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MEN MATTER:

SCALING UP APPROACHES TO PROMOTE
CONSTRUCTIVE MEN'S ENGAGEMENT IN
REPRODUCTIVE HEALTH AND GENDER
EQUITY



November 2008

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Photo Credit: Illustration of “Men as Agents of Change” by Ken Morrison.

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EXECUTIVE SUMMARY

In recent years, constructive men's engagement (CME) programs have become important components of interventions that address gender inequity and the resulting adverse health outcomes. These programs were designed in response to strong evidence that activities must engage men to effectively change power imbalances that deny or hinder women's access to resources, decisionmaking, and services. Such imbalances can increase women's and men's exposure to greater health risks, including violence, and can create barriers to men's health-seeking behaviors. Globally, while many program efforts have begun to focus on constructive men's engagement in reproductive health, few efforts are focusing on the policy environment for men's engagement. To help address this gap, in cooperation with the Ministry of Health and other partners in Mali, the USAID | Health Policy Initiative, Task Order 1, implemented a model process for building an enabling policy and institutional environment for CME in reproductive health.

The project drew on strong support for gender equity among the government, donors, and nongovernmental organizations as well as on lessons learned from previous work. The project team adapted Cambodia's national guidelines on men's engagement to the Malian context to facilitate CME in family planning and reproductive health (FP/RH) and to improve women's and men's uptake of FP/RH services. The project then facilitated the assembly of a large, multisectoral group of stakeholders to develop, refine, and validate Mali's national guidelines in support of the national Reproductive Health Strategic Plan. The Minister of Health quickly approved the guidelines and signed them into effect on May 20, 2008.

The project also helped to institutionalize support for CME at the donor level by (1) helping USAID to integrate CME into its existing FP/RH programs and (2) designing a formal strategy to integrate CME into USAID/Mali's FP/RH portfolio. The first effort involved partnering with a local organization already working with men in reproductive health to design and pilot an innovative module to train community peer educators (*relais communautaires*) in counseling couples on joint decisionmaking and communicating more openly on RH matters. The project trained a group of trainers, who have since conducted two highly successful pilot workshops with *relais communautaires*. The work of the trained educators has already affected men's roles and improved the uptake of FP services—evident by the findings of a field assessment in one pilot-test site in the region of Dioïla. USAID has extended its support of the CME program.

As a result of preparing and implementing CME guidelines in Mali, institutional support and collaboration have increased among the government, civil society, donor, and faith-based sectors—thereby initiating dialogue and policy analysis related to CME in reproductive health and gender equity. In addition, the project's support of USAID's effort to integrate CME into FP/RH programs extends the reach of CME and helps to improve health outcomes. Helping USAID institutionalize CME in its programs also ensures that successful approaches continue, making a lasting change.

ABBREVIATIONS

ADS	Automated Directive System (USAID)
AJPJS	Youth Association for the Promotion of Healthy Youth
ASDAP	Association for Development and Population Activities
ATN	National Technical Assistance
BCC	behavior change communication
CA	cooperating agency
CAFO	Coordination of Women's NGOs and Associations of Mali
CME	constructive men's engagement
COREJCOM	Malian Population and Development Journalists and Communicators Network Coordination
COSADES	Coalition for Health and Social Development
CPS	Department of Planning and Statistics
DNS	National Health Directorate
DSR	Division of Reproductive Health
FBO	faith-based organization
FENASCOM	National Federation of Community Health Associations of Mali
FP	family planning
GPSP	Pivot Group for Health and Population
IEC	information, education, and communication
IGWG	Interagency Gender Working Group
IR	intermediate result
MOH	Ministry of Health
MPFEF	Ministry of the Promotion of Women, Children, and the Family
NGO	nongovernmental organization
PKC	Project Keneya Ciwara
PPM	Popular Pharmacy of Mali
PSI	Population Services International
PSU-KC	USAID Health Program Keneya Ciwara
RH	reproductive health
RHPWG	Reproductive Health Promotion Working Group
RIPOD	Islamic Network for Population Development
TA	technical assistance
UNAFEM	National Union of Muslim Women in Mali
USAID	United States Agency for International Development
WHO	World Health Organization

INTRODUCTION

Activity Design

Globally, while many program efforts have begun to focus on constructive men’s engagement in reproductive health, few efforts are focusing on the policy environment for men’s engagement. To help address this gap, in cooperation with the Ministry of Health and other partners in Mali, the USAID | Health Policy Initiative, Task Order 1, implemented a model process for building an enabling policy and institutional environment for CME in reproductive health. In addition, at USAID’s request, the project also helped to institutionalize support for CME at the donor level. The overall activity included three components:

1. Adapting national CME guidelines to the Malian context in support of the national Reproductive Health Strategic Plan
2. Designing and piloting key innovative approaches/activities for integrating CME in existing USAID programs
3. Facilitating the development of a strategic process for integrating CME into USAID/Mali’s FP/RH portfolio (at the Mission’s request, this component was added upon activity start-up)

Mali was selected as the activity site because of the USAID Interagency Gender Working Group’s previous work in-country and the government’s growing commitment to address the FP/RH needs of the population. In designing the activity, the project drew on a model policy process piloted in Cambodia, with technical assistance from the POLICY Project. In this process, members of a large network of health NGOs in Cambodia formed a Reproductive Health Promotion Working Group (RHPWG) to serve as a bridge between program implementers and policymakers. The RHPWG identified engaging men in reproductive health as its top advocacy priority and succeeded in garnering policymaker support. The group worked with relevant ministries and other stakeholders to formulate standard guidelines for male involvement programs. The guidelines align with the major components of the country’s 2006–2010 Strategic Plan for Reproductive Health, which now explicitly refers to male involvement in several places (Greene et al., 2006).

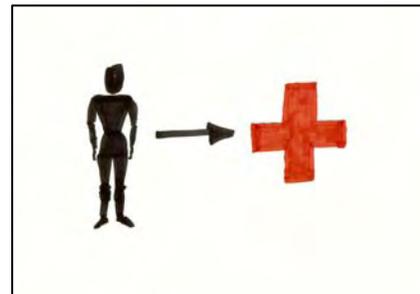


Illustration of “Men as Clients of Reproductive Health Services” by Ken Morrison (used in *relais communautaires* training).

