving men in Mali took several forms (inviting men to RH activities, encouraging male participation in the design of RH activities, mobilizing political and religious leaders around RH activities, etc.).

Beyond merely involving men in RH activities, the Ministry of Health and its partners seek a more constructive level of involvement. Indeed, constructive men's engagement is the most recent approach and certainly the most promising way to effectively engage men in reproductive health—through

- Changing people's perceptions of RH issues and the role of men in RH;

- Engaging men in reproductive health as members of couples, families, and communities;
- Promoting the effective use of RH services for men;
- Encouraging men to promote the reproductive health and rights of women and families; and
- Building support for more effective community involvement in reproductive health.

## **Why the CME-RH Guide?**

In many African countries, including Mali, men play key roles as the primary decisionmakers in couples' lives and influence women's and girls' opportunities to work, go to school, visit health centers, and plan their births. At the household level, men generally make decisions for the entire family about how, when, and where to access medical care.

Thus, developing strategies and policies for constructive men's engagement in the form of this guide is essential to improve health conditions not only for women but also for men themselves, families, and communities.

This guide, a tool of the Ministry of Health, will aid RH technical service providers, civil society actors, and technical and financial partners to concretely increase and support the involvement of men in reproductive health.

### **Goal of the Guide**

To strengthen the constructive participation of men in RH as a strategy to improve the health of the population.

### **Objectives**

The objectives of the guide are as follows:

- Increase the knowledge of key actors in constructive men's engagement in RH
- Increase the capacity of key actors to develop strategies that engage men constructively in RH
- Improve the health of families, women, and children
- Improve the health of men themselves
- Promote RH behavior change among individuals and communities

## **Who is the Intended Audience for the CME-RH Guide?**

The Guide for Constructive Men's Engagement in Reproductive Health created by the Ministry of Health is intended for providers of RH technical services, civil society actors, and technical and financial partners.

The strategies for men's engagement contained in this guide will be used to

- Strengthen the Strategic Plan for Reproductive Health developed by the Ministry of Health; and
- Assist the Ministry of Health, its technical and financial partners, and civil society actors in implementing measures that increase men's constructive participation in RH.

## **Development Process**

The development of this guide emerged from a situational analysis (technical meeting of March 1, 2007). A stakeholder group drafted the guide using a participatory process under the direction of the Ministry of Health/DSR in collaboration with the United States Agency for International Development (USAID).

Other key actors involved included the Ministry for the Promotion of Women, Children and Family; the Ministry of Youth and Sports; the Ministry of National Education; national and international nongovernmental organizations (NGOs) working in the field of reproductive health; health service

providers; and religious leaders. A national workshop, organized and facilitated by the Health Policy Initiative on March 7, 2007, made it possible to produce the guide.

The development process was preceded by a gender workshop for USAID projects in 2004 at the Hôtel Nord Sud, held by the POLICY Project in collaboration with the Integration of Women in Gender and Development (IWGD); and also by a national workshop on gender integration in health programs, organized in November 2005 by the National Management of Health, with the support of the USAID/National Technical Assistance (ATN).

The guide's preparation proceeded in several stages:

- Interviews with stakeholders
- Situational analysis of constructive men's engagement in reproductive health, beginning with a technical meeting (March 2007)
- Training workshop on gender analysis (March 2007)
- Development of the terms of reference and installation of a steering committee (April 2007)
- Development of the guide drafting schedule and a chronogram of activities (May 2007)
- Drafting of the first version, the Guide to Men's Engagement in Reproductive Health
- Review of the draft guide by the steering committee
- Workshop with all of the stakeholders to review the guide
- Adoption of the Guide for Constructive Men's Engagement in Reproductive Health by the Ministry of Health

## Links with the RH Strategic Plan

The RH Strategic Plan presents an opportunity to increase men's involvement in RH activities. This guide will provide technical and financial partners with strategic guidelines designed to support interventions that constructively engage men in reproductive health.

Constructive men's engagement activities can help to improve the quality of RH service delivery for men, women, and adolescents. These activities can also improve communities' understanding of RH; help to increase the demand for services through behavior change communication (BCC); encourage training for public, semi-public, and private health staff; and increase the availability of RH services and care.

## CME-RH in Mali: Experiences and Lessons Learned

Local CME initiatives currently engage men as *relais* (community health workers) and as peer educators in multiple programs (e.g., the Men for Life Project of Keneya Ciwara).

### **"MEN FOR LIFE" Initiative USAID Health Program Keneya Ciwara**

**Men for Life** is an innovative program in which men engage in advocacy and promote the use of health services at CSCOM in order to contribute to reduced maternal and infant mortality.

The **Men for Life** initiative aims to

- Increase the number of men who attend CSCOM with their wives or children for preventive, curative, and promotional services;
- Increase the number of men who discuss FP/RH issues with their peers in the context of *grins* (men's social/conversation groups) and with their families;
- Increase the number of men who engage in FP/RH-related advocacy within their community; and
- Promote gender equity in community associations and on the household level.

**These are some results obtained** from April to December 2006:

- 538 group leaders at the CSCOM level appointed and trained
- 1,830 peers trained in the Sikasso *grins* in FP, prenatal healthcare, malaria, vaccinations, etc.
- 21,650 people (3,750 women and 17,900 men) reached by community outreach activities
- 4,334 referrals to CSCOM for FP, prenatal consultations, malaria, vaccination, and other issues

The preliminary results of this experiment are very encouraging because they helped to increase the use of the CSCOM by the general population and particularly by men.

