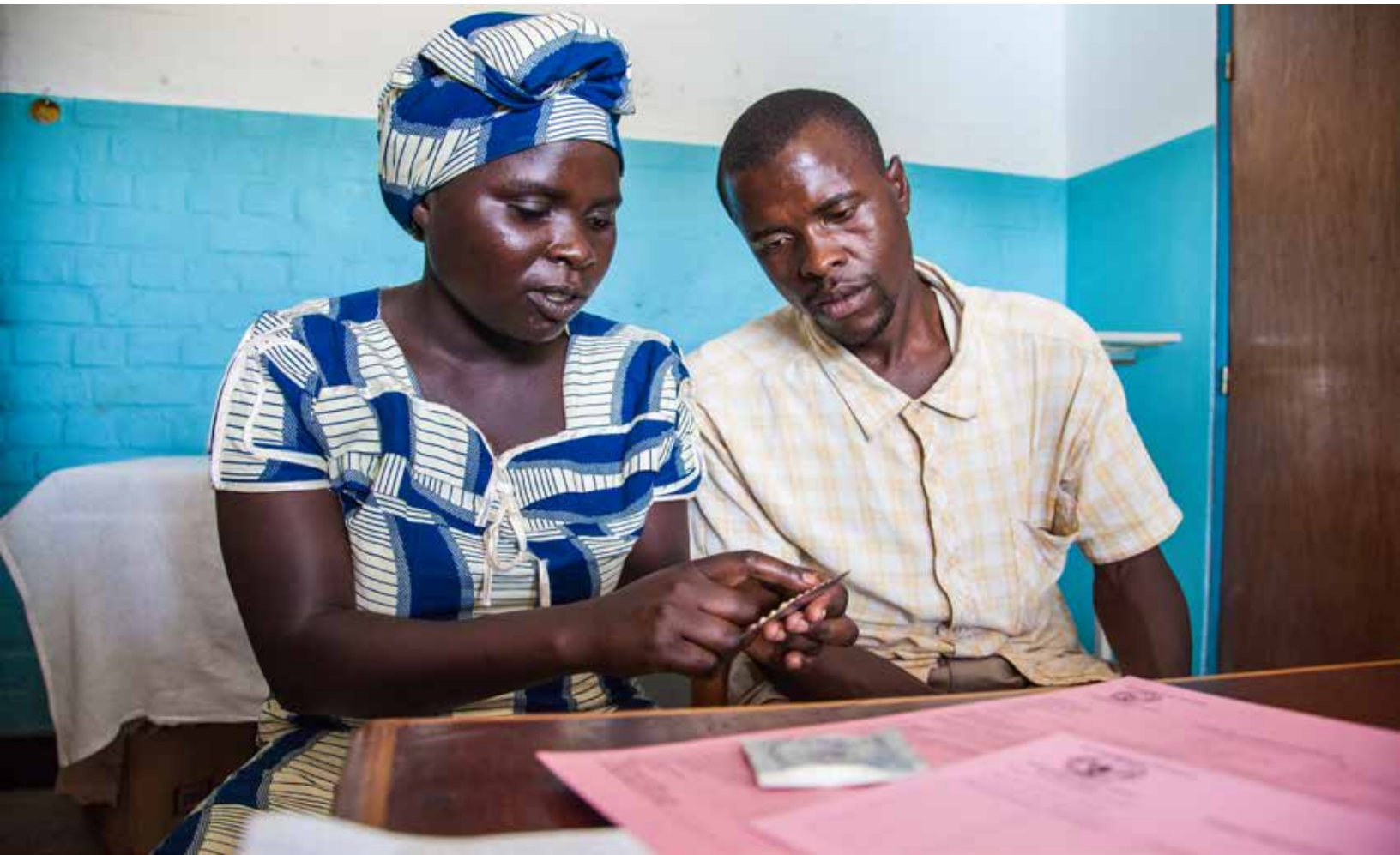
MenCare

A GLOBAL FATHERHOOD CAMPAIGN

GUIDE FOR MENCARE PARTNERS ON TRAINING HEALTH PROVIDERS

Male Engagement in Maternal, Newborn, and Child Health/Sexual and Reproductive Health