The project also drew on a CME framework that encourages men to become more involved in reproductive health in the context of three overlapping roles: (1) as clients of RH services; (2) as supportive partners to women; and (3) as agents of change in the family and community (Greene, 2005).

Constructive Men’s Engagement in Reproductive Health

Worldwide, healthcare providers, policymakers, and donors have recognized the direct link between women’s and men’s gender roles and their reproductive health (Drennan, 1998). An understanding of gender roles can provide important insights into women’s and men’s behavior, relationships, and reproductive decisions. For instance, in many developing countries, men are the primary decisionmakers regarding sexual activity, childbearing, and contraceptive use. Men are often called “gatekeepers” because of the powerful roles they play in society—as husbands, fathers, uncles, religious leaders, doctors, policymakers, and local and national leaders; they can exercise control over women’s access to health information and services, finances, transportation, and other resources (Green et al., 1995). These insights are crucial in effectively communicating with men and women about their family planning and

reproductive health (FP/RH) needs. Moreover, a growing body of evidence shows that involving men in FP/RH programs can lead to favorable health and social outcomes (Caro et al., 2003; Greene, 2005).

It is important to recognize that constructive men's engagement programs go beyond simply adding male participants to projects, marketing FP products to men, or offering RH services to men and boys. Focusing only on these types of approaches can often perpetuate gender inequity by reinforcing men's power over women. For example, condom marketing campaigns that focus on targeting men can reinforce the idea that men are the key decisionmakers in choosing if and when to use a condom. Furthermore, these types of approaches can be seen as taking resources away from projects aimed at women. Instead, CME programs are based on being "constructive," centering on men's potential to transform harmful gender norms that affect women's, men's, and children's health.

Mali Country Context

Mali has an alarmingly high maternal mortality ratio at 464 maternal deaths per 100,000 live births. The total fertility rate is also high at 6.6 children per woman, and the contraceptive prevalence rate is low—only 8.2 percent of married women aged 15–49 use any contraceptive method and only 6.9 percent of married women ages 15–49 use modern methods (CPS et al., 2006). Nearly one in three married women has an unmet need for contraception (women who do not want any more children or want to wait two years or more before the next birth but are not using a contraceptive method). These indicators have improved little over the last two decades.

Gender inequity is a major contributing factor. Inequity between women and men affects fertility norms and expectations; women's sexual agency; and women's and men's knowledge of, access to, and ability to obtain FP/RH care. For instance, only 17 percent of women in Mali are literate, compared with 37 percent of men (CPS et al., 2006). Illiteracy could affect access to information about RH and healthcare options, especially among women. Furthermore, survey data suggest that many women, particularly married women, do not have the power to determine their own sexual practices; 24 percent of all Malian women believe that a woman does not have the right to refuse sex with her husband or partner for any reason—including if it is known that he has a sexually transmitted infection or has sex with other women, if she is tired or not in the mood, or if she gave birth recently. Only 10 percent of all women agree that women have the right to refuse sex in all of those instances (CPS et al., 2006). Married women in Mali also have limited decisionmaking power in regard to their health. Among married women ages 15–49, only 6 percent report that they make these decisions together with their husband, 12 percent make their own decisions about their health, and 72 percent of married women report that their husband makes healthcare decisions for them (CPS et al., 2006). These gender norms speak to the roles men play as gatekeepers and decisionmakers in RH matters, as well as the need to address women's autonomy and their access to education, health information, and healthcare. Malian men must be engaged in discussions about and play a role in mitigating gender inequity and improving reproductive health.

Over the past 15 years in Mali, the policy environment for RH has shifted. Public figures—including politicians (most notably members of a highly active parliamentarians' association), Muslim religious leaders, and leaders of nongovernmental organizations (NGOs)—have increasingly become engaged in advocacy for improved access and uptake of family planning. As a result, sexuality and RH issues are discussed more openly in the public sphere. In this context, several policies have been passed to improve the RH of Malians (e.g., Reproductive Health Law 02 044 National Assembly of the Republic of Mali, which gave women the right to access family planning without permission from a partner). In addition, the government has designed several RH-related strategies and plans: the Ministry of Health (MOH)/Department of Reproductive Health's Communication Strategy for Reproductive Health (2007–2011), which identifies the lack of men's engagement as a barrier to improved RH; and the MOH's

Reproductive Health Strategic Plan (2004–2008), which guides the Department of Reproductive Health’s programs.

There is also growing recognition of ways that gender roles and norms affect FP/RH in Mali. A 2006 situation assessment found that several NGO and donor projects were beginning to address gender and CME (Neason and Doggett, 2006). In 2003, the USAID Interagency Gender Working Group (IGWG) provided a two-day training for USAID/Mali staff and local partners on gender and health, with a focus on CME. In 2004, the IGWG followed up its earlier training with a one-day workshop for USAID staff and partners, including many participants from the previous training, on gender analysis and integration to help them apply gender analysis tools to their programming. In its 2005 mission-wide Gender Strategy, USAID/ Mali identified CME as a key program component for increasing the use of high-impact health services.

SCALING UP APPROACHES TO CME IN FP/RH PROGRAMS

Initial Assessment

To refine the program design, the activity team traveled to Mali to (1) assess the current environment related to gender, reproductive health, and CME; (2) ascertain interest in a participatory process for developing CME guidelines; and (3) identify potential partners in the policy process and feasible pilot initiatives. During October–November 2006, the team conducted interviews in Mali to examine existing initiatives working with men on reproductive health and to gauge the RH community’s interest in increasing CME through the drafting and implementation of national guidelines. The team met with representatives of the Ministry of Health, Department of Reproductive Health, Parliament, USAID and its cooperating agencies (CAs), other donors, local NGOs, and faith-based organizations (FBOs).

