



# **The National Strategy for Male Involvement/Participation**

**in Reproductive Health, Maternal, Child, Adolescent Health and Rights-  
Nutrition Including HIV/TB**

**July 2019**

## PREFACE

Prior to the age of modern contraceptive devices, boys and men were the focus of family planning (FP) initiatives such as withdrawal, leaving homestead where the wife was pregnant until after two years, marrying another wife especially after delivery. However, with the introduction of modern contraceptive methods for women, such as the oral contraceptive pill, Intra-uterine Contraceptive Device, injectable and others, made the male role in FP become less significant. Thus, the focus of FP and reproductive health (RH) shifted to women as its target clientele, making male involvement peripheral or leaving boys and men out of programs all together. Boys and men, who are the decision-makers in many countries in Africa and who play a dominant role in couples' fertility decisions, family size and other significant issues related to SRHR, were no longer active participants in SRHR/FP/HIV/TB programs.

It was soon realized that little progress was being made with RH/FP/HIV/TB programs and that neglecting boys, men and their sexual and reproductive health needs and rights (SRHR) causes adverse consequences, not only for the boys and men, but also for girls, women and children.

However, the responsibility for nurturing children in the homes has for a long time been largely left to women including immunization, seeking health care and feeding the children.

Worldwide Uganda inclusive, gender-based violence is linked to mainly a male perpetrator violating the rights of girls, women and children. It is important to engage men at various levels to control and stop the vice in our communities.

Therefore, Ministry of Health together with other stakeholder have developed this Male Involvement Strategy which will be used to promote male participation in SRHR including HIV/TB and child survival programs.

The Ministry of Health encourages all stakeholders in child health, sexual and reproductive health and rights including HIV/TB programs, to use this document widely so as to improve programming, quality of care in clinical settings, empowerment and mobilization of communities.

The support of boys' and men is very crucial in promoting the use of contraceptives, maternal and child health, prevention and control of HIV/TB and gender-based violence thus contributing to healthy lifestyles of men, women and children. It is important that boys in and out of school are encouraged to grow up knowing that it is their responsibility to be involved in promoting the health of women, children and this is beneficial for their own health and development.

I have no doubt that this is a timely undertaking and encourage you all to use this strategy.

**Dr. Jane Ruth Aceng,  
Minister of Health**

## ACKNOWLEDGEMENT

Ministry of Health extends special thanks to WHO through the Joint program on Population for the financial and technical inputs that enabled the Ministry of Health to come up with this Male Involvement Strategy.

Successful development of this document was realized through the immense contribution of various stakeholders within and outside the public sector.

We wish to acknowledge the contributions of various programs of the Ministry of Health like School Health, Reproductive health, AIDS Control Program, Planning, Health Promotion

Gratitude also goes to all the various stakeholders who at various stages of development of this strategy, worked tirelessly to, research, contribute, draft, and edit contents of the Strategy. Of particular note is the immense contribution of the following team. Their inputs helped to shape this Male Involvement strategy.

Dr. Olive Sentumbwe – Mugisa

Dr. Olinga Phillip

Dr. Miriam Sentongo

Dr. Mudiope Peter

Dr. Lydia Mungerera

Dr. Apio Betty

Dr. Carol Nakkazi

Dr. Mugalu Mark

Mr. Ssensalire Rajab

Ms. Musoke Mary Gorret

Ms. Kikomoko Sarah

Mr. Kyagaba Gonzaga K

Ms. Opio Christine

Mr. Sserumaga Mungi S.

Ms. Kembabazi Harriet

Mr. Leo Luugodha

Ms. Nayiga Harriet M.