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PLAN INTERNATIONAL

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ACRONYMS

ANC	Antenatal Care
DDU	Data Demand and Use
HMIS	Health Management Information Systems
MNCH	Maternal, Newborn, and Child Health
MNCH/SRH	Maternal, Newborn, and Child Health and Sexual and Reproductive Health
PNC	Post-Natal Care
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health

PART 1

Background

MenCare: A Global Fatherhood Campaign is coordinated globally by Promundo and Sonke Gender Justice and has partners in over 45 countries. MenCare's ultimate goal is to promote men's involvement as equitable, nonviolent fathers and caregivers in order to achieve family well-being, gender equality, and better health for mothers, fathers, and children. MenCare works at multiple levels to engage individuals, communities, institutions, and policymakers. Promoting male engagement in maternal, newborn, and child health and sexual and reproductive health (MNCH/SRH) is one gender-transformative strategy to achieve this goal.

One key element of gender-responsive MNCH/SRH services is to ensure that health facilities have an environment and infrastructure that is inclusive of and welcoming for male partners of women of childbearing age. This guide is designed to support MenCare partners in designing training for health-service providers specifically on male engagement in MNCH/SRH services.

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PART 2

Training Health Providers on Male Engagement in MNCH/SRH Services

This chapter outlines seven themes for training health-service providers on male engagement in MNCH/SRH. Themes 1 to 6 are recommended for all trainings; Theme 7 is optional and may be more appropriate for training health-facility managers. Training for auxilary workers may be much shorter (one-half day to one day) and may include portions of Themes 1, 2, 3, and 5. Additional context may be included, as appropriate, along with supplementary materials and/or relevant activities from other manuals and toolkits.

The following MenCare publications are helpful in planning trainings for health service providers, health-facility managers, or auxiliary health workers on male engagement in MNCH/SRH:

- **Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health**
  Available at: https://men-care.org/resources/program-p/

- **Guide for MenCare Partners: Male Engagement in Maternal, Newborn, and Child Health/Sexual Reproductive Health and Rights**
  Available at: https://men-care.org/resources/guide-mencare-partners-male-engagement-maternal-newborn-child-healthsexual-reproductive-health-rights/

Theme 1: Gender Attitudes and Roles

- **Use or adapt activities from *Program P*** to engage health-service providers in reflecting on their own attitudes, as well as those of local communities. For example: Session 2: Father's Impact; Session 6: Caregiving; Session 7: Gender.
- **Conduct a group discussion** or brainstorm: How do these attitudes and norms about gender influence both women's and men's access to and use of MNCH/SRH services in your community?

Theme 2: Benefits of Male Engagement in MNCH/SRH

- **Share a summary of research** on the benefits of male engagement in MNCH/SRH. Useful resources include *Program P* (see pages 18-23) and *Men Matter* (see pages 10-12).

- **Share some of the global MenCare films** to spark discussion among health providers: What role do you think men should play in MNCH/SRH? For example, the "Father Is Not A Visitor" film from Brazil highlights men's experiences and perspectives on being involved in antenatal care (ANC) and delivery.

- **Adapt Session 3: Pregnancy from *Program P*.** Ask health providers to think of specific ways and behaviors that: (1) men can adopt to support a healthy pregnancy for their partner; and (2) health providers can adopt to encourage men to take these actions. This will be more effective after presenting information on the broader benefits of male engagement.

- If training family-planning providers, **adapt Session 5: Family Planning from Program P.** Ask health providers to discuss (1) how men can either undermine or support women's access to and use of family planning, as well as men's own use of family planning (e.g., condoms, vasectomy); and (2) the importance of targeting men and women with family planning services and information.

Theme 3: Laws and Policies on Male Engagement in MNCH/SRH

- **Start by asking health providers: Do you know of any policies, guidelines, standard operating procedures** (SOPs), and/or protocols that include or are related to men's involvement in MNCH/SRH? What are they? It is possible that health providers are not fully aware of all the policies and tools that exist. If not, follow up with the relevant institution(s) to ensure all health providers receive copies of these documents.