These contacts formed the basis for a stakeholder group that was instrumental in supporting the process of developing national CME guidelines. They offered insight into how gender roles affect reproductive health in Mali and how these roles could, in turn, affect the success of CME programs. Encouragingly, many respondents reported that Malian men generally want to help their partners and participate in the health of their families. However, they also reported numerous barriers to men’s constructive engagement:

- Religious misconceptions (although they are said to be decreasing)
- The key role that mothers-in-law play in decisions about family size
- A lack of communication within couples
- Inadequate knowledge about sex and family planning
- The notion that family planning enables married women to be promiscuous
- Where polygamy is practiced, a lack of funds to obtain FP/RH services
- The men’s view that family planning is not a financial priority

Despite these barriers, the activity team found that Mali was in a prime position for scaling up RH activities with men. Many respondents stated that they were already trying to include men—for example, in social marketing campaigns, advocacy by religious leaders, and programs offering peer education on reproductive health—but that they needed more guidance on how to design interventions. While political support existed for CME in FP/RH, there were no formal mechanisms for promoting CME as an approach to improved reproductive health.

The Ministry of Health and the NGO community indicated a strong interest in creating national guidelines on CME and suggested that the guidelines align with the MOH/Department of Reproductive Health's Strategic Plan. USAID/Mali also expressed interest in CME and requested that the activity team design a formal strategy to integrate CME into the Mission's FP/RH portfolio.

Developing and Adopting National CME Guidelines

The first and primary component of the activity was the development of CME guidelines in support of the MOH Division of Reproductive Health's national Reproductive Health Strategic Plan. This effort was based on a model policy process piloted in Cambodia but differed in several notable ways. In Cambodia, a grassroots approach was taken: the RHPWG identified CME as a key issue, created advocacy campaigns to garner high-level support for CME, and were then asked by government officials to develop guidelines. In Mali, while the process was inspired by Cambodia's grassroots approach, it was initiated as a result of the project's interest in replicating the pilot. The activity team worked hard to duplicate the participatory, multisectoral process used in Cambodia and, fortunately, during its initial assessment, found a group of stakeholders keen to take ownership of the process from the start (see Appendix A).

In March 2007, the project hired a local consultant to guide and monitor the process, call meetings, and participate in the development and review of the guidelines. Throughout the 16-month process, the consultant worked closely with the project's Country Director to provide technical input on the guidelines and related policy advocacy efforts.

Also in March, the activity team coordinated a National Consultation Meeting for the previously identified stakeholder group, comprising almost 50 representatives from the MOH, NGOs, FBOs, USAID, and international organizations working on RH in Mali. Like the Cambodian RHPWG, it was important that this stakeholder group be multisectoral, thus partnering the government with civil society to foster synergy and ownership of the guidelines and commitment to CME at multiple levels. At the meeting, the stakeholder group discussed key issues related to men's engagement in reproductive health; shared insights from existing initiatives and approaches, including the Cambodian CME guidelines; and brainstormed about what should be included in Mali's CME guidelines. Ten representatives from various sectors formed an Advisory Committee to lead the drafting of the guidelines (see Appendix A).

Complementing this effort, to assist program implementers who want to work with men but believe that they lack the knowledge or support to do so, the activity team organized a training course using the new IGWG training module on CME in reproductive health. The 37 participants represented the MOH, Ministry of Youth, Ministry of Women, international agencies, civil society organizations, and FBOs. Most participants were members of the stakeholder group, and some of them later became Advisory Committee members. In the two-day workshop, participants (1) analyzed the social effects of the different RH experiences of men and women; (2) studied how some types of male involvement can perpetuate unequal power relationships; (3) identified promising practices in sample projects; and (4) developed and adapted ideas to their RH efforts. Participants evaluated the training as informative and pertinent to their daily work.



IGWG training participants, March 2007. Photo courtesy of Health Policy Initiative/Mali.

The Advisory Committee met four times during April–September 2007, collaborating with the activity team to draft and revise the guidelines. The committee incorporated the stakeholder group’s concerns, suggestions, and ideas from the March 2007 meeting; and tailored some of the language from the Cambodian CME guidelines (e.g., the “Principles for CME in RH”) to the Malian context.

The guidelines express a commitment to increasing men’s engagement to end gender inequity and improve health outcomes for all Malians. They also include definitions of key CME concepts, principles for engaging men constructively in reproductive health, strategies for increasing men’s engagement, and suggestions for implementation (see Box 1). The guidelines’ objectives are to

- Increase the knowledge of key actors involved in engaging men in RH programs;
- Build the capacity of key actors to put CME strategies in place;
- Improve the health of families, women, and children;
- Improve the health of men themselves; and
- Bring about behavior change in matters of reproductive health for men and their communities.

Box 1. Guidelines’ principles for program implementation and/or activities that engage men

- Policies and programs that engage men should be based on steps that both adhere to the dignity of men and women and observe equity between them.
- Engaging men is not just to improve their RH, but also to contribute responsibly to the improved health of women and families.
- Programs and services for men, complementary to existing RH services, must not compromise either resources or the quality of services to the detriment of women and families.
- Young men’s needs should be addressed very early and articulated clearly in policies and programs.
- Lessons learned from successful experiences and existing capacities/resources must be taken into account.

While the guidelines are intended to support implementation of the Malian National Reproductive Health Strategic Plan and the engagement of men as essential actors in RH activities, the guidelines also note their potential use in the design of donor and other partner interventions. Specifically, the guidelines will aid policy implementation by building the capacity of all actors in RH programs; improving the quality, demand for, and availability of RH care; and raising awareness of RH issues and men’s potentially constructive roles in communities (see Box 2).

Box 2. Strategies for strengthening the capacity of stakeholders to undertake CME activities

- Introduce RH and gender into school curricula at all levels of the educational system.
- Train staff at the Ministry for Health on sexual and reproductive health, gender, and RH 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 local health information systems to monitor indicators of men’s engagement in RH.
- Expand information about RH and the availability of services for men at the workplace (e.g., factories, hotels, bars, etc.) and other places men frequent (e.g., clubs).
- Train and involve the private health sector in providing user-friendly services for men.

On January 8, 2008, the Advisory Committee presented the draft guidelines to the larger stakeholder group for review and validation. The Minister of Health quickly approved the guidelines and signed them into effect on May 20, 2008 (Republic of Mali, 2008).¹ In contrast to the Cambodian process, in which the RHPWG advocated extensively for the support of CME, stakeholders in Mali were already extremely supportive of CME, so the process was streamlined.