Mr. Wilson Jaga

Ms. Grace Ojirot

Ms. Katumba Sarah

Ms. Irene Hamba

Ms. Esther Nakajjigo

Mr. Kayaga Emmanuel

Ms. Kayemba Janat

Mr. Ludhigo Alex

Ms. Nassali Rosemary

Mr. Hassan Sekajoolo

Ms. Ssekimpi Prossy

Ms. Roselline Achola

Mr. Wolayo Pius

Ms. Carol Nalugya

Mr. Lwanika Daniel

Dr. Nakiganda Blandina

Dr. Makanga Livingstone

Dr. Collins Tusingwire

Dr. Kaggwa Mugaga

Dr. Geoffrey Bisoborwa

Dr. Gerald Mutungi

Dr. Lukoda Ramathan

Dr. Miriam Sentongo

Dr. Sabrina Kitaka

Ms. Wafwoyo Mary Frances

Ms. Nakangu Joyce

Ms. Namyalo Sarah

Ms. Nantale Susan

Ms. Lucy Asaba

Ms. Ann Sizomu Alan

Ms. Namutebi Zuena Ashliegh

Ms. Harriet Nabankema

Ms. Rebecca Kakooza

Ms. Namugere Miriam

Ms. Sarah Nakitto

Mr. Ddumba Abduljabbar Yawe

Mr. Walimbwa Aliyi

Mr. Ben Sensasi

Mr. Wilberforce Mugwanya

Mr. Rogers A. S. Kalyesubula

Mr. Frank Matenda

Ms. Grace Nagendi

Ms. Wataka Babrah

Ms. Anyait Stella

Ms. Okilangole Jenny Rose A.

Ms. Namwanga Proscovia

Last but not least we would like to express our sincere appreciation to the Paediatric Association, civil society organization such as DSW and Law Reform Commission for their invaluable inputs.

**Dr. Henry Mwebesa**  
**Director General of Health**

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## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Care
CAO	Chief Administrative Officer
CBO	Community Based Organisation
DCDO	District Community Development Officer
DHO	District Health Officer
DHS	Demographic Health Survey
DHV	District Health Visitor
<b>eMTCT</b>	Elimination of Mother To Child Transmission of HIV
FP	Family Planning
HIV/TB	Human Immuno-deficiency Virus
MIS	Management Information System
ICPD	International Conference on Population and Development
LC	Local Council
LRC	Law Reform Commission
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
<b>MoD</b>	Ministry of Defence
MoES	Ministry of Education
MoFA	Ministry of Foreign Affairs
MOFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
MoIA	Ministry of Internal Affairs
MoJCA	Ministry of Justice and Constitutional Affairs
MoLGSD	Ministry of Labour, Gender and Social Development
PMTCT	Prevention of Mother-To-Child-Transmission
<b>RMNCAH-N</b>	Reproductive Maternal Neonatal Child Adolescent Health-Nutrition
PNC	Postnatal Care
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive health and Rights
UBOS	Uganda Bureau of Statistics

# CHAPTER ONE: BACKGROUND

## 1.1. INTRODUCTION

Since the Cairo International Conference on Population and Development (ICPD program of Action 1994), global recognition of the importance of men's involvement in Sexual and Reproductive Health and Rights (SRHR) has increased. Issues such as the AIDS epidemic have reinforced the urgency of encouraging men to take responsibility for their own sexual and Reproductive Health and that of their partners (Salem, 2004). Despite global recognition at the level of international agreements, many countries have not developed large-scale programs that reach out to men. As a result, many men are not aware of why they need to be involved in SRH, how they can be involved, and what services are available for them and their partners.

Involving men in SRHR programs is particularly challenging in Uganda which has many ethnic groups with diverse cultures, customs and taboos that define male gender. These culturally defined gender roles may hinder men's participation which originates from gender socialization at household and community level. For example, in most communities, communication between couples is limited and manifestations of masculinity often involve violence against women. Involving men in SRHR in such settings is complicated and demands a long-term commitment; yet, the rewards could be profound. The potential benefits of men's involvement include realization of rights for women, improved family health, better communication between couples, and joint and informed decision making within households, better utilization of Sexual and Reproductive health services such as delivery in health units, PMTCT, screening for cancers of the reproductive organs and an overall improvement in the health of women and children. However, this will definitely improve the health of men as well. This increase in service utilization should lead to improved health outcomes and the realization of the targets for SDGs 3 (Good health and wellbeing) and 5 (Gender Equality).