- **Present relevant laws, policies, guidelines, SOPs, and/or protocols** related to men's engagement in MNCH/SRH, such as family planning, antenatal care and post-natal care (PNC), labor and delivery, children's health visits, etc. It is recommended to have this information presented by representatives of the Ministry of Health or relevant institution overseeing health policy, services, and implementation.

- **Allow time for discussion** or clarification of the relevant policies or tools, and what role health providers should play in implementing them.

Theme 4: Reflections on Risks and Concerns Related to Male Engagement in MNCH/SRH

- **Ensure that health providers are aware of the risks** associated with male engagement in MNCH/SRH, as highlighted in Box 1. Discuss the risks together and identify possible mitigation strategies. Document key steps identified and any required follow-up, to share after the training.

- **Frame male engagement in MNCH/SRH within the principles of gender equality,** such as a woman's right to choose whether or not she wants her partner to be present at antenatal care visits, labor, delivery, and post-natal care visits.

- **Consider opportunities to share the experiences of women** in the community – positive and negative – related to male engagement, to highlight both the benefits and the risks. This can be done through in-person testimonies, through case studies, or through short video or audio clips put together prior to the training. Have the group discuss the implications.

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Box 1: Risks and Considerations for Male Engagement in MNCH/SRH Policies and Services

There is a risk that policies and procedures related to promoting male engagement in MNCH/SRH can be implemented in ways that unintentionally undermine or restrict women's health and autonomy. It is important to discuss such risks with policy-makers, health-facility management, and health providers tasked with implementing these policies. For example:

- **Policies that encourage or require male partners to be present at MNCH/SRH services can result in women being restricted from or denied access to services.** For example, men's participation in antenatal care (ANC) is sometimes framed as obligatory for women attending ANC, or interpreted and implemented as such by health providers. As a result, women seeking ANC services without a male partner – because they do not have one, because their partner is unavailable, or because they do not wish their partner to be present – are sometimes denied access to the service. In some settings, this has also led to a market where men will accompany a woman to the service for a price.

- **Strict performance indicators or performance-based financing linked to male engagement can also hinder women's access.** For example, such indicators or financial incentives can put pressure on health facilities to meet certain targets for male engagement in services. As a result, women may be forced to include a male partner when they do not wish to, or they may be delayed in receiving – or denied – the service.

- **Greater male participation in antenatal care and post-natal care, labor, delivery, and/or family-planning services may give men greater control over women's bodies and health-care decisions.** Where health providers have not been trained on gender-responsive health services, they may defer to men, providing them with information and asking them to make decisions, during MNCH/SRH consultations.

Box 1: Risks and Considerations for Male Engagement in MNCH/SRH Policies and Services (continued)

Male engagement in MNCH/SRH should never be promoted in ways that deter or deny women access to health services, or in ways that limit women's decision-making about their own bodies. Policy changes that promote and support male engagement need to make this engagement optional, providing a woman with the opportunity to have a male partner present if and when she chooses. There is no single strategy or answer for how to avoid these risks or pitfalls. Ensure that health providers you train are aware of these risks – discuss the risks together and identify mitigation strategies.

Frame male engagement in MNCH/SRH within the principles of gender equality, such as a woman's right to *choose* whether or not she wants her partner to be present at antenatal care visits, labor, delivery, and post-natal care visits.

Theme 5: Gender-Responsive Services Involving Male Engagement in MNCH/SRH

- **Assess the promotion of male engagement in existing MNCH/SRH services** using the checklists in Part 3 of this guide. Organize health providers into small groups according to the type of service they provide (e.g., antenatal care, post-natal care, family planning, delivery, child health visits). Have them complete the checklists individually and then discuss the areas for improvement as a group.

- **Identify and discuss existing barriers, areas for improvement, and/or additional needs** related to successfully implementing male engagement in MNCH/SRH services in the health facilities of participating providers. This can be a larger group discussion, highlighting some of the areas for improvement identified during the group discussion of the checklists.