The stakeholder group's active participation in this policy process has led to increased visibility of CME in Malian discourses on policy, gender, and health. The group members have also made strong verbal commitments to implement the guidelines as part of their work. The IGWG training increased the capacity of many stakeholders to address CME, which will help ensure that these commitments are translated into effective action.

The Advisory Committee has agreed to support and monitor the dissemination and implementation of the guidelines. In addition, USAID has agreed to fund the Health Policy Initiative in Mali to provide financial and technical support to the committee, which will meet three times a year at least until October 2011 to discuss progress in implementing the guidelines.

Integrating CME into an Existing FP/RH Program

In November 2007, the activity team began an effort to pilot innovative approaches for integrating CME in existing USAID programs. The team initiated work with a local partner, Keneya Ciwara (see Box 3), to train its *relais communautaires* (peer educators) in counseling couples on joint decisionmaking and communicating more openly on RH matters.

Box 3. Keneya Ciwara (“Men for Life”), a promising partner for sustaining CME initiatives

During the initial assessment visit, the activity team learned about a USAID-funded CARE International project called Keneya Ciwara. Over the past two years, the project has been piloting a grassroots approach to engaging men in RH activities, called “Men for Life.” This program works with members of men’s social groups called *grins*, in which men (ages 15–50) meet in the evenings over tea to informally discuss issues, problems, and possible solutions. The program encompasses a wide geographic area, covering 22 health centers in five sub-regions of Ségou, Sikasso, and Tombouctou.

Keneya Ciwara equips *grin* members with information on RH and child health problems and trains them to share information and discuss RH issues with other *grin* members. The trainings and discussions encourage men to create more equitable relations with their partners, emphasizing the health benefits of men paying more attention to FP/RH and child health.

In collaboration with Keneya Ciwara, the activity team examined existing training curricula relevant to the activity and then, drawing on these examples, developed a facilitation guide for a training-of-trainers workshop for *relais communautaires*. The guide includes activities, tools, and guidance for a three-day workshop (with options for making it shorter) (Health Policy Initiative and Keneya Ciwara, 2008). The workshop, emphasizing men’s roles as supportive partners and agents of change, aims to

- Increase the understanding of CME concepts and ways that involve men in FP/RH can have a positive impact on health outcomes for women, men, and children;
- Build the capacity of *relais communautaires* to facilitate community training sessions with couples, using CME and couple communication approaches; and
- Reinforce the monitoring and evaluation of outreach workers to assess results and lessons learned.

¹ An English version of the guidelines is forthcoming.

The facilitation guide thus seeks to improve peer educators' understanding of how gender affects reproductive health and the importance of men as clients, partners, and agents of change in reproductive health. The guide first presents interactive exercises to help participants examine men's and women's involvement in FP/RH by labeling a set of roles and activities as men's or women's. Role-plays and group work exercises are then presented to train *relais communautaires* in counseling couples on joint decisionmaking and communicating more openly on RH matters. Finally, the guide helps facilitators to discuss ways to document, monitor, and evaluate the peer educators' work with men and couples to report on progress and successes.

At the first pilot workshop in November 2007, 15 participants—including MOH staff and Keneya Ciwara staff responsible for training *relais communautaires*—learned how to use the facilitation guide to train other community peer educators in CME and couples' communication counseling.

Subsequently, these trainers pilot-tested the guide in collaboration with the heads of medical offices in two health districts in the Koulikoro region (Dioïla on December 28, 2007, and Ouéléssébougou on January 10, 2008). The participants, 32 *relais communautaires* (18 men and 14 women), rated the trainings highly in their evaluations. For example, participants in the Dioïla training stated that the workshop's strongest points were that (1) it joined theory and practice through contemporary issues and concerns and participatory applications, (2) trainers' illustrations helped them to understand messages, and (3) all the objectives were met. Following the pilot-tests, the Advisory Committee reviewed and helped to finalize the facilitation guide.



Illustration of "Men as Supportive Partners" by Ken Morrison (used in *relais* training).

An initial assessment found that the *relais communautaires* had already used the skills and knowledge gained from the workshop. On March 27, 2008, staff of Keneya Ciwara and the Health Policy Initiative in Mali conducted a field assessment in one health center site in Dioïla. The team interviewed service providers and the *relais communautaires*, observed their peer education activities, and reviewed their activity records. The assessment revealed the following:



Illustration of "Couple Communication" by Ken Morrison (used in *relais communautaires* training).

- Health service providers have noticed an increase in men's attention to their wives' reproductive health; men come by themselves to the Health Center to request information and services.
- Many men have begun to accompany their wives to the Community Health Center for prenatal care visits or for child vaccination; or they share information with their wives, encouraging them to visit the Health Center.
- During the three months of *relais communautaires*' home medical visits and counseling about couples' communication and shared decisionmaking, health service providers have noticed an increase in the demand for contraceptive products at distribution centers.

Keneya Ciwara has committed to adding the workshop to the standard training of all their *relais communautaires*; USAID/Mali has extended the funding for Keneya Ciwara by three years, ensuring that the CME-related training will be sustained.

Designing a CME Strategy for USAID/Mali

The project also worked to institutionalize support for CME at the donor level. Over the past several years, the Mission has shown its commitment to gender issues and men's engagement; it participated in two previous IGWG gender trainings and later expressed commitment to CME in its 2005 Mission-wide Gender Strategy. When the Health Policy Initiative offered to work in Mali on CME-related policy, the Mission's Health Team asked the project to (1) draft a formal strategy to integrate CME into its FP/RH portfolio and (2) provide guidance for designing CME activities.

The USAID/Mali "Mission Strategy for Integration of Constructive Men's Engagement in the Family Planning/Reproductive Health Portfolio" recommended that the Mission structure its efforts to address CME based on the following four-pronged approach (see Appendix B):

1. Help to develop and implement guidelines for CME in support of the national Reproductive Health Strategic Plan
2. Systematically analyze and integrate gender into Mission FP/RH projects and programs
3. Collect data on and document gender norms and roles as they relate to FP/RH in select villages/districts
4. Target CME interventions to be conducted by USAID-funded CAs and their partners

USAID/Mali finalized and adopted the Mission strategy and has already begun to implement it. In addition to supporting the development of the national CME guidelines, the Mission extended the funding for Keneya Ciwara to continue training community *relais communautaires* on couple communication and men's engagement in RH matters. The Mission's Health Team allocated US\$950,000 for the 2008 fiscal year to gender-related activities, with a significant proportion of that going to Keneya Ciwara. In accordance with "Prong 3" of the strategy, Keneya Ciwara is collecting sex-disaggregated data on the access to and use of health services; the people trained in health; and the participants of health-related behavior change communication activities.

