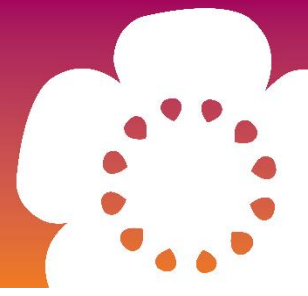


# The Importance of Male Engagement and Male-Friendly Services for Improving Uptake of Health Services: EngenderHealth's Experience through the USAID Boresha Afya Programs in Tanzania



## Background

Sexual and reproductive health (SRH) is a taboo subject in Tanzania, as it is in many other countries. Communities in Tanzania have recently become willing to discuss SRH, but these discussions center around SRH being a women's issue and SRH for men and men's role in advancing SRH remain ignored (HC3 2017). Studies across the globe demonstrate that men are often excluded from conversations around gender, SRH, and other health issues; yet, men are often the decision-makers for family health issues. For instance, the role of men as decision-makers at the household level can affect sexual behaviors, family size, and access to and uptake of SRH services including contraceptive use. This discrepancy between men's participation and expectations in these types of discussions and their role as decision-makers highlights the importance of meaningful male engagement in the design and implementation of health programs where the goal is to improve health outcomes for everyone.

Recognizing this issue, the USAID Boresha Afya programs collaborated with the Ministry of Health, Community Development, Gender, Elderly, and Children (MOHCDGEC) to ensure meaningful and strategic male engagement in program intervention regions in order to increase uptake of integrated SRH services. Integrated SRH services for men include family planning (FP); sexually transmitted infections screening and testing and HIV testing, care, and treatment; tuberculosis care; and gender-based violence screening and care.

The USAID Boresha Afya program was led by the Elizabeth Glaser Pediatric AIDS Foundation in partnership with EngenderHealth in the North-Central Zone and by Deloitte Tanzania in partnership with EngenderHealth, FHI360, and Management and Development for Health in the Southern Zone. These five-year programs (2016 to 2021) aimed to improve the enabling environment for health service provision; improve availability of quality, integrated health services at the facility level; and increase access to healthcare at the community level. These two programs covered 12 regions in mainland Tanzania: Arusha, Dodoma, Kilimanjaro, Manyara, Singida, and Tabora in the North-Central Zone and Iringa, Lindi, Morogoro, Mtwara, Njombe, and Ruvuma in the Southern Zone.

## Reaching Men with SRH Services

EngenderHealth provided technical leadership in support of gender-transformative change interventions for the USAID Boresha Afya programs. These gender-transformative change interventions sought challenge existing gender norms, reconceive negative notions of masculinity, and promote gender equality in order to improve the provision and uptake of comprehensive and integrated SRH services by men. The program trained male champions and community health workers to generate demand for HIV, TB, and FP services, and engaged and sensitized clinicians and other facility-based providers to offer male-friendly health services.



Community-level men's group discussion in the North-Central Zone  
Photo credit: USAID Boresha Afya

## Demand Generation for SRH Services

We employed multiple approaches to generating awareness of health services among men in the program's intervention areas.

### Male Champions for SRH

Male champions are men within the community and supported facilities trained and supported by the program to facilitate community engagement sessions, leveraging EngenderHealth's Men as Partners© (MAP©) framework. For instance, the program provided job aids related to key topics around gender equality and SRH for men, including flipcharts and picture books, client brochures, and other information, education, and communication materials available in local languages. The program trained 159 male champions in total, ensuring each program-supported facility had at least two assigned champions to serve their catchment area. The champions' names and contact information was posted at these facilities as well as at other service delivery points and in places where men frequently congregated to promote awareness.

#### Men as Partners© (MAP©)

EngenderHealth's MAP approach highlights men's roles as clients and key decision-makers for family health and SRH. MAP is a holistic, gender-transformative approach to promoting positive male involvement in SRH at community and facility levels through male-friendly and couple-oriented outreach and counseling. The full curriculum includes training manuals, counseling tools and job aids, and informational materials for clients.

Program-supported male champions sensitized men in their communities to provide SRH education and share information about available services. They facilitated monthly community events to address harmful gender norms, including toxic masculinity, and to generate demand and link men with facilities offering male-friendly SRH services. During these events, the champions facilitated men-only community dialogues to discuss social and psychological barriers to FP and HIV service uptake; offered age-appropriate, male-focused counseling and support related to SRH; and facilitated culturally appropriate edutainment, such as games and sports activities as well as dramatic performances and video screenings. These male champions particularly targeted men leading high-risk lifestyles, such as boda-boda (motorbike taxi) drivers and truck drivers.

### Meeting Men at Hotspots

The program mapped "hotspots" frequented by men, such as workplaces, leisure areas, and social gathering points to reach men where they are and maximize reach. Such hotspots included bars, markets, mines, motorcycle stands, and truck stops. These hotspots served as intervention points to deliver integrated health information and services, prioritizing flexible hours, including nights and weekends. Trained clinicians and nurses also provided referrals, as needed, for additional services (such as voluntary medical male circumcision) and supported partner notifications.