- Form small groups to r**ole play how to promote or support male engagement** in different MNCH/SRH services (e.g., antenatal care, post-natal care, family planning, delivery, child health visits). Ask each group to identify volunteers to play the (1) health provider(s), (2) female client accessing the service, and (3) male partner of the female client. Remind participants to think about the earlier discussion of risks and how to mitigate them. Ask each role-play group what to do when:

- The male partner is not present: How will you ask a female client about her male partner and encourage his participation in future visits, or respect her decision not to have him involved?

- The male partner is present: How do you interact with the female client and her male partner in ways that respect her autonomy and wishes, and in ways that respond to his own needs and desires?

- Allow other participants to provide feedback to those doing the role play: What could be done better or differently?

Theme 6: Follow-Up and Recommendations for Improving Male Engagement in MNCH/SRH

- **Create individual or group-based action plans** (e.g., with a small group of providers from the same facility) with specific changes that health providers pledge to make within their own health facilities.

- **Document recommendations and/or specific actions to be taken at the facility or policy level** to better promote male engagement in MNCH/SRH services. Ask health providers to reflect on what they have learned and discussed during the training, and identify actions to remove barriers to male engagement. Document recommendations that clearly state:

  - *What* needs to be done to improve health providers' ability to engage men in MNCH/SRH services (e.g., clearer protocols or guidance on male engagement; removal of a policy that prohibits men's presence at delivery; patient files that record men's presence at ANC visits, PNC visits, or delivery; etc.).

  - *Who* the target audience of these recommendations is (e.g., Ministry of Health, health facility manager, district health officer, etc.).

  - *How* the recommendations will be provided/presented to the target audience (e.g., by a representative from the training; by a MenCare partner; through a letter or formal statement, etc.).

  - *Steps* for monitoring follow-up.

- Where possible, invite a representative of the relevant institution (e.g., Ministry of Health, district health office, etc.) to be present at the end of the training, and present the recommendations directly to the representative. If it is appropriate to do so, ask that representative to make a commitment to take action.

Theme 7 (Optional): Gender Data Demand and Use

The topic of Data Demand and Use (DDU) may be relevant when training health-facility managers, policymakers, and/or health-data managers. Training content can focus on how to use existing data – from, for example, Health Management Information Systems (HMIS) – and analyze it from a gender perspective. This can include specific analysis related to male engagement. It can include a focus on what the data currently show (e.g., how many men do participate in ANC); what gaps exist in the data; which facilities are doing well and which are not; and what the data mean for service delivery.

Box 2: Recommendations for Training Health Providers on Male Engagement in MNCH/SRH

Do	Don't
✓ Do engage the Ministry of Health or other relevant institutions in the training to get their buy-in and bring authority to the training.	× Don't assume that health providers understand gender already, or that they do not need training or support on gender.
✓ Do address health providers' own gender attitudes and opinions about male engagement in MNCH/SRH.	× Don't promote the enforcement of male-engagement policies in ways that may deny women access to services.
✓ Do invite the right people to the training. This will require buy-in and support from health-facility managers, who might need that guidance from their line ministry.	× Don't avoid talking about the risks related to male engagement in MNCH/SRH services.
✓ Do train as many health providers from a facility as you can; there is often very high turnover.	× Don't forget to train both male and female health providers. Instead, recognize that male engagement is relevant for all.
✓ Do frame male engagement in MNCH/SRH within the principles of gender equality, such as a woman's right to choose whether or not she wants her partner to be present at	× Don't assume that a one-off training is all that is needed. Instead, ensure training is linked to broader advocacy and institutional strategies to address structural and policy barriers.