CONCLUSION

This activity was highly successful—both as a model policy process and as an innovative approach to transforming gender norms. Central to its success were (1) an emerging enabling social and political environment in Mali—the government, donors, NGOs, FBOs, and other community organizations expressed deep concern about the country's weak RH indicators; (2) broad multisectoral support for addressing gender in FP/RH programs; and (3) the initiation of several programs focused on working more inclusively and constructively with men. Thus, while the project initiated the activity based on a prior pilot program, the stakeholders in Mali quickly and enthusiastically adopted the policy process, leading to strong local ownership of the guidelines and their implementation.

Key Outputs

The activity produced several key outputs:

- National guidelines on CME
- A facilitation guide for training peer educators on CME
- A USAID Mission strategy on CME

Designed to accompany the national Reproductive Health Strategic Plan, the guidelines—“*Guide pour l’Engagement Constructif des Hommes en Santé de la Reproduction*”—are a tangible sign of the MOH’s commitment to gender equity and improved reproductive health for all (see Box 4). This high-level support for CME is timely, as some programs have begun to address men’s engagement or have expressed interest in doing so but have lacked the necessary guidance. The guidelines provide promising strategies to encourage and help projects to address CME. Implementation of the strategies will likely increase the constructive involvement of men in addressing the RH needs of themselves and their families and communities; as well as increase contraceptive prevalence and the reduction of maternal and neonatal deaths, thereby improving communities’ overall health.

Box 4. Minister of Health voices strong support for CME

L’élaboration de stratégies, de politiques pour l’ECH-SR à travers ce guide est essentielle pour l’amélioration des conditions de santé non seulement des femmes mais aussi des hommes eux-mêmes, de la famille entière et de toute la communauté.

Implementation of the CME policies and strategies contained in these guidelines is essential for improving the health, not only of women, but for men themselves, the whole family, and the entire community.

~ Preface, national CME guidelines, signed by Ibrahima Oumar Touré, Minister of Health

The facilitation guide serves to increase *relais communautaires*’ understanding of CME concepts and ways that involving men in FP/RH can have a positive impact on health outcomes. Comprised of activities, tools, and guidance, it also serves to build the capacity of these peer educators to facilitate community training sessions with couples, using CME and couple communication approaches. This guide could be tailored to the training of other community groups and stakeholders.

USAID/Mali’s formal CME strategy—comprising technical guidance for systematically addressing men’s engagement in the FP/RH portfolio of USAID/Mali—further institutionalizes CME at the donor level. In accordance with the strategy, USAID/Mali and its partners actively supported and participated in the process of developing the national guidelines. USAID/Mali also extended the funding of Kenya Ciwara, ensuring the sustainability of its successful training program on men’s engagement. This institutional support is critical to scaling up such promising CME approaches. The strategy will likely encourage USAID to fund additional CME-related activities and to integrate CME into other existing programs.

Major Outcomes

In producing the key outputs, the following major outcomes were achieved:

- Increased multisectoral collaboration
- Creation of committed policy champions at the national, institutional, and community levels
- Increased and improved local capacity for addressing CME
- Validation and scale-up of a pilot approach to addressing gender norms through policy change, showing that such a policy process can be adapted across regions and countries

The process of developing the national CME guidelines fostered the broad collaboration of approximately 50 representatives from the Ministry of Health, NGOs, FBOs, USAID, and international organizations working on RH in Mali. In addition, the Advisory Committee members worked closely together to draft the guidelines, with the shared goals of addressing gender inequity and promoting more constructive engagement of men in RH matters. Due to this collaboration between government, civil society, and international organizations, policymakers and implementers now have a clearer vision for addressing CME in Mali. The Advisory Committee will continue to monitor and support implementation of the guidelines.

As a result of the activity, many stakeholders have become policy champions for CME, acknowledging the importance of changing gender norms by engaging men in RH programs and implementing appropriate strategies in their programs and communities. It is crucial that these champions, male and female alike, exist at multiple levels: in the government, in civil society, and, increasingly, in communities. Notably, the MOH has become a dedicated champion of CME, re-thinking its existing approaches to gender and reproductive health and vowing to support CME activities in line with the guidelines. At the civil society level, CME champions have also emerged and should soon transform their commitment into action, as they now have the skills and strategies to operationalize the guidelines in their work.



Small group work during IGWG workshop, March 2007. Photo courtesy of Health Policy Initiative/Mali.

The policy process, especially the IGWG and *relais communautaires* trainings, led to increased local capacity to address CME. Participants of the training-of-trainers workshop learned to use and successfully pilot-tested a facilitation guide to train other community peer educators on CME and couple communication and counseling. Results of a field observation show that the trained peer educators are already having an influence. Health service providers report that men are visiting the Health Center, accompanying their wives there, and sharing information with their wives. Service providers also report an increase in the demand for contraceptive products at distribution centers. These results affirm that Malian men truly want the best for their families and that if equipped with information about how they can help improve the health of their families, men can be key

actors in increasing gender equity and improving reproductive health. As Keneya Ciwara is committed to including the workshop in its standard training of *relais communautaires*, this program has the potential to make a significant impact on gender roles and norms and thus on women's and men's health.

The Health Policy Initiative itself has deepened its commitment, built its capacity to address CME, and transformed the way it approaches gender and reproductive health in its work. In particular, the project in Mali has begun to integrate CME into all its activities, promoting the engagement of men as clients, supportive partners, and agents of change. For example, the project is adapting the facilitation guide on CME and couple communication and counseling in order to train religious leaders. The program also plans to use small grants to fund a countrywide consortium of more than 200 Malian and international health NGOs to carry out CME activities.