### Couple Connect Sessions

Our gender assessment found that poor couples' communication was a critical impediment to women accessing health services. The program responded to this finding by facilitating couple-focused dialogues at community and facility levels. We designed these "couple connect" sessions to address

harmful gender norms, promote positive SRH communication and behaviors at the household level, facilitate joint decision-making, and improve uptake of health services—including improving access to care for women, youth, and other marginalized groups. During these sessions, couples received prompts for examining socially constructed expectations and for discussing how these norms affect roles within relationships and relationship dynamics, sexual and reproductive behaviors, health decisions, and overall social well-being. This included discussions related to how FP and SRH decisions are made, how health is considered in household budgets and how resources are allocated for SRH, and who bears responsibility for health-related issues, such as contraceptive use and maternal and newborn care. Through these sessions, we sought to help couples reassess attitudes and behaviors and transform gender norms through building empathy. We prioritized districts with low FP uptake and high reports of early marriage and early pregnancy; as we found this to be a particular issue in the North-Central Zone, the program targeted three districts each in the Singida and Tabora regions and four districts in Dodoma.

### Quality Improvement of Health Services

In addition to increasing demand for health services among men, the program also worked to improve SRH and HIV services to better respond to the needs of men.

### Healthcare Provider Training

The program trained and supported healthcare workers providing SRH and HIV services to men. Using EngenderHealth’s MAP manual, we trained and mentored 335 healthcare workers to provide comprehensive, male-friendly health counseling and services, emphasizing the importance of privacy and confidentiality. This included 316 healthcare workers in the North-Central Zone, where the program mainstreamed male-friendly health services in all program facilities, and 19 in the Southern Zone, where only targeted facilities participated in the training. These trained healthcare workers then shared their learning with colleagues at their respective facilities or service delivery points, thereby expanding access to male-friendly care and fostering sustainability for this work.

### Male Corners

In addition to training providers to offer male-friendly health services, the program employed a facility-based approach to enhance service provision and increase client uptake. We encouraged facilities to establish and promote male corners to serve as safe spaces for men and to offer an integrated, male-friendly service package responding to multiple health needs at the same time. For instance, a male corner may provide diabetes testing; HIV screening, treatment, and care, tuberculosis screening; and SRH services. Additionally, providers at these male corners encouraged clients engaged in sexual relationships to participate in couples’ counseling and testing services and offered partner notification support, as necessary.



Male-friendly health services signage at Tuliani Hospital, Morogoro Region, Southern Zone  
Photo credit: USAID Boresha Afya

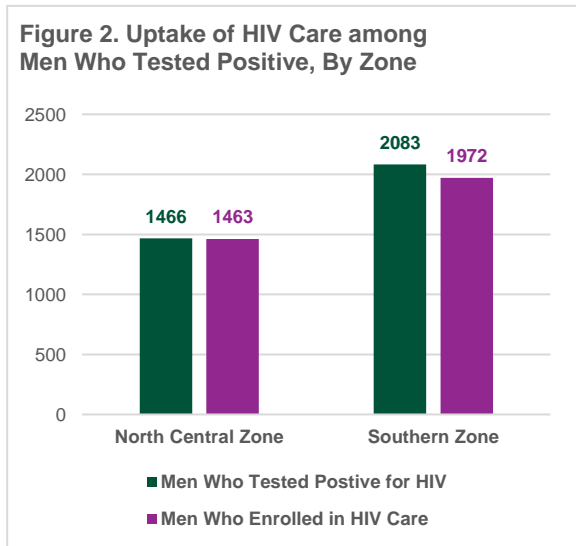
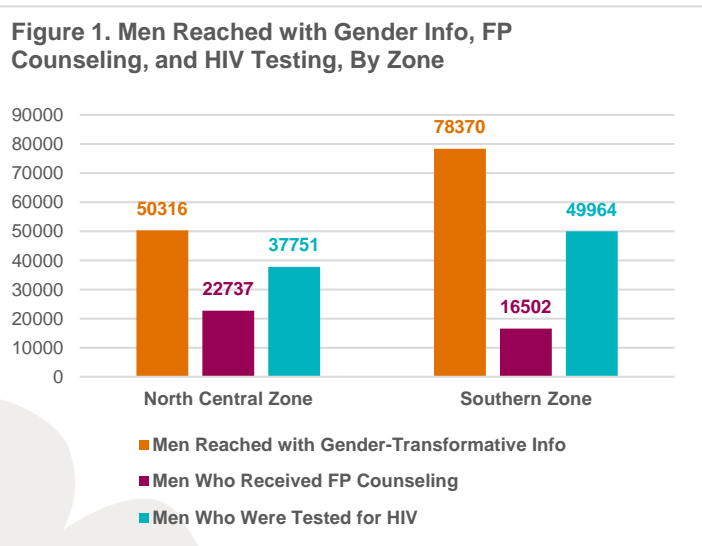
Equipped with informational posters and leaflets, these male corners served to educate men on the services available. Additionally, signage for the male corners posted in other areas of the facilities directed men to these care services. The program also emphasized the importance of offering male-friendly services in the evening and during weekends, when men would be off work and able to access care. In total, the program supported male-friendly health services through 69 male corners and 22 facilities in the North-Central Zone and 100 facilities in the Southern Zone.