Do (continued)	Don't (continued)
antenatal care visits, labor, delivery and post-natal care visits. ✓ Do foster dialogue and share experiences – create space for interaction, fun, and discussion. Utilize role plays and other group/interactive activities. ✓ Do develop plans for passing the knowledge onto peers within the health facility (e.g., to new staff); this requires buy-in and resources from health facility management and/or the Ministry of Health. ✓ Do share women's and men' experiences to highlight the benefits and risks of male engagement. Consider inviting community members (e.g. participants from a MenCare fathers group) to the training. ✓ Do engage providers themselves in advocating for policy and protocol changes (where possible). ✓ Do ensure relevant authorities recognize the training – provide certificates and where possible and offer continuing education credits.	× Don't judge health providers for their attitudes. Instead, enable open dialogue on ways to mitigate harmful health impacts of gender norms. × Don't make male engagement seem like it is additional work. Instead, show health providers how it can help them do their job better and how it can help them achieve specific health goals. × Don't ignore how gender dynamics among staff and inequalities within health facilities may affect health providers' work. × Don't forget that auxiliary workers (e.g., cleaning staff, security guards, receptionists, administrative staff, etc.) are sometimes the first line of interaction clients have at the health facility. Instead, recognize that auxiliary workers also need to know why they should not discourage men from attending, and why they should not deny entry to women who come without a male partner. × Don't focus only on health providers. Instead, train health-facility managers and policymakers as well (possibly for shorter periods of time).

Worksheet: Planning Your Training for Health Providers and/or Health-Facility Staff

Use this worksheet to plan your training for health providers and/or other health-facility staff. You can complete separate worksheets for trainings with different target groups.

1. Who are you training? For example, all MNCH/SRH service providers? Only those working in antenatal care? Health-facility managers? Auxiliary workers (e.g., janitors, receptionists, security guards)?	
2. What is the aim of the training? What do you hope to achieve from the training?	
3. What content will the training include? What key topics should the training address?	
4. Who will conduct the training? Consider working in collaboration with the Ministry of Health or other relevent institutions. Where possible, engage women's organizations to ground the training in principles of gender equality.	
5. Who should provide input and review the curriculum/training content? Are there key government institutions or individuals who need to review the curriculum? Key women's organizations or other partners who should review it?	
6. Are there any constraints to address? For example, do health providers have limited time available to participate in training? Is there high staff turnover within these health facilities? What can you do to mitigate these constraints?	
7. How and where will you conduct the training? For example, will the training be rolled out from the top down? Will it be a step-down training? How long will the training last?	

PART 3

Tools/Checklists for Health Workers on Engaging Men in MNCH/SRH

This section includes health-facility assessments/checklists designed for health providers working in prenatal care, labor and delivery, family planning, and children's health visits/vaccinations. These checklists can be completed by health providers individually and then discussed with their peers within the same health facility, as well as within different health facilities to identify differences and commonalities. The facility assessments have been adapted from the checklists found in *Program P*, but have been updated or adapted for specific audiences.

FACILITY ASSESSMENT 1: GENDER-RESPONSIVENESS & MALE ENGAGEMENT IN ANTENATAL CARE			
Below is an assessment to assist health workers to determine how inclusive, or gender-responsive, their health services are in engaging fathers/male partners in labor and delivery services. If you don't know the answer, answer "no." For each "no" response, identify one action to take.			
MY ATTITUDES & ACTIONS			If "no," action(s) to take:
When a woman comes alone to an antenatal care visit, I ask about the father/her male partner.	Yes	No	
At the antenatal care visit, I screen the woman for intimate partner violence.	Yes	No	
If I am sure the mother is *not* in a violent relationship, I encourage her to invite the father/male partner to the next antenatal care visit (if she wants him to come).	Yes	No	
When the father/male partner is present, I appreciate and encourage his future participation (with the mother's consent).	Yes	No	
I ask a woman if she would like her partner to be present at childbirth and emphasize the importance of a father's presence.	Yes	No	

I encourage the father/male partner to be present during childbirth (with the mother's consent, and if allowed in my health facility).	Yes	No	
I provide guidance and information about antenatal care and post-natal care to both the mother and her partner and ask both the woman and her partner if they have any questions.	Yes	No	
I provide guidance on how fathers/ male partners can provide physical support to the mother during childbirth (for example, through massage, helping with breathing techniques).	Yes	No	
I encourage my colleagues to actively promote fathers'/male caregivers' involvement.	Yes	No	
I am aware of policies and/or protocols – at the facility where I work or at the national level – related to men's involvement in antenatal care.	Yes	No	
I encourage both mothers and fathers to take some type of leave following the birth of the child, where possible.	Yes	No	
I feel that I have the knowledge and skills I need to effectively involve men in antenatal care.	Yes	No	
CLINIC POLICIES & PROTOCOLS			
The facility where I work…			If "no," action(s) to take:
Uses forms that record the father's presence or absence during the *first* antenatal care visit.	Yes	No	
Uses forms that record the father's presence or absence during *all* antenatal care visits.	Yes	No	
Has clinical guidelines or protocols on how to involve fathers in antenatal care visits.	Yes	No	