Since ICPD in Cairo 1994, there has been increasing global recognition of the importance of men's involvement in SRH. The urgency of encouraging boys and men to take responsibility for their own SRHR and their partner's is gaining momentum. However, Uganda has not developed large-scale programs that reach out to boys and men.

There have been attempts to engage men in antenatal care such as; birth planning and eMTCT, postnatal care (FP) through encouraging men to accompany their spouses and be tested for HIV/TB. Focus has also been put on engaging men in prevention of SGBV/VAC, championing women empowerment and income generating activities (IGA) which has resulted into improved supportive behaviours of the men.

In addition, male friendly services have been setup to provide healthcare services like safe Male Circumcision, condom distribution and STI treatment, Before the implementation of Male Involvement strategy in 2011, addressing gender in RH was synonymous with empowerment of women. As a consequence, all key RH services for example, FP, ANC, eMTCT, Labour, Delivery and PNC were centered on the women thus leaving out men.

Consequently, women are more likely to interface with the health system and know about RH services whereas many men may not be aware of:

- *Why they need to be involved;*
- *How they can be involved;; and*
- *What services are available to them and their partners.*



*There are many interpretations of male involvement ranging from “accompanying”, “Couple services” to “Male corners”. However, accompanying should not be an end in itself, but part of an integrated package relevant to men. Male involvement should include the invisible issues that take place in the home and should put into consideration all the support roles.*

The benefits of male involvement will be profound and include the following:

- Realisation of women’s sexual and reproductive health and rights
- Improved child and maternal health
- Better communication between partners
- Joint and informed decision making in households
- Improved family health



### **Meaning of Male involvement:**

In this document, male involvement refers to the fulfilment of roles and responsibilities of men and boys in sexual and reproductive health and rights including HIV/TB prevention, care and support. Boys and men will take responsible decisions to realize their full potential in their sexual and reproductive health and rights; It will also mean that men and women's full enjoyment of their sexuality and realization of their reproductive health goals and rights in a responsible manner. It will further mean that males participate effectively in the health and well-being as well as respecting rights of their partners and children.

## **1.2. POLICY ENVIRONMENT AND LEGAL FRAMEWORK**

The legal framework in Uganda promotes the enjoyment of human rights for all people that is, men, women, boys and girls. Human rights and reproductive rights recognized and respected by various international and regional instruments, Ugandan laws and regulations promote sexual and reproductive health rights, gender equality and equity and child survival.

There are laws in Uganda which recognize male involvement in child health, SRHR including HIV/TB and GBV/VAC although more emphasis has previously been put on child survival, women's reproductive health and rights issues, gender equality and equity. Stakeholders should also support men to fully be involved and participate in SRHR including HIV/TB and GBV/VAC.

The importance of male involvement in family welfare cannot be ignored because without male involvement, it is difficult to realise healthy families. Male involvement increases children's survival and the ability of women to enjoy their sexual and reproductive health and rights. This strategy aims to support and promote the implementation of existing laws and policies, and advocate for improvement by identifying the gaps, informing and involving all the relevant stakeholders. This will also help in the harmonization of policies in different sectors which relate to male involvement.

This strategy is also intended to provide guidance to policy makers and stakeholders in research and documentation of best practices related to male involvement/participation.

## **1.3. RATIONALE AND PURPOSE**

Male involvement is embedded in the International Conference on Population and Development Programme of Action (Cairo 1994), which includes male responsibilities and participation as a critical aspect of improving Reproductive Health outcomes, achieving gender equality, equity and empowering women. Male involvement is critical in the prevention and reduction of Sexual and Gender Based Violence, Violence Against Children, maternal and infant mortality and morbidity as well as HIV/TB prevention and treatment in Uganda. This is due to the following:

- Men are the decision-makers in many African cultures and settings including Uganda but this has not fully translated into tangible or observable empowerment or support of women and girls on issues that directly benefit women and their children. This has resulted into delays to seek health care because women and children have to wait for decision/consent and financial support from the man, thereby contributing to infant and maternal mortality and increasing HIV/TB prevalence. On the other hand, men and boys due to their socialization delay to seek health care services
- Family planning and eMTCT service utilisation is still low in Uganda partly due to lack of male involvement as pregnancy is largely perceived as a woman's issue.
- Sexual and reproductive health issues involve an emotional journey and both men and women need the emotional support and relevant services. Men rarely offer meaningful companionship during critical moments such as during antenatal care, eMTCT, labour, child birth, family planning and treatment of STIs. Consequences of this include missed opportunities to access services for themselves or failure to appreciate the related women and children's needs and care.
- The purpose of engaging men and boys in child health, SRHR and HIV/TB programs is to enhance their own health and the health of their families which will result in improvement in socio-economic status of households, communities and productivity of the nation at large. Furthermore, engaging boys is to transform and nurture positive masculinities (attitudes, behaviours and practices) at an early stage.
- Excessive alcohol consumption, drug and substance abuse are closely linked to promiscuity, gender-based violence, violence against children and disharmony at household, community and society. This strategy underpins the importance of addressing alcohol consumption, drugs and substance abuse as one of the priority areas for male engagement.

Sexual violence can be a cause or an effect of HIV/TB transmission and this has been largely linked to imbalances in power relations either at household or community level. Violence against women is more common and arises from the notion of masculinity based on sexual and physical domination over women. In many tribes in Uganda, it is culturally acceptable for young girls to have sexual relations with older men who may be already exposed to various types of STIs including HIV/TB.

## **The Magnitude of Sexual Gender-Based Violence:**

Statistics published in 1997 by the World Health Organisation (WHO) of 40 studies conducted in 24 countries in four continents revealed that between 20% and 50% of the women interviewed reported that they suffered physical abuse from their male partners. Also, from 'Where Women Stand - An international report on the status of women in 140 countries, 1997-1998', the number of women reporting physical abuse by a male partner during the period 1986-1993 were between 21% to 60%.

According to the Uganda Demographic Health Survey (UDHS 2006), six in every ten women admitted having experienced physical violence. The proportion of women who had experienced physical violence was highest among women aged 25-39. However, women aged 15-19 were most likely to have experienced physical violence in the past 12 months.

***SGBV/VAC is global phenomenon irrespective of socio-economic status, level of education, race, religion, and urban or rural location.***

The UNICEF report on Pabbo found 60% of women had had Sexual Gender-Based Violence; some of the survivors were as young as 4 years old.

The design of the programs at all levels of health care has not been conducive to cater for male-friendly service provision and male involvement. Currently programs are mainly focused on women and yet services that men need in equal measure are inaccessible to them. Men have sexual and reproductive health needs which should to be addressed. Such conditions include HIV/TB, fertility problems, midlife crisis, andropause, sexual dysfunction, non-malignant and malignant genitor-urinary conditions.

Although there has been a global and national outcry for male involvement in various health fields including SRHR, there has not been many global strategies to guide countries on how to take male involvement agenda forward. This document therefore will provide this much needed guidance to stakeholders to improve ongoing initiatives.

Current global initiatives advocate for male involvement in child and maternal health including sexual and reproductive health and rights issues as well as in reduction of transmission of HIV/TB in communities.

**This Strategy aims at providing a viable and comprehensive framework to address male involvement in child and maternal health including sexual and reproductive health and rights issues as well as in HIV/TB prevention and response programs.**