This experience demonstrates that engaging men in reproductive health is a feasible, realistic, and promising strategy. It can improve contraceptive prevalence by reducing the unmet need for family planning and thus improve other RH indicators.

Globally, studies from the Philippines and Cambodia have taught us that involving men in RH offers a great opportunity to engage them in activities for the repositioning of family planning. Involving men in these countries led to improvements in the health behavior of youth and adolescents.

Indeed, men's engagement can increase contraceptive prevalence, promote the frequent use of maternal health services, reduce the transmission of sexually transmitted infections (STIs) and HIV, encourage demand for counseling and treatment of STIs, and reduce the incidence of mother-to-child HIV transmission through effective promotion of birth spacing and voluntary counseling and testing for HIV.

## **Principles for Constructive Men's Engagement in Reproductive Health**

The following principles should guide program implementation and/or activities that engage men:

- The policies and programs that engage men should be based on an approach that upholds the dignity of men and women and promotes equity between them.
- The involvement of men is meant not only to gain additional RH clients but also to contribute responsibly to the improved health of women and families.
- Programs and services for men must complement existing RH services and must not compromise either resources or the quality of services to the detriment of women and families.
- The needs of young men should be addressed very early and articulated clearly in policies and programs.
- The lessons learned from successful experiences and existing capacities/resources must be taken into account.

Strategies of the CME-RH guide focus on the following key domains:

- Improvement of RH services for men
- Awareness raising and community mobilization
- BCC to promote men's participation in RH, as members of communities and couples and among youth
- Strengthening the capacity of program managers and health professionals to constructively engage men in RH services
- Advocacy for political and institutional support for constructive men's engagement
- Research, monitoring, and evaluation of CME-RH programs

## **CHAPTER II: STRATEGIES FOR CONSTRUCTIVE MEN'S ENGAGEMENT IN REPRODUCTIVE HEALTH**

### **IMPROVEMENT OF EXISTING RH SERVICES FOR MEN**

Services for men and couples should be strengthened and the quality improved in order to increase the number of men who use them.

- The range of services must be as broad as possible.
- Facilities should be adapted to the needs of men.
- Information should be adapted to improve men's access.

**Objective:** To increase the access and quality of RH services for men.

#### **Targets:**

- Socio-medical authorities, technical and financial partners, regional authorities, NGOs, community leaders, the private and religious sectors
- Public and semi-public healthcare personnel

#### **Challenges**

- Increasing facilities and services available to men
- Mobilizing resources
- Changing the perceptions of authorities and of the public that RH only affects women

#### **Strategies:**

- Advocate about the importance of working to increase use of RH services by men—directed at political and administrative authorities, religious and community leaders, technical and financial partners, and other key partners
- Recruit and train peer educators, community health workers, and other participants to provide RH services adapted to the needs of men of all ages and social groups and at all levels
- Promote counseling and referrals to encourage men to take charge of their own sexual and reproductive health
- Make “man-friendly” services available in health centers where schedules and information, education, and communication materials are adapted to men and displayed visibly
- Make information on sexual and reproductive health services available for men in places where they usually go for healthcare (such as preventative services and STI/HIV clinics, urology services, laboratories, radiology centers, pharmacies)
- Reinforce logistics systems to ensure an adequate supply of RH materials and commodities to meet men's needs
- Provide information, training, and education to stakeholders on men's sexual and reproductive health
- Promote innovative contraceptive services adapted to men (e.g., high-quality vasectomy services)
- Coordinate activities that engage men on all levels of the health system

### **AWARENESS RAISING AND COMMUNITY MOBILIZATION**

Behavior change communication is essential to promoting new RH approaches tailored for women and men.



**Objective:** To increase the number of community leaders sensitized to the importance of RH and to involve them in constructive men's engagement in RH.

**Targets:**

- Community and religious leaders; men's groups (*grins*); town and village associations; local authorities; NGOs; and the private, semi-public, and religious sectors
- Modern and traditional communicators
- Other experts (teachers, rural development agents)

**Challenges:** Persisting socio-cultural and religious values related to gender and, very often, pro-natalist ideals.

**Strategies:**

- Use appropriate materials for the emotional and cultural setting, adapted to target populations.
- Use messages centered on men's and women's RH rights and gender equity through the suitable channels of communication (radio, television, newspapers, posters, billboards, sketches, popular theater (*koteba*), telephone, RH websites).
- Involve influential groups (e.g., religious and community leaders, NGOs, associations, community health workers (*relais*), and peer educators).
- Design and distribute messages based on the Holy Koran, Hadiths, and the Holy Bible.
- Design and implement appropriate communication strategies for RH adapted for rural communities and especially for men.
- Share responsibility and contracting with civil society organizations.

## **AWARENESS RAISING AND THE MOBILIZATION OF ADOLESCENTS AND YOUNG ADULTS**

The involvement of adolescents and youth should focus on education and the promotion of mutual respect and mutual support between girls and boys.

**Objective:** To increase the number of adolescents and young adults trained and sensitized in sexual and reproductive health who adopt positive behaviors within the community.