Promotes and informs fathers and mothers about parental leave (or maternity and paternity leave), if it exists.	Yes	No	
CLINIC ENVIRONMENT & MATERIALS			
The facility where I work…			If “no,” action(s) to take:
Has adequate infrastructure and space to engage fathers/male partners in antenatal care visits (for example, an extra chair in the consultation room).	Yes	No	
Has extended hours of operation for working parents.	Yes	No	
Has or provides educational materials on pregnancy and childbirth specifically for fathers, or that are designed for mothers *and* fathers.	Yes	No	
Has posters, brochures, and/or art on the walls that include images of fathers/male caregivers.	Yes	No	
Provides, or refers clients to, workshops for expectant parents, which include fathers/male caregivers.	Yes	No	
Has resources on how to engage fathers/male partners during the antenatal period, labor, and delivery (for example, manuals and guides).	Yes	No	
Has offered me training on gender-responsive health services.	Yes	No	
Has offered me training that included information on how to engage fathers/male partners in antenatal care, labor, and delivery.	Yes	No	

FACILITY ASSESSMENT 2: GENDER-RESPONSIVENESS & MALE ENGAGEMENT IN LABOR & DELIVERY SERVICES

Below is an assessment to assist health workers to determine how inclusive, or gender-responsive, their health services are in engaging fathers/male partners in labor and delivery services. If you don't know the answer, answer "no." For each "no" response, identify one action to take.

MY ATTITUDES & ACTIONS			If "no," action(s) to take:
I ask a woman if she would like her partner to be present at childbirth and emphasize the importance of a father's presence (if allowed in my health facility).	Yes	No	
I encourage the mother's partner to be present during the delivery (with the mother's consent, and if allowed in my health facility).	Yes	No	
I provide guidance on how fathers/ male partners can provide physical support to the mother during childbirth (for example, through massage, helping with breathing techniques).	Yes	No	
If the health facility does not allow a father to be in the delivery room, or if a woman does not want her partner present, I update him with information on his partner during labor and delivery.	Yes	No	
I encourage and explain the importance of skin-to-skin contact between baby and mother.	Yes	No	
I encourage and explain the importance of skin-to-skin contact between baby and father.	Yes	No	
After birth, I encourage both mother and father to hold the infant, including handing the father the infant while explaining how to hold the infant in his arms.	Yes	No	

I provide guidance and information about post-natal care to *both* the mother *and* her partner and ask both the woman and her partner if they have any questions.	Yes	No	
I encourage my colleagues to actively promote fathers'/male caregivers' involvement in labor and delivery.	Yes	No	
I feel that I have the knowledge and skills I need to involve men in labor and delivery.	Yes	No	
I am aware of national policies and/or protocols related to men's involvement in labor and delivery (including policies that promote or prohibit men's presence at delivery).	Yes	No	
I am knowledgeable about the laws on paternity establishment in my country (registering the father's name on the birth certificate).	Yes	No	
I encourage mothers and fathers to take some type of leave following the birth of the child, where possible.	Yes	No	
CLINIC POLICIES & PROTOCOLS			
The facility where I work…			If "no," action(s) to take:
Adheres to national laws and guidelines regarding accompaniment during delivery.	Yes	No	
Uses forms that record the father's/ male partner's presence during delivery.	Yes	No	
Has clinical guidelines or protocols on how to involve fathers/male partners during labor and delivery.	Yes	No	
Informs fathers and mothers about parental leave parental leave (or maternity and paternity leave), if it exists.	Yes	No	
Informs/shows mothers *and* fathers how to register their child in the civil or population registry (and obtain a birth certificate).	Yes	No	