### Index Tracing

The program supported index tracing using a Do No Harm Framework as a component of HIV services. Trained healthcare workers screen clients who test positively for HIV or who disclose their HIV status for intimate partner violence. Ensuring confidentiality, garnering full consent, and providing counseling to reduce stigma are key components of partner notification and index tracing. Index tracing includes identifying a client’s sexual contacts and providing the critical information and services needed to those individuals. This may include counseling on the importance of knowing one’s health status, using contraception for FP as well as prevention of HIV transmission (dual protection), as well as sharing information related to available male-friendly services.

### Key Achievements

Between 2018 and 2021, the program helped mainstream male-friendly health services in 36 councils in North-Central Zone and 43 councils in the Southern Zone. The program reached 50,316 men in the North-Central Zone and 78,370 men in the Southern Zone with gender-transformative information and program-supported providers and partners delivered FP education and counseling to 22,737 men in the North-Central Zone and 16,502 in the Southern Zone. Further, in the North-Central Zone, 37,751 men accessed HIV testing, of whom 1,466 tested positive and 1,463 enrolled in care; in the Southern Zone, 49,964 men accessed HIV testing, of whom 2,083 tested positive and 1,972 enrolled in care—demonstrating a high uptake of care among men who test positively.



## Lessons Learned and Recommendations

The USAID Boresha Afya programs successfully improved awareness of and generated demand for SRH services, expanded access to male-friendly health services, and increased male involvement in SRH and uptake of health services. Future efforts should continue to engage communities and support healthcare providers on male involvement and male-friendly health services by cascading care. Lessons from the programs show the importance of providing male-focused, comprehensive healthcare to improve uptake of SRH and HIV services. In order to ensure sustainability and continuity of interventions, healthcare providers and community champions require training and ongoing support and government structures must budget accordingly.

### Lessons Learned

Through our efforts to increase male involvement and facilitate provision of male-friendly health services through the Boresha Afya programs, we learned the following:

- Targeted demand creation interventions and enhanced provision of male-friendly health services proved essential for increasing male engagement in and uptake of healthcare services.
- Availability of a comprehensive package of integrated health services for men can promote care-seeking behaviors and address a multitude of men's health needs.
- Addressing multiple social, structural, and services delivery barriers is necessary to increase male involvement in SRH. For instance, providing resources and support for men where they are—such as in workplaces and recreational facilities—and integrating services can improve understanding of and help address gender norms, stigma, and discrimination that affect health-seeking behaviors. Similarly, transformative approaches to gender programming at the community level are critical to challenging misconceptions related to SRH, including the idea that SRH services are only for women.
- Sensitizing facility and community health workers on the importance of Do No Harm approaches and training providers to ensure informed consent and client-centered counseling, is critical to preventing unintentional harm, such as repercussions against clients (especially women and girls) who test positive HIV or other sexually transmitted infections.

### Recommendations

The program also faced several notable challenges in implementing male-friendly health services and promoting male involvement that informed further recommendations for future programs.

- Due the lack of standardized local tools for advertising and documenting male-friendly health services, the program was required to create new tools for these purposes. However, few

facilities had the resources to reproduce these tools. Only 37 of 69 facilities in the North-Central Zone and 20 of 100 in the Southern zone were able to produce these tools. As a result, the program collected data directly on a quarterly basis—an unsustainable approach for further programming. This highlights the importance of budgeting for materials production.

- ❁ Stigma associated with HIV is a significant barrier preventing men from accessing related services. While program interventions, including index testing and community engagement and sensitization activities led by male champions, helped improve uptake of HIV testing and care services, there is still a considerable number of men that remain hesitant, signifying the need for continued social and behavior change communications interventions and new approaches.
- ❁ Few health facilities currently offer the space for establishing permanent male corners. We addressed this issue in part by offering care outside of normal service hours; however, we recognize that further increases in demand for male-friendly health services will require additional approaches to ensure delivery services in ways in which men are comfortable accessing them.
- ❁ Meeting men where they are (at hotspots), when they are available (typically evenings and weekends) is crucial to creating awareness, generating demand, and increasing uptake. However, local programs and facilities do not typically include the costs required for transport to hotspots or for providing services during off-hours in standard budgets. These costs must be incorporated in to program planning and design stages and supported as part of standardized health programs to ensure resources are allocated appropriately.

## References

Health Communication Capacity Collaborative (HC3). 2017. *Guide for Promoting Sexual and Reproductive Health Products and Services for Men*. Baltimore, MD: Johns Hopkins Center for Communication Programs.

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