## 1.4. SWOT ANALYSIS:

<p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>• Ongoing national initiatives (political, cultural, religious and supportive leadership- (Presidential Fast-track Initiative on ending HIV/TB in Uganda), good policies-Gender Policy, SRHR Policy, GBV/VAC Policy, )</li> <li>• Development Partners have put aside resources to support male involvement (Male Action Groups (MAGs) and champions)</li> <li>• It is a widely accepted concept in Uganda among policy makers, academicians and communities</li> <li>• It's a tested and proven methodology to improve uptake of SRH, HIV/TB and GBV/VAC.</li> </ul>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Global movements on male involvement</li> <li>• Political will to address male involvement existence.</li> <li>• Existence of Male Action groups (MAGs), male champions</li> <li>• Cultural, religious and traditional leaders' engagement in male involvement</li> <li>• Acceptance and support from cultural institutions</li> <li>• Program experiences</li> <li>• Male health workers</li> </ul>
<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Pressure to come with male partner for services has led women picking any man to accompany them. This leads to false data capture on male involvement. It further leads to failure to link up with the actual spouse for proper male involvement.</li> <li>• Inadequate appreciation of the importance of male engagement by both men, women, boys and girls in total progressive transformation of the society.</li> <li>• Rigid social norms and cultural practices which promote male dominance.</li> <li>• Inadequate coordination of male engagement programs, approaches and activities.</li> <li>• Inadequate implementation of the proposed M&amp;E framework (data collection tools and indicators)</li> <li>• Inadequately funded programs in the health sector at national level specifically targeting men.</li> <li>• Society (community and service providers) perceives SRHR issues as being female related than of male's concern</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Influence of socio-cultural norms where a man is perceived to be superior.</li> <li>• Issues of gender roles and responsibilities</li> <li>• Negative socialization of children at household /community level</li> <li>• Insufficient resources to support male involvement programs such as human resource</li> <li>• Household poverty making it difficult for men to get optimally involved. It can also exacerbate gender-based violence.</li> <li>• The laws that should promote male involvement are not implemented/ enforced due to lack of operational procedures</li> <li>• Increasing alcohol, drug and substance abuse</li> </ul>

<ul style="list-style-type: none"> <li>• Insufficient skills for provision of male friendly services amongst service providers</li> <li>• Absence of multi-sectoral response in advancing male involvement</li> <li>• Absence of male involvement education and training in pre-service institutions</li> <li>• Lack of dissemination, interpretation and awareness creation on the existing laws governing the society.</li> <li>• There are no service packages for men</li> </ul>	<p>amongst boys, men, girls and women.</p>
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### 1.5. VISION

A healthy and productive population that contributes to socio-economic growth and national development.

### 1.6. MISSION

To facilitate the attainment of a harmonious and productive society where males and females realize their full sexual and reproductive health and rights as well as responsibilities.

### 1.7. GOAL

To improve male involvement and participation in RMNACH-N, GBV/VAC, SRHR including HIV/TB.

### 1.8. OBJECTIVES

1. To guide the development/review/updating of policies and laws that support male involvement/participation in RMNACH-N, GBV/VAC, SRHR including HIV/TB.
2. To promote the involvement of politicians, policy-makers, CSOs (community/faith-based organisations, cultural institutions, professional associations), communities and other sectors to engage men and boys in achieving gender equality and health equity
3. To guide provision of quality male-friendly services in RMNACH-N, GBV/VAC, SRHR including HIV/TB.
4. To enhance evidence-based interventions for male involvement.
5. To provide a harmonized and coordinated approach to male engagement programs.



## 1.9. THE GUIDING PRINCIPLES

This document has been developed on the basis of the following principles:

1. **Active** community **participation** including boys/men in planning, programming and implementation of RMNACH-N, GBV/VAC, SRHR including HIV/TB.
2. **Respect for human rights** while reflecting on dominance and negative masculinity.
3. **Gender responsiveness.**
4. **Integrated and sustained delivery** of male-friendly services
5. **Responsive to cultural diversities** including vulnerable and disadvantaged populations.
6. **Use of multisectoral approach**, partnerships and networks
7. **Evidence-based** interventions
8. **Effective leadership and accountability.**

## 1.10. TARGET GROUPS

The **target groups**, for this strategy will include:

- Ministries that include; MOH, MOFPED, MOGLSD, MOES, MOJCA, MAAIF, MOICT, MOLG, MOIA, MOD,
- Policy makers, legislators and service providers.
- Development partners
- Local Governments
- Civil Society Organisations (Churches, NGOs, FBOs)
- Schools and Training Institutions
- Research Institutions
- Community Leaders
- Cultural and Faith-based Leaders
- Communities (Parents/Guardians, families, boys and men, girls and women)
- Social groups for both men and women (Scouts, Positive men of Uganda, YMCA, Men's Guild, Fathers Union)
- Media
- Vulnerable populations (Inmates, single-sex schools, Refugee and older population)
- Transporters (UTODA, Boda-Bodas, Long-route Drivers)
- Corporate bodies
- Artists and sports personalities (celebrities and socialites)
- Significant others (uncles, aunties)