CLINIC ENVIRONMENT & MATERIALS			
The facility where I work…			If “no,” action(s) to take:
Has adequate infrastructure and space to engage fathers/male partners during labor and delivery (for example, enough space and privacy for men to be present in the delivery room, or a waiting room for fathers and family).	Yes	No	
Has or provides educational materials on pregnancy and childbirth specifically for fathers, or that are designed for mothers *and* fathers.	Yes	No	
Provides father-focused parenting education materials, or materials that are for mothers *and* fathers.	Yes	No	
Has posters, brochures, and/or art on the walls that include images of fathers/male caregivers.	Yes	No	
Has resources on how to engage fathers/male partners during labor or delivery (for example, manuals and guides).	Yes	No	
Has offered me training on gender-responsive health services.	Yes	No	
Has offered me training or information on how to engage fathers/male partners during labor and delivery.	Yes	No	

FACILITY ASSESSMENT 3: GENDER-RESPONSIVENESS & MALE ENGAGEMENT IN CHILD HEALTH VISITS

Below is an assessment to assist health workers to determine how inclusive, or gender-responsive, their health services are in engaging fathers/male partners in infants' and young children's health visits (ages 0 to 4). If you don't know the answer, answer "no." For each "no" response, identify one action to take.

MY ATTITUDES & ACTIONS			If "no," action(s) to take:
When the mother/female caregiver comes alone to the health appointment, I ask about the father/ male caregiver, and vice versa if he comes alone to the appointment.	Yes	No	
When the mother/female caregiver comes alone, I encourage the father's/male caregiver's presence during the child's health appointments (if she wants him to be present).	Yes	No	
When the father/male caregiver is present, I validate and encourage his future participation.	Yes	No	
I encourage the father/male caregiver to participate in the child's health visits.	Yes	No	
When the father/male caregiver is present, I provide both mother *and* father with information and guidance on the child's health and development.	Yes	No	
I promote the father's/male caregiver's participation and equitable sharing in all caregiving and domestic tasks.	Yes	No	
I encourage my colleagues to actively promote fathers'/male caregivers' involvement.	Yes	No	
I am aware of policies and/or protocols – at my health facility or at the national level – related to fathers' involvement in children's health visits.	Yes	No	

I encourage mothers and fathers to take some type of leave following the birth of the child, where possible.	Yes	No	
I feel that I have the knowledge and skills I need to involve men in children's health services.	Yes	No	
CLINIC POLICIES & PROTOCOLS			
The facility where I work…			If "no," action(s) to take:
Uses forms that record the father's/ male caregiver's presence or absence during the health visit.	Yes	No	
Has a policy to ask the mother about the father or male caregiver, if she comes alone to the health appointment and vice versa (when the father comes alone to the appointment).	Yes	No	
Has clinical guidelines or protocols on how to involve fathers in child health appointments.	Yes	No	
Promotes and informs fathers and mothers about parental leave (or maternity and paternity leave), if it exists.	Yes	No	
CLINIC ENVIRONMENT & MATERIALS			
The facility where I work…			If "no," action(s) to take:
Has adequate space and infrastructure to engage and incorporate fathers/male caregivers in health visits (for example, an extra chair in the consultation room).	Yes	No	
Has materials that promote involved and nonviolent fatherhood.	Yes	No	
Has posters, brochures, and/or art on the walls that include images of fathers/male caregivers.	Yes	No	
Provides materials on parenting or child health and development designed specifically for fathers/ male caregivers, or that are designed for female *and* male parents.	Yes	No	

Has tools and resources on how to engage fathers/male caregivers in child health appointments (for example, manuals and guides).	Yes	No	
Has offered me training that included information on how to engage fathers/male caregivers in children's health appointments.	Yes	No	
Offers or can refer clients to workshops, parent-support groups, or educational opportunities for mothers *and* fathers.	Yes	No	
Has information about workshops, parent-support groups, or educational opportunities that focus on involved fatherhood.	Yes	No	

FACILITY ASSESSMENT 4: GENDER-RESPONSIVENESS & MALE ENGAGEMENT IN FAMILY-PLANNING SERVICES

Below is an assessment to assist health workers to determine how inclusive, or gender-responsive, their health services are in engaging fathers/male partners in family-planning services. If you don't know the answer, answer "no." For each "no" response, identify one action to take.