Overall, this activity challenged and expanded traditional approaches of working with women to promote gender equity in reproductive health and other health programs. The work related to gender equity and health continues to evolve toward an understanding of how men and women alike are part of systems of inequality and how gender inequity harms men as well as women. This activity contributed to changing discourses and actions by piloting an innovative, model policy process that partners community members and organizations with government representatives, religious leaders, and donors to closely examine and address men's roles in improving RH and gender equity. Adoption of the national guidelines and improved multisectoral collaboration have strengthened the enabling policy environment in Mali for CME, facilitating increased efforts for engaging men in RH programs.

APPENDIX A: STAKEHOLDER GROUP AND ADVISORY COMMITTEE MEMBERS

Stakeholder Group

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

Mme. 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	Projet/Jeunes
Mme. Aminata Kayo	Save the Children
Dr. Doucouré Arkia Diallo	USAID/National Technical Assistance (ATN)
Mckay Mieko	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. Timothé Dao	Health Policy Initiative (consultant)
Mariam Diaw Zouboye	Health Policy Initiative/Mali

Advisory Committee

Name	Organization
Dr. Binta Keita	DSR
Dr. Doucouré Arkia Diallo	USAID/ATN
Dr. Timothée Gandaho	USAID/ATN
Ms. Mieko Mckay	USAID/MALI
Mr. Modibo Maiga	Health Policy Initiative/Mali
Dr. Timothé Dao	Health Policy Initiative (consultant)
Mr. Souleymane Dolo	Pivot Group for Health and Population (GPSP)
Dr. Sarmoye Cisse	WHO
Dr. Madina Bā Sangaré	CARE International/Keneya Ciwara
Dr. Ramata Diarra	MPFEF

APPENDIX B: USAID/MALI MISSION STRATEGY FOR INTEGRATION OF CONSTRUCTIVE MEN’S ENGAGEMENT IN THE FAMILY PLANNING/REPRODUCTIVE HEALTH PORTFOLIO

Mission Strategy for Integration of Constructive Men’s Engagement in the Family Planning/Reproductive Health Portfolio

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I. Introduction

In many countries, including Mali, men play a deciding role in women’s ability and incentive to work, attend school, seek healthcare, and regulate their childbearing. At the household level, and in many healthcare facilities, decisions over whether, when, and how to seek healthcare are usually made by men. Therefore, the creation of strategies, policies, guidelines, and programming that show how men can best be involved is essential to improving the health and well-being of not only women, but entire families, including male partners.

In Africa, men play key roles in reproductive health—as individuals, family members, community decisionmakers, and national leaders. Most reproductive healthcare, however, focuses on women. Reaching men is crucial to making family planning more widely used, creating more gender equitable relationships, and ensuring safe motherhood.

II. Background/Rationale for Strategy

Mali has one of the highest maternal mortality ratios in the world, at 582 per 100,000 live births. The total fertility rate is high at 6.7 children per woman, and the contraceptive prevalence rate is low at 8.1 percent for any method and 5.7 percent for modern methods.³ Nearly 1 in 3 women have an unmet need for contraception (married women who say that they want no more children or want to wait two years or more before the next birth and who are not using a contraceptive method).

Gender has a powerful influence on reproductive decisionmaking and behavior. Understanding gender can provide insights into women’s and men’s behavior, relationships, and reproductive decisions. These insights are crucial to communicating with and serving both women and men’s RH needs effectively. Worldwide, healthcare providers, policymakers, and donors are recognizing the direct connection between women’s and men’s gender roles and their reproductive health.⁴ In many developing countries, men are the primary decisionmakers about sexual activity, fertility, and contraceptive use. Men are often called “gatekeepers” because of the many powerful roles they play in society—as husbands, fathers, uncles, religious leaders, doctors, policymakers, and local and national leaders. In their different roles,

² Formerly with the Health Policy Initiative.

³ Cellule de Planification et de Statistique, Ministère de la Santé, Direction Nationale de la Statistique et de l’Informatique and ORC Macro. 2001. Enquête Démographique et de Santé Mali. Calverton, MD: ORC Macro.

⁴ Drennan, M. 1998. “Reproductive Health: New Perspectives on Men’s Participation.” Population Reports J(46): 1–35. Baltimore, MD: Population Information Program, Center for Communication Programs, Johns Hopkins School of Public Health.

men can control women's access to health information and services, finances, transportation, and other resources.⁵

A growing body of evidence shows that involving men in family planning and reproductive health (FP/RH) programs can lead to favorable health and social outcomes.⁶ The USAID/Mali Mission recognizes a need to engage men and boys constructively in efforts to increase use of modern methods of contraception. In 2004, the Mission asked the USAID Interagency Gender Working Group (IGWG) to provide training and technical assistance to help explore the role of men and boys in health, with a particular focus on reproductive health. The IGWG provided a two-day training in gender for USAID staff and local partners, with a focus on constructive men's and boys' engagement (CME). One and a half years later, the IGWG followed up with a one-day workshop in gender analysis and gender integration, again for USAID staff and partners. In its 2005 Gender Strategy, the Mission identified CME as a key intervention to increase the use of high-impact health services. When the Health Policy Initiative approached the Mission to ascertain interest in supporting the development of guidelines for CME in Mali, the Mission not only expressed its commitment to the effort, but also requested assistance in designing a strategy to integrate CME within its own FP/RH programs.

III. CME Strategy

The CME strategy recognizes the “cross-cutting programmatic approaches” of the USAID/Mali Gender Action Plan. Specifically, the CME strategy comprises a systematic, four-pronged approach to integrating constructive men's engagement in the current FP/RH portfolio:

- Development and implementation of guidelines for CME to inform the National RH Strategy
- Systematic analysis and integration of gender into Mission FP/RH programs
- Data collection and documentation of gender norms and roles as they relate to family planning in select villages/districts
- Targeted CME interventions to be conducted by USAID-funded cooperating agencies (CAs) and their partners

Development of CME guidelines

A supportive policy environment is critical to the successful implementation of programs to address CME in reproductive health. National policies provide the broad vision and framework for government action and set forth the priorities and roles of contributing institutions. To succeed, national policies and statements of support must be translated into programs to achieve the goals set forth at the national level; this generally requires the development of operational policies that guide implementation. Operational policies, which include regulations, codes, and policies affecting health system operations, link national laws and policies to programs. Operational policies can encompass public sector regulations, health systems management, and service delivery.⁷ Strategic plans are often used to provide more operational detail to national policies.