## 1.11. PRIORITY AREAS AND COMPONENTS

This strategy focuses on the following areas:

- Policy and legal framework
- Integrated male Friendly SRHR Services
- Male participation/involvement in Reproductive Maternal New born Child Adolescent Health-Nutrition and welfare
- Prevention of Sexual Gender Based Violence and Violence Against Children
- STIs including HIV/TB
- Socio-cultural and religious norms and practices
- Alcohol and substance abuse
- Research, documentation and cross learning
- Resource mobilisation
- Advocacy and communication for behavioural change for male involvement

## 1.12. STRATEGIES

The national guidance consists of nine strategies:

1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in RMNACH-N, GBV/VAC, SRHR including HIV/TB.
2. Build capacity for delivery of quality male-friendly health services at all relevant levels and stakeholders.
3. Integrate male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in all health programmes and other sectors.
4. Mobilize policy-makers, stakeholders and communities on the importance of male participation / involvement in attaining positive outcomes in RMNACH-N, GBV/VAC, SRHR including HIV/TB.
5. Behavioural Change Communication (BCC) programmes on male involvement/participation
6. Strengthen coordination, networking and partnerships for promoting male participation/involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
7. Support research and documentation of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB
8. Strengthen support supervision, monitoring and evaluation of male friendly Health services and programs for RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
9. Promote and support a multi-sectoral approach for the attainment of effective male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.

## 1.13. EXPECTED OUT COMES

The expected outcomes for the respective strategies are:

1. Strategy one
  - Enabling environment and supportive policies and legal framework
  - Increased resource allocation
2. Strategy two

- Increased awareness on and utilization of male friendly services in SRHR, as well as prevention and management of HIV/TB, GBV by men (e.g. condom use, prostate cancer screening, alcoholic anonymous, safe male medical circumcision, STI screening and management, infertility screening management, anger management, counselling, vasectomy).
3. Strategy three
    - Increased uptake of services due to male involvement
    - Improved capacity of service providers to provide integrated, equitable male friendly services in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.
  4. Strategy four
    - Increased awareness of stakeholders on the role and responsibilities in RMNCAH-N, GBV/VAC, SRHR including HIV/TB
    - Increased male involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB
    - Positive change in values, attitudes, mind-set, practices, social cultural norms and standards for male involvement
    - Increased utilisation of RMNCAH-N, GBV/VAC, SRHR including HIV/TB
  5. Strategy five
    - Integrated BCC programmes targeting men and boys into other services e.g. family planning, GBV/VAC, HIV/TB programming
  6. Strategy six
    - Coordinated/harmonised male involvement and gender mainstreaming initiatives
    - Increased male involvement in leadership, planning, implementation, monitoring and evaluation of male engagement programmes.
  7. Strategy seven
    - Documented and shared best practice models
    - Scaled up documented best practices
    - Evidence based programming for male involvement and gender mainstreaming
  8. Strategy eight
    - Improved quality of programmes supporting male involvement and engagement
    - National MOH M&E framework for male involvement
  9. Strategy nine
    - Multisectoral approach
    - Improved transparency and accountability

## CHAPTER TWO: STRATEGIC DIRECTIONS

### **Strategy 1: Lobby and advocate for resources and provision of an enabling environment and services for male involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.**

The main purpose of advocacy will be to influence legislation, policies, programmes and strategies to promote male involvement in RMNCAH-N, GBV/VAC including HIV/TB. Successful advocacy outcomes will include increased allocation of resources, enabling environment and development of supportive policies to achieve programme objectives. Advocacy programmes will therefore:

- (i) Explore options for securing targeted funding for programs and interventions on male involvement/participation in child health, SRHR including HIV/TB and GBV/VAC.
- (ii) Appropriately package information on male involvement in child health, RMNCAH-N, GBV/VAC, SRHR including HIV/TB to create awareness amongst various communities, service providers and users of the services.
- (iii) Work with different media channels and settings to propagate and disseminate correct information on male involvement to the public