**Targets:**

- Boys
- Girls
- Youth associations (*grins*, etc.)
- Associations for parents of students
- Peer educators
- Teachers
- Artists/artisans
- Athletes
- Ministries: health; education; youth/sports; promotion of women, children, and family; and communication and new technologies

**Challenges:**

- Identifying lasting strategies that fully engage adolescents and youth
- Introducing values to teenagers and youth that ensure understanding of gender-related issues
- Promoting RH services to teenagers and youth on all the levels, particularly in rural areas

**Strategies:**

- Offer health services to teenagers and youth at the community level
- Use suitable communication channels (e.g., portable radio, television, newspapers, posters, billboards, sketches, community theatre (*koteba*), telephone, RH websites) to raise awareness and train adolescents and youth associations about the various aspects of RH and men's and women's RH rights
- Reinforce a climate of trust and confidentiality with teenagers and youth when they access RH services
- Ensure the participation of adolescents and youth in the design and implementation of policies
- Improve or create user-friendly services for adolescents and youth
- Recruit and train peer educators to provide information and services to their peers (in and outside of the school setting, among uniformed youth<sup>1</sup>) on sexual and reproductive health to direct them toward appropriate RH services
- Develop innovative initiatives that promote RH within formal and informal education systems
- Encourage sex education dialogue within the family

## **PROMOTION OF COUPLE COMMUNICATION FOR SHARED DECISIONMAKING**

Introducing this type of dialogue is essential to promote sexual and reproductive health in couples, as well as entire communities.

**Objective:** To increase the number of couples that openly discuss RH within the family and the community.

**Targets:**

- Men
- Women
- Girls and boys
- Family
- Religious and community leaders

**Challenges:**

- Promoting communication between men and women
- Changing men's perception that RH is specifically a woman's concern

**Strategies:**

- Promote BCC about RH rights at all levels and via all modern and traditional communication channels
- Advocate with religious and community networks for their participation in encouraging dialogue and shared decisionmaking within couples
- Involve community outreach and health personnel to promote couple communication
- Improve support for family planning services for couples through testimonies of couples satisfied with these services

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<sup>1</sup> Young people who are in the armed forces or security sector in training schools (soldiers, police officers, guards).

## **STRENGTHENING THE CAPACITY OF STAKEHOLDERS TO UNDERTAKE CME-RH ACTIVITIES**

The acquisition of new skills is necessary to constructively engage men in RH. This training can be provided by the Ministry of Health; specialists in BCC, gender, and health; RH NGOs; and civil society.

**Objective:** To increase the knowledge of men and service providers about RH and gender.

### **Targets:**

- Health personnel: public, semi-public, private, faith-based
- Community health associations
- NGOs and associations working to improve health
- Teachers
- Armed forces and security personnel
- Local governments
- Traditional healers, community leaders

### **Challenges:**

- Amending training programs to include activities for actors about engaging men in RH
- Mobilizing financial and material resources at all levels
- Staffing and maintaining adequate personnel at all levels

### **Strategies:**

- Introduce RH and gender into school curricula at all the levels of the education system
- Train Ministry of Health staff on sexual and reproductive health, gender, and strategies that engage men
- Extend this training to other ministries: education; promotion of women, children and family; armed forces and security; youth; and communication and new technologies
- Collaborate with the local health information system to monitor indicators of men's participation in RH
- Expand information about RH and the availability of services for men at the workplace (factories, hotels, bars, etc.) and other places men frequent (example: *grins*)
- Train and involve the private health sector to provide user-friendly services for men

## **DEVELOPMENT AND ADOPTION OF CME-RH POLICIES**

The involvement of men in reproductive health requires institutional support at all levels.

**Objective:** To improve the political climate for constructive men's engagement in RH.

### **Targets**

- Members of Parliament
- Key decisionmakers (in other institutions and ministries of the republic)
- Medical authorities
- Civil society
- Local communities
- Community leaders
- Technical and financial partners

### **Challenges:**

- Allocating enough resources for CME
- Increasing the visibility of CME in existing policies and strategies

### **Strategies:**

- Integrate CME into the regional and local programs<sup>2</sup> of various government ministries, particularly in action plans
- Install an interdepartmental commission on the monitoring and evaluation of actions implemented for CME in reproductive health
- Advocate to political authorities and technical and financial partners for an increased allocation of resources in favor of RH
- Collaborate with the Health Commission of the National Assembly and the Network of Malian Parliamentarians for Population and Development (REMAPOD) to ensure that the government takes into account CME
- Disseminate the CME guide to ministry personnel, technical and financial partners, national and international NGOs, the private sector, and local governments
- Advocate to local, civil society, and religious authorities to promote, distribute, and implement plans that increase men's participation in RH

## **RESEARCH, MONITORING, EVALUATION, AND DOCUMENTATION**

Research, monitoring, and evaluation play a significant role in the success of programs that involve men in RH. Research and evaluation also make it possible to present political decisionmakers with a judicious use of the data.

**Objective:** To improve the management of CME-RH programs through monitoring, documentation, and dissemination of best practices.

### **Targets:**

- Program managers
- Research institutions and universities
- Personnel of the public, semi-public, private, community, and religious sectors
- NGOs, technical and financial partners, Community Health Association (ASACO)

### **Challenges:**

- Allocating resources for research on CME data
- Disseminating research results and best practices at all levels
- Effectively using data to improve programs

### **Strategies:**

- Collect relevant/specific data useful to institutions implementing CME programs and services
- Organize a KAP (knowledge, attitude, and practice) survey before and after implementing the CME initiative
- Choose relevant indicators to help monitor program activities
- Conduct research related to CME in RH (supported and financed by the government and technical and financial partners) and disseminate best practices throughout the country

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<sup>2</sup> Each ministry has a presence at the regional, group, and community levels. For example, the Ministry of Education has a Regional Directorate of Education (called a Teaching Academy), which also has divisions in the *cercles* and communities that are called pedagogical activity centers.

# CHAPTER III: IMPLEMENTING THE STRATEGIES OF THE CME-RH GUIDE

## REVIEW OF OFFICIAL REPORTS

An analysis of the RH situation in Mali, completed during the technical meeting of March 2007, emphasized the following:

- Poor use of RH services
- Premature, closely spaced, multiple, and late-term pregnancies
- Low-quality services (reception, customer respect, confidentiality, availability of products)
- Lack of communication within couples and between parents and children
- Poor involvement of men who are not concerned about RH
- Poverty and illiteracy
- Socio-cultural traditions
- Insufficient sex education in schools and in the family
- Men's participation not considered in initial RH programs

Consequently, few programs or materials on men's involvement exist. This justifies the creation of the CME guide to contribute to the engagement of men in RH programs.

The human, material, and financial resources necessary to implement the guide will be mobilized through contributions from the government and its partners.

## ACTION PLAN

This section presents three strategies to be applied in each of the key domains of CME and which may be implemented through various programs.

### Program I: Improve knowledge, attitudes, and behavior of men in RH

This program strives to attain three results.

**Result 1:** Actors' ability to undertake CME activities is improved

#### Activities:

- Training Ministry of Health personnel in male sexual and reproductive health and extending these training programs to personnel in other ministries
- Training directors at the pedagogical activity centers and educating them about the concepts of RH, gender, and equity
- Training military personnel

**Result 2:** CME-RH policies are developed

#### Activities:

- Advocate to the Health Commission of the National Assembly, REMAPOD, and regional governments to encourage the government to take CME into account
- Advocate to political authorities and technical and financial partners for increased resources for RH
- Sensitize/train National Assembly members and local officials about RH and gender equity

**Result 3:** Communities are sensitized and mobilized to promote and support CME-RH

**Activities:**

- Develop and distribute messages based on the Holy Koran and the Holy Bible
- Provide RH training and partner with various civil society organizations to increase communication and mass mobilization
- Design and implement suitable communication techniques for RH that are adapted specifically for rural communities and men
- Sensitize and train business leaders and their personnel on RH and men's sexual health

## **Program 2: Increase the Use of RH Services by Men**

This program strives to attain three results:

**Result 1:** Existing RH services are improved and used by men

**Activities:**

- Incorporate “male-friendly” services, in accessible spaces and with convenient schedules
- Train/re-train socio-medical, public, and semi-public health personnel in male sexual and reproductive health
- Establish logistics systems for the provision of contraceptive methods for men
- Train and encourage private and faith-based health personnel to provide user-friendly services for men

**Result 2:** Dialogue within the couple is promoted

**Activities:**

- Engage community health workers and socio-medical personnel to promote dialogue within couples
- Engage religious networks and traditional communication networks to promote dialogue within couples
- Tell the stories of couples that have successfully planned their families

**Result 3:** Teenagers and young adults are sensitized and mobilized

**Activities:**

- Train peer educators and leaders of youth associations to better understand male sexual and RH
- Extend services to teenagers and young adults at all levels
- Recruit and train teenagers and young adult groups within and outside of schools to provide information to their peers about sexual and reproductive health and/or direct them toward suitable RH services

## **Program 3: Improve Management and Coordination of CME-RH**

### **Activities**

This program strives to attain three results:

**Result 1:** The information system responsible for collecting RH information is strengthened

**Activity:**

- Add CME indicators to the SLIS

**Result 2:** Research and study results are available

**Activities:**

- Conduct research on CME-RH
- Document and distribute information about best practices for involving men in RH

## **ALLIANCES AND ACTORS**

There are many different and diverse actors in the RH field. Thus, efforts must be coordinated to make the most of CME interventions. See below for a list of general responsibilities for key stakeholders.

**Public sector:**

- The Ministry of Health through the National Directorate of Health (DNS) and the DSR manages the development and coordination of actions taken to implement strategies in this guide.
- The services and organizations linked with other ministries (economic; social development; youth; and promotion of women, children, and family) will contribute to the implementation of guide through social mobilization.
- The Ministry of Communication and New Technologies will contribute, under the aegis of the Ministry of Health, to the production and distribution of all messages adapted to involve men in RH.
- The Ministry of Education will introduce concepts of RH and gender into school curricula (public and private).

**Civil society:**

Civil society, private sector, and community organizations must also participate in the implementation of CME-RH strategies (such organizations include The Pivot Health Group, National Federation of Community Health Associations (FENASCOM), and various members of Parliament and religious organizations).

**International institutions:**

- USAID and its cooperating agencies
- United Nations Population Fund (UNFPA)
- United Nations Children's Fund (UNICEF)
- European Union
- World Health Organization (WHO)
- World Bank
- Other bilaterals that support the government financially and technically with RH programming and services

## **IMPLEMENTATION**

The National Strategy of Communication for RH (2007–2011) poses an opportunity to implement the CME strategies. The coordination and management of CME strategies will be completed at three levels: national, regional, and local.

- At the national level: DNS through the DSR is responsible for coordination.

- The National Technical Committee of Communication for RH could be used as a supporting body that can, with the DSR, plan, execute, and coordinate CME-RH activities.
- At the regional level: The Regional Management of Health and the District of Bamako are responsible for coordination and management by assembling a multisectoral committee to supervise the development, distribution, and evaluation of regional action plans for CME-RH.
- At the local level: Committees will be established within *cercles* and in communities within the District of Bamako. Committees will monitor CME-RH activities implemented by various stakeholders with the support of community institutions.

## **MONITORING/EVALUATION**

Monitoring of CME-RH activities may be done through the monitoring and evaluation of the Strategy of Communication for RH (2007–2011). The strategy is organized by

- Internal monitoring by PRODESS II monitoring groups; and
- Monitoring by the DNS through the DSR at all the levels of the medical pyramid (national, regional, local).

Some examples of possible indicators include the following:

- Knowledge indicators: the number of men who know the signs of complications during pregnancy, childbirth, and postpartum.
- Attitude indicators: the number of couples who intend to negotiate their pregnancy intentions and the number of couples who intend to use family planning programs and services.
- Practices indicators: the number of teenagers and young adults using suitable services to meet their health needs.
- Indicators of program impact: for example, the perception of change by service providers, contraceptive prevalence rate, and STI prevalence rate.
- Process indicators: the number of people trained in CME-RH as per the guide and the number of people trained in CME-RH who undertake strategies recommended in the guide.

## **CONDITIONS OF SUCCESS**

Successfully implementing CME strategies will require certain conditions:

- Strong and sustained political participation
- Effective involvement of local governments and civil society
- Multi-ministry and multisectoral approach
- Resource availability
- Effective partnerships with technical and financial partners
- Dynamic and sustained communication between the various stakeholders
- Effective traditional and modern media involvement
- Continuous monitoring and evaluation
- Economic and political stability



## **CONCLUSION**

Improving the quality of life in Mali will require addressing several growing needs in the following sectors: education, economy, environment, health, etc. Acknowledging men's decisionmaking role within couples and families by engaging men to actively participate in reproductive health programs and services may contribute to improved health outcomes—for both women and men. An integrated approach that includes participation by the public, civil society, and private sectors is necessary to effectively implement the strategies outlined in this guide. Developing this integrated framework will require significant support from key political leaders, which will certainly contribute to improved reproductive health indicators.

See the following page for instructions on using the guide to the constructive engagement of men in reproductive health.

# SUGGESTIONS FOR USING THE GUIDE

The following are key questions to help users determine which of the guide's recommended CME-RH strategies are most appropriate to their specific goals, capacities, or programs.

## 1. Local situation analysis

- i. What are the local health and reproductive health priorities? How are they prioritized?
- ii. What services exist for men? How are they organized? What is missing?
- iii. Are there local examples of CME-RH programs that can serve as models?

## 2. Action plan

- i. Identify exactly what needs to change: attitudes? abilities? who? services? procedures, etc.? What can be done to make those changes?
- ii. Timeline: What stages will the project need to go through to make the desired changes? And at what rate (deadlines)?
- iii. Responsibilities: Who will do what?
- iv. Where will the project start?

## 3. Actors and alliances

- i. Identify actors and potential alliances:
  - Which organizations, people, etc., can positively influence CME-RH?
  - Which needs can these organizations or people address with their technical or organizational capacities? Can these organizations mobilize others in CME-RH?
- ii. How can you motivate them to get involved in CME-RH? (e.g., recognition, praise)
- iii. Guidelines (where and how): How can one guide programs? How to help?
- iv. Information sharing and exchange: What systems of communication are necessary?

## 4. Monitoring, evaluation, and improving programs

- i. In which domain do you want to bring about change?
- ii. How will the program or activity reach that point?
- iii. How will success be measured?
- iv. What should be changed to address weaknesses and to face challenges?
- v. How will you share information about lessons learned, challenges, and successful strategies?

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## APPENDIX A: STEERING COMMITTEE MEMBERS

Name and First name	Function/Structure
Dr. Binta Keita	Division Director RH/National Health Directorate
Souleymane Dolo	Executive Director, Groupe Pivot Santé Population
Dr. Sarmoye Cisse	World Health Organization
Dr. Madina Bā Sangaré	CARE/Keneya Ciwara
Dr. Doucouré Arkia Diallo	USAID/National Technical Assistance
Dr. Timothée Gandaho	USAID/ National Technical Assistance
Dr. Ramata Diarra	Ministry of the Promotion of Women, Children, and the Family
Mieko McKay	USAID/Mali
Mr. Modibo Maiga	Health Policy Initiative
Dr. Timothé Dao	Health Policy Initiative

## APPENDIX B: LIST OF WORKSHOP PARTICIPANTS

Name	Affiliation
Dr. Demba Traore	IntraHealth International
Barry Sékou	Nongovernmental Organization, JIGI/Espoir en Bamanankan
Dr. Sarmoye Cisse	World Health Organization
Mamadou Keita	Youth Association for the Promotion of Healthy Youth (AJPJS)
Djigui Keita	Journalist and Communicators Network on Mali Population and Development (COREJCOM)
Dr. Boubacar Diarra	Keneya Ciwara
Ms. Maiga Djénéba Koureissi	Keneya Ciwara
Boubacar Camara	Keneya Ciwara
Dr. Fousseini Koné	Keneya Ciwara
Mahmoudou Karabenta	Keneya Ciwara
Dr. Mohamed Coulibaly	Keneya Ciwara
Dr. David Awasum	Keneya Ciwara
Reverend Pasteur Daniel Tangara	Protestant Church
Mrs. Diakité Pauline A Sidibé	Protestant Church
Dr. Madina Ba Sangaré	CARE/Keneya Ciwara
Maiga Maimouna	Association for Development and Population Activities (ASDAP)
Dr. Traoré Awa Marcelline	National Health Directorate (DNS)/Division of Reproductive Health (DSR)
Mrs. Keita Oumou Keita	DNS/DSR
Dr. Sidibé Aminata O Touré	DNS/DSR
Mrs. Fanta Coulibaly	DNS/DSR
Dr. Binta Keita	DNS/DSR
Dr. Ramata Diarra	Ministry of the Promotion of Women, Children, and the Family
Mrs. Touré Foufa Keita	Institute for Reproductive Health Georgetown/Mali
Zeydi Drama	Islam Network for Population and Development
Astou Kourouma	Islamic Network for Population and Development (RIPOD)/National Union of Muslim Women in Mali (UNAFEM)
Mafouné Sangaré	RIPOD/UNAFEM
Mrs. Coulibaly Cély Diallo	Population Services International (PSI)/Mali
Mrs. Maiga Fatimata Ouattara	Girls' Education of the National Directorate of Basic Education (SCOFI DNEB)
Fatoumata Diaw	Health Policy Initiative (consultant)
Mrs. Dicko Fatoumata Maiga	Midwives' Association

Mrs. Traoré Djeneba Doumbia	National Federation of Community Health Associations of Mali (FENASCOM)
Konaté Sadio Tounkara	Coalition for Health and Social Development (COSADES)/Coordination of Women's NGOs and Associations of Mali (CAFO)
Dr. Adama Diakhate	Popular Pharmacy of Mali (PPM)
Dr. Coumba Maiga Konandji	Project/Youth
Mrs. Aminata Kayo	Save the Children
Dr. Doucouré Arkia Diallo	USAID/National Technical Assistance
Mieko McKay	USAID/Mali
Modibo Maiga	Health Policy Initiative/Mali
Noumouke Diarra	Health Policy Initiative/Mali
Mamadou Mangara	Health Policy Initiative/Mali
Yacouba Simbé	Health Policy Initiative/Mali
Dr. Dao Timothé	Health Policy Initiative (consultant)
Mariam Diaw Zouboye	Health Policy Initiative/Mali

# **APPENDIX C: REPORT—TECHNICAL MEETING**

## **Constructive Men’s Engagement in Reproductive Health—Bamako, Mali, March 1, 2007**

### **Meeting goal**

To work toward developing objectives for a national strategic plan for reproductive health in Mali.

### **Specific meeting objectives**

- Increase knowledge about current CME-RH policies and programs in Mali
- Identify specific strategies for CME-RH, building on existing strategies and initiatives
- Identify activities and responsibilities and develop a schedule for follow-up to the meeting

### **Results attained at the end of the meeting**

- Identified key elements needed to develop a CME-RH guide
  - Situational analysis (stakeholders, obstacles, and opportunities)
  - Existing initiatives
  - Recommended strategies
  - Guideline elements (to guide strategy implementation)
- Outline of the process to prepare guidelines for the constructive engagement of men in reproductive health

### **Meeting agenda**

8:30	Opening ceremony
9:15	Introduction
9:30	History and context of the meeting
10:10	Division of work groups
10:15	Coffee break
10:30	Group work
	Situational analysis (obstacles and opportunities)
12:30	Lunch
1:30	Group work
	Identification of strategies, existing initiatives, guideline elements (coffee break)
3:30	Meeting follow-up
4:30	End of the meeting

## APPENDIX D: GROUP WORK RESULTS

### Morning Session

#### Group 1: Public Sector

Issue	Obstacles	Opportunities
Culture	<ul style="list-style-type: none"> <li>• Lack of communication within couples</li> <li>• Ignorance</li> <li>• Men do not take responsibility for RH and FP problems</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple communication channels</li> </ul>
Public health system	<ul style="list-style-type: none"> <li>• Few RH programs that target men</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of RH law</li> <li>• Existence of RH division</li> <li>• Existence of the Ministry for the Promotion of Women, Children, and the Family, Family Division</li> </ul>
Religion	<ul style="list-style-type: none"> <li>• Non-adherence of some religious persons (Muslim, Christian)</li> <li>• Ignorance of certain rules</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of RAPID Model (Resources for population analysis and its impact on development) for the religious (Muslim)</li> <li>• Participation of Muslim networks (Islamic Population and Development Network (RIPOD) and REMAPOD)</li> </ul>

#### Group 2: Civil Society

Issue	Obstacles	Opportunities
FP information	<ul style="list-style-type: none"> <li>• Beliefs, traditions</li> <li>• Perceptions</li> </ul>	<ul style="list-style-type: none"> <li>• BCC</li> </ul>
Accessibility of FP services	<ul style="list-style-type: none"> <li>• Financial</li> <li>• Geographical</li> <li>• Availability of contraceptive products</li> </ul>	<ul style="list-style-type: none"> <li>• Community-based distribution</li> <li>• Contraceptive security</li> <li>• Existence of direct drug supply plan</li> </ul>
Policy design	<ul style="list-style-type: none"> <li>• Consequences of former policies</li> <li>• Ignorance of the RH legal framework</li> </ul>	<ul style="list-style-type: none"> <li>• Existence of RH law</li> <li>• Existence of standard procedures</li> </ul>



### Group 3: Civil Society Sector

Issue	Obstacles	Opportunities
<ul style="list-style-type: none"> <li>Men do not take the responsibility to promote of RH</li> <li>Absence of male support for women in regard to RH (moral, financial, and cultural)</li> <li>Low use of RH services by men</li> </ul>	<ul style="list-style-type: none"> <li>Lack of motivation is related to the traditional role of the man in society</li> <li>Adequate information on RH is scarce</li> <li>Poor men's engagement in the development of RH policies and programs</li> <li>Poverty, illiteracy, low use of RH services by couples</li> <li>Male superiority complex with respect to women</li> <li>Insufficient number of RH counseling centers</li> </ul>	<ul style="list-style-type: none"> <li>Civil society involvement in RH promotion</li> <li>Existence of a law on RH</li> <li>Existence of RH standards and procedures</li> <li>Existence of advocacy tools</li> <li>Existence of the Strategic Framework for the Fight Against Poverty</li> <li>Existence of a national program to eliminate illiteracy</li> <li>Existence of counseling centers</li> <li>Availability of RH services</li> <li>Partner support</li> </ul>

### Group 4: International Agency Sector: Men

Issue	Obstacles	Opportunities
<ul style="list-style-type: none"> <li>To encourage men to use RH services</li> </ul>	<ul style="list-style-type: none"> <li>Socio-cultural barriers that prevent men from playing a constructive role in RH</li> <li>Misinterpretation of religions</li> </ul>	<ul style="list-style-type: none"> <li>Favorable political climate (DSR, RH law)</li> <li>Political participation</li> <li>Participation of religious leaders, RIPOD</li> <li>Presence of the Health Commission at the Assembly</li> </ul>
<ul style="list-style-type: none"> <li>To encourage men to take part in RH decisionmaking</li> </ul>	<ul style="list-style-type: none"> <li>Insufficient information for men on RH rights</li> </ul>	<ul style="list-style-type: none"> <li>Existing networks among NGOs and technical and financial partners that promote CME</li> </ul>
<ul style="list-style-type: none"> <li>To encourage men's support for the RH rights and health of women and families</li> </ul>	<ul style="list-style-type: none"> <li>Insufficiencies/absence of high-quality services for men (environment, service providers)</li> </ul>	<ul style="list-style-type: none"> <li>Political participation</li> <li>National FP campaign</li> <li>RH advocacy</li> </ul>

### Group 5: International Agency Sector: Women

Issue	Obstacles	Opportunities
<ul style="list-style-type: none"> <li>Poor use of RH services by men</li> </ul>	<ul style="list-style-type: none"> <li>Organization of RH services</li> <li>Socio-cultural factors</li> </ul>	<ul style="list-style-type: none"> <li>New policy guideline (ASACO)</li> <li>Evolution of centers (Mother and Infant Welfare—Maternal and Infant Health—Center for Health References)</li> <li>Changing stereotypes</li> <li>Development of the gender concept (promotion of the woman, equity, diversity)</li> </ul>
<ul style="list-style-type: none"> <li>Insufficient communication regarding male RH</li> </ul>	<ul style="list-style-type: none"> <li>RH activities focused on women</li> <li>Insufficient communication within couples</li> </ul>	<ul style="list-style-type: none"> <li>Access to information through the mass media</li> <li>Development of specific programs for men</li> <li>Political participation (RH law) and partners</li> </ul>
<ul style="list-style-type: none"> <li>Power of men (to make decisions)</li> </ul>	<ul style="list-style-type: none"> <li>Socio-cultural considerations (influence of men on procreation)</li> <li>Low economic status of women</li> </ul>	<ul style="list-style-type: none"> <li>Education for girls</li> <li>Existence of communication strategy for RH</li> <li>Micro-credit and income-generating activities</li> <li>BCC programs</li> </ul>

## Afternoon Session

### Group 1: Perception of Reproductive Health Exclusively as a Woman's Issue

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>• Law on reproductive health (if an implementation plan is available)</li> </ul>	<ul style="list-style-type: none"> <li>• Petition for translation of the RH law into concrete grassroots actions</li> </ul>	<ul style="list-style-type: none"> <li>• Training of networks</li> <li>• Formation of advocacy groups</li> <li>• Formation of advisory group for monitoring</li> </ul>
	<ul style="list-style-type: none"> <li>• BCC regarding RH</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration with the media, leaders, and traditional communicators</li> </ul>
<ul style="list-style-type: none"> <li>• Repositioning family planning</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of men as agents of change</li> </ul>	<ul style="list-style-type: none"> <li>• Development of suitable communication tools favoring men's involvement</li> </ul>
		<ul style="list-style-type: none"> <li>• Capacity building of service providers to deliver services specifically to men</li> </ul>
	<ul style="list-style-type: none"> <li>• Involvement of civil society</li> </ul>	<ul style="list-style-type: none"> <li>• Formation of networks</li> <li>• Formation of advocacy groups</li> </ul>
	<ul style="list-style-type: none"> <li>• National Strategy of Communication in Reproductive Health</li> </ul>	<ul style="list-style-type: none"> <li>• Installation of a framework for interdepartmental cooperation</li> </ul>

### Group 2: Communication and Sharing Between Partners (couples)

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>• RH law</li> <li>• Repositioning of FP</li> <li>• Basic community services</li> </ul>	<ul style="list-style-type: none"> <li>• BCC</li> <li>• Household approach (community health agents)</li> <li>• Peer education</li> <li>• Standard Days Method (beads)</li> <li>• Multi-media CME campaign</li> <li>• Involvement of clinic medical directors in the recruitment of couples for BCC on FP and promotion of family dialogue</li> </ul>	<ul style="list-style-type: none"> <li>• Human rights</li> <li>• Leadership of the Prenatal Consultation and the medical director</li> <li>• Gender</li> </ul>

**Group 3: Information and Education for Men on Reproductive Health and Family Planning (research)**

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>A few initiatives, including community health workers and peer educators in various programs</li> </ul>	<ul style="list-style-type: none"> <li>Training (and retraining) of community health workers and peer educators in communication techniques and reproductive health</li> <li>Advocacy directed at opinion leaders to support CME</li> <li>Information/awareness raising for men on couples' RH rights</li> <li>Research—action</li> </ul>	<ul style="list-style-type: none"> <li>Develop and strengthen abilities of service providers</li> <li>Make advocacy tools available</li> <li>Ensure a broad dissemination of the RH law to couples and service providers</li> <li>Mobilize the necessary resources</li> </ul>

**Group 4: Health Services for Men (including RH services and capacity building of service providers)**

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>Participation of civil society</li> </ul>	<ul style="list-style-type: none"> <li>National Communication Strategy for RH</li> </ul>	<ul style="list-style-type: none"> <li>Existence of National Communication Strategy for RH</li> </ul>
<ul style="list-style-type: none"> <li>Policy documents, RH norms, and procedures</li> </ul>	<ul style="list-style-type: none"> <li>Dissemination strategy at national, regional, and local levels</li> <li>Inter-agency collaboration among RH stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building of service providers</li> <li>Reinforcement of health services, materials, and equipment</li> </ul>
<ul style="list-style-type: none"> <li>RH law</li> </ul>	<ul style="list-style-type: none"> <li>Signed implementation plans (in progress)</li> </ul>	<ul style="list-style-type: none"> <li>Existence of law and decrees on HIV/AIDS</li> </ul>

### Group 5: Political Will (politicians and community and religious leaders)

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>Political participation</li> <li>RH law, HIV law</li> <li>DSR</li> <li>RH norms and standards</li> <li>Health Commission of the National Assembly</li> <li>Technical and financial partners</li> <li>REMAPOD, RIPOD</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy for officials to sign implementation plans for the laws</li> <li>Information/training for politicians and community and religious leaders</li> <li>Dissemination of various RH documents (Strategic RH Plan, National Communication Strategy for Reproductive Health, advocacy tools) and poverty reduction (Strategic Framework for the Growth and the Reduction of Poverty)</li> <li>Documentation and dissemination of best practices (compiled from projects implemented by community groups)</li> </ul>	<ul style="list-style-type: none"> <li>Decentralization/devolution (taking gender concepts into account)</li> <li>Multisectorality, involving all social classes (men, women, and youth)</li> </ul>
<ul style="list-style-type: none"> <li>Existing projects for the leaders of community groups</li> </ul>		

### Group 6: Education and Socialization for Boys and Girls

Existing policies or initiatives	Strategies	Elements of guideline
<ul style="list-style-type: none"> <li>Division for Girls' Education</li> </ul>	<ul style="list-style-type: none"> <li>Capacity building of the division</li> <li>Retention of girls in school</li> </ul>	<ul style="list-style-type: none"> <li>Participant involvement</li> </ul>
<ul style="list-style-type: none"> <li>One school—one village</li> </ul>	<ul style="list-style-type: none"> <li>Construction of classrooms</li> <li>Recruitment of enough teachers (and pupils)</li> </ul>	<ul style="list-style-type: none"> <li>Awareness raising in the community</li> </ul>
<ul style="list-style-type: none"> <li>Promotion of school cafeterias</li> </ul>	<ul style="list-style-type: none"> <li>Retention of pupils</li> <li>Child-friendly approach—friends of the girls</li> </ul>	<ul style="list-style-type: none"> <li>Community unity</li> </ul>
<ul style="list-style-type: none"> <li>Socialization</li> </ul>	<ul style="list-style-type: none"> <li>School uniforms</li> <li>Textbook grants</li> </ul>	<ul style="list-style-type: none"> <li>Durability of assets</li> </ul>
<ul style="list-style-type: none"> <li>Promotion of high-quality teaching</li> </ul>	<ul style="list-style-type: none"> <li>Improvement of the quality of teaching</li> <li>Expansion of efforts to teach about FP during the first two years of university</li> </ul>	<ul style="list-style-type: none"> <li>Combining two shifts of classes per day into one shift with all students</li> <li>Retraining courses for teachers</li> </ul>

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