During a series of interviews the Health Policy Initiative conducted with RH stakeholders during an assessment trip in late 2006, representatives from civil society, NGOs, and the public sector consistently

⁵ Green, C.P., S.I. Cohen, and H. Belhadj-El Ghouayel. 1995. *Male Involvement in Reproductive Health, including Family Planning and Sexual Health*. New York: United Nations Population Fund.

⁶ Caro, Deborah, Jane Schueller, Maryce Ramsey, and Wendy Voet. 2003. *A Manual for Integrating Gender Into Reproductive Health and HIV Programs: From Commitment to Action*. Washington, DC: USAID Interagency Gender Working Group; and Greene, Margaret E. 2005. *SysteMALEtizing: Resources for Engaging Men in Sexual and Reproductive Health*. Washington, DC: USAID Interagency Gender Working Group.

⁷ Cross H., N. Jewell, and K. Hardee. 2001. “Reforming Operational Policies: A Pathway to Improving Reproductive Health Programs.” *POLICY Occasional Paper No. 7*. Washington, DC: Futures Group, POLICY Project.

asserted that there was little or no significant policy opposition to men's involvement in reproductive health. In fact, a law was passed in early 2006 stating that women no longer need the permission of their partner to use family planning. The degree to which the law has been translated into action, however, is problematic—key stakeholders stated that many women and men are unaware of this law and women are still resistant to accessing family planning on their own.

The Health Policy Initiative, through a core-funded Innovative Approach activity, is working with the Ministry of Health's (MOH) Department of Reproductive Health to support the development of guidelines for CME. These guidelines will inform the MOH's efforts in men's engagement as part of the National Reproductive Health Strategy. The guidelines will focus on the three components: men as supportive partners, men as clients for RH services, and men as agents of change. The guidelines are being developed and vetted by a group of key stakeholders consisting of the Department of Reproductive Health, nongovernmental organizations (NGOs) and CA staff, civil society organizations, civil society leaders, service providers, religious leaders, and other key informants, with the Health Policy Initiative facilitating the process. The project facilitated the first meeting of this group in March 2007, where participants determined the framework and process for development. The project, along with Assistance Technique Nationale (ATN)—the CA that provides direct technical assistance to the MOH and Department of Reproductive Health—can further assist with drafting an implementation plan for the application of the guidelines. (Attachment A includes the agenda for the Guidelines Stakeholder Meeting to determine the process for developing the guidelines.)

Integration of gender into the Mission FP/RH portfolio

A policy foundation for program work addressing the constructive engagement of men and boys in reproductive health can help ensure the scaling-up of initiatives. The project recommends that Mission activities support the stated objectives of the MOH's forthcoming guidelines for CME.

USAID is committed to developing more equitable relations between men and women. The Agency's Automated Directive System (ADS) provides a solid policy framework for developing gender-integrated programs.⁸ It reflects increasing evidence that a commitment to analyzing and addressing the impact of USAID's programs on men and women translates into more effective development interventions. The ADS mandates that USAID programs ask questions about and address the effects of gender on health and gender equity outcomes. It states that "Strategic Plans must reflect attention to gender concerns. Unlike other technical analyses...gender is not a separate topic to be analyzed and reported on in isolation."⁹ In simple terms, the ADS requires Missions to conduct analysis to determine (1) how gender relations will affect the achievement of sustainable results and (2) how proposed results will affect the relative status of women. This knowledge will help managers understand how gender can have an impact on proposed outcomes and help them design effective interventions to address gender-based issues.

In compliance with the ADS regulations, USAID/Mali's Gender Strategy states that "gender analysis will be required that contextually defines gender dynamics and inequities and shapes interventions to ensure that both men and women benefit across age, ethnicity, class, religious, IDP or other lines."¹⁰

Additionally, the Mission, in its Gender Action Plan, has committed to measuring its activities' impact on gender and its progress on gender integration: "Within the Country Strategic Plan development process [the Mission will] ...

⁸ USAID Automated Directive System.

⁹ Ibid.

¹⁰ USAID/Mali. 2005. Gender Strategy. Bamako: USAID/Mali.

- Identify any gender-related intermediate results (IRs) that are necessary for achieving the objective and any gender-related impediments that will preclude success. Ensure that IRs or subIRs explicitly articulate what is needed to address them.
- Include monitoring and evaluation of gender impacts within USAID’s new performance monitoring plan by ensuring people-focused impact analysis:
 - Start with a gender audit as a baseline
 - Track the distribution of benefits
 - Identify any disadvantages or harms
 - Request specific gender impact assessments in implementing partners’ reports.”¹¹

In addition, the Mission ensures that its programs are gender-integrated by writing requests for applications and proposals that clearly reflect commitment to and accountability for gender integration. The Mission Gender Strategy includes a commitment to ensuring its partners integrate gender into their work in Mali: [the Mission will] “establish procedures to ensure the inclusion of clear, purposeful language in all terms of references and scope of works of TDYers [those on temporary duty] and consultants that requires collection of sex-disaggregated data and analysis of gender dynamics. The same for all procurement documents (e.g., request for proposals) ... The Mission states ‘USAID’s expectation that all implementing partners should report on gender impacts with verifiable gender indicators. [The Mission will also] include a budget line in each grant or contract for gender audits (including analysis of implications), evaluations, and reporting.’”¹²

USAID/Washington and the CA community offer a broad range of training and technical assistance to increase the capacity of Missions and partners to understand and integrate gender into all stages of the program cycle and meet the ADS requirements. The Health Policy Initiative recommends that the Mission take advantage of these resources to continue its commitment to increasing staff capacity in gender analysis and integration.

Data collection on gender norms and roles

During the fall 2006 assessment trip, the project team gauged each group/key respondent’s awareness of data or information that addresses gender norms and roles in Mali and how they might relate to decisions on family planning, number of desired children, and so forth. No respondent was aware of data that specifically addresses gender norms and roles, especially in relation to FP/RH. This is not to say that the data do not exist but rather that there might be a gap in the information available.