MY ATTITUDES & ACTIONS			If "no," action(s) to take:
When a woman comes alone to a family-planning visit, I ask about her partner.	Yes	No	
If I am sure the woman is *not* in a violent relationship, I ask her if she would like her partner to participate in the family-planning visit.	Yes	No	
If a woman wants her partner to participate, I encourage her to invite her partner to participate in the next family-planning visit.	Yes	No	
When a man comes alone to a family-planning visit, I ask about his partner.	Yes	No	
If a man wants his partner to participate, I encourage him to invite his partner to participate in the next family-planning visit.	Yes	No	
I provide information on male-centered family-planning methods, regardless of whether a man comes alone, or with his partner, or if a woman comes alone.	Yes	No	
I address both women's and men's concerns about contraceptive side effects, whether alone or together.	Yes	No	
I encourage couples to discuss together a family-planning method that is best for them.	Yes	No	
I respect the choices of the family-planning clients that I see and never force them to use a family-planning method.	Yes	No	
I encourage my colleagues to actively promote men's involvement in family planning.	Yes	No	

I am aware of policies and/or protocols – at my health facility or at the national level – related to men's involvement in family planning.	Yes	No	
I feel that I have the knowledge and skills I need to involve men in family-planning services.	Yes	No	
CLINIC POLICIES & PROTOCOLS			
The facility where I work…			If "no," action(s) to take:
Uses forms that record men's presence at family-planning visits – whether alone or with a partner.	Yes	No	
Has clinical guidelines or protocols on how to involve men in family-planning services – whether alone or with a partner.	Yes	No	
Has extended operating hours for working couples/individuals.	Yes	No	
CLINIC ENVIRONMENT & MATERIALS			
The facility where I work…			If "no," action(s) to take:
Has adequate space and infrastructure to engage both partners in family-planning visits (for example, an extra chair in the consultation room).	Yes	No	
Has materials that promote men's involvement in family planning.	Yes	No	
Has posters, brochures, and/or art on the walls that include images of men as family-planning users.	Yes	No	
Provides materials on family planning specifically for men, or that are designed for women *and* men.	Yes	No	
Has resources on how to engage men in family-planning services.	Yes	No	
Has offered me training on gender-responsive health services.	Yes	No	
Has offered me training that included information on how to engage men in family-planning services.	Yes	No	

PART 4

Key Resources for Promoting Gender-Responsive MNCH/SRH Services

- **Program P: A Manual for Engaging Men in Fatherhood, Caregiving, and Maternal and Child Health.** Promundo, Fundación CulturaSalud/EME, and Red de Masculinidad por la Igualdad de Género (REDMAS), 2013.

  Available at: https://men-care.org/resources/program-p/

- **Guide for MenCare Partners: Male Engagement in Maternal, Newborn, and Child Health/ Sexual Reproductive Health.** Kate Doyle, Jane Kato-Wallace, Saadya Hamdani, 2017.

  Available at: https://men-care.org/resources/guide-mencare-partners-male-engagement-maternal-newborn-child-healthsexual-reproductive-health-rights/

- **MenCare in the Public Health Sector in Central America Engaging Health Providers to Reach Men for Gender Equality in Maternal, Sexual and Reproductive Health.** ECPAT Guatemala, Puntos de Encuentro, Red de Masculinidad por la Igualdad de Género, and Promundo-US, 2015

  Available at: https://men-care.org/resources/mencare-in-the-public-health-sector-in-central-america/

- **Gender Mainstreaming for Health Managers: A Practical Approach.**

  - **Facilitators' Guide.** World Health Organization, 2011. Available at: http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/

  - **Participants' Notes.** World Health Organization, 2011. Available at: http://www.who.int/gender-equity-rights/knowledge/health_managers_guide/en/

  - **Supplementary Module: Engaging Men and Boys in Achieving Gender Equality and Health Equity.** Sonke Gender Justice and World Health Organization, 2011. Available at: http://genderjustice.org.za/publication/gender-mainstreaming-for-health-managers/