As stated in the USAID/Mali Gender Action Plan, research on gender roles and norms at the local level is a priority crosscutting approach for the Mission. The Health Policy Initiative recommends that the Mission, through the Keneya Ciwara project and other partners where appropriate, collect and synthesize baseline data on gender norms and roles as they relate to family planning in 4–6 villages/cercles where Keneya Ciwara and others implement activities. This information will help to inform specific activities on couple communication and behavior change communication (BCC) and information, education, and communication (IEC).

Keneya Ciwara’s Men for Life activity ended in June 2006. The team has begun evaluating the project and documenting results. This is a good opportunity to capture best practices in CME and possibly draft a case study.

¹¹ USAID/Mali. 2005. Gender Action Plan. Bamako: USAID/Mali.

¹² USAID/Mali. Gender Strategy. Bamako: USAID/Mali.

Design of specific interventions for CME

Based on information collected during the country assessment visit and a follow-up visit, the Health Policy Initiative identified several suggested interventions on CME for implementation over the next 2–18 months. These interventions aim to better integrate CME in both the Mission and the Department of Reproductive Health and to use CME concepts in increasing the use of family planning and decreasing the total fertility rate. The interventions include assistance with implementation of the guidelines, joint couple decisionmaking and service provider training, work with community and religious leaders to encourage CME in reproductive health, and IEC and BCC activities to encourage both joint couple decisionmaking and men's and boys' use of RH services. They also include the training of existing RH networks, which can advocate for implementation and operationalization of the guidelines; funding from regional health officers to continue couple communication, BCC, and IEC activities; and/or implementation of the new FP access law.

Couples joint decisionmaking and service provider training

In addition to the lack of information on gender roles and norms, key respondents of the assessment also noted that joint decisionmaking within couples regarding use of FP methods, birth spacing, and size of family, and so forth often does not take place. No respondent initially reported providing training in this area. However, during the second follow-up visit, Keneya Ciwara field staff stated that community-based peer educators do provide couple counseling on family planning in the couples' homes. This is an important intervention that can be scaled up to increase emphasis on joint decisionmaking and potentially cover communities that are not currently part of Keneya Ciwara's scope. Developing couples' capacity for joint decisionmaking can be a crucial step toward increasing men's constructive participation in reproductive health. Joint decisionmaking enables husbands and wives to know each other's attitudes toward FP and contraceptive use. It allows them to voice their concerns about RH issues, such as unintended pregnancies, and then make decisions together. More than 40 years of research consistently demonstrates that women and men who discuss family planning are more likely to use contraception, to use it effectively, and to have fewer children.¹³ The current work with men's *grin* (informal male social networks) can be extended past the June 2006 end date and expanded to emphasize couple communication and shared decisionmaking on family planning; birth spacing; and the health benefits to men and their partners and children.

The Health Policy Initiative can develop a short curriculum focused on couples joint decisionmaking for key trainers of Keneya Ciwara. The project will conduct a training-of-trainers with them and their partners—health professionals and others—who will then train community peer educators in a few key villages where Keneya Ciwara is operative. The educators will use these new techniques with select couples and record changes in decisionmaking behavior over a particular timeframe. Keneya Ciwara will then report the findings to the Health Policy Initiative.

It is also important that service providers involved in all health projects be trained to effectively counsel both members of a couple to support CME initiatives, such as how to work with a couple in the service provider setting, not ignoring the woman or the man but rather speaking to both of them as equals. Also, service providers need further training and sensitization on the RH needs of men and boys in order to serve their health needs and improve the overall health of the family.

IEC and BCC activities focused on men, young men, and boys

IEC and BCC activities are effective interventions to help change attitudes and behaviors related to gender norms and roles. The Mission can continue Keneya Ciwara's work with the *grins* to focus more

¹³ Lasee, A. and S. Becker. 1997. "Husband-Wife Communication about Family Planning and Contraceptive Use in Kenya." *International Family Planning Perspectives* 23(1): 15–20.

heavily on men's roles as clients, providing more IEC, BCC, and sensitive counseling on contraceptive methods for men and other male-specific RH concerns. Research shows that IEC can

- Portray men as responsible participants in reproductive health, not as obstacles;
- Encourage men to talk with their partners and make decisions together;
- Improve the image of contraceptives;
- Reach young men and promote their sexually responsible behavior; and
- Provide information and counseling to help men and boys use services.

Keneya Ciwara field staff also noted that youth are not well educated on health, including RH issues. The Health Policy Initiative recommends that the Mission fund interventions similar to Instituto Promundo's program with young men and boys in Brazil. Instituto Promundo works with young men and boys to provide education and change norms through peer counseling, dialogue, and games. Promundo has been in the forefront of CME efforts, and evaluations of their programs provide evidence of changed norms and positive impacts on young men and their partners' health. Evidence shows that reaching youth, who are more amenable to change and learning new roles, can be effective in changing norms and roles around masculinity and gender-equitable relationships.

Implementation of CME guidelines for the National Reproductive Health Strategy

ATN can also play a key role in the integration of CME for the Mission. The organization provides direct technical assistance to the MOH, including the Department of Reproductive Health. We propose that ATN assist the Department of Reproductive Health with implementing the CME guidelines. As stated earlier, it is important that these guidelines, once developed and approved, are translated into corresponding programs and activities.

Additionally, the Mission should consider using the Development Partners Gender Newsletter to disseminate information about the guidelines to encourage broader ownership of their implementation.

Strengthening of RH network(s) to conduct advocacy

Building on its expertise with forming and training advocacy networks, the Health Policy Initiative can train and assist RH network(s) to advocate for the adoption and implementation of the CME guidelines, as well as implementation of the new FP law. Advocacy efforts should recognize that men play important decisionmaking roles and thus can be powerful potential advocates for improved healthcare. To reach men, communication must focus on men's needs for information, as well as their interests and concerns.

III. Conclusion

National policymakers, program managers, technical support organizations, and international donors must enhance their efforts to take into account issues related to the increased participation of men. In particular, policies and programs can be improved through implementing strategies that respond to the RH needs of men themselves and include communication and advocacy activities to help men more readily participate in meeting the RH needs of their partners. Because men's participation is a new focus, RH program managers, policymakers, and donors must find ways to build a body of research-based knowledge about men's participation; generate additional financial and technical resources for policymaking and program development; and integrate activities for increasing men's participation into existing RH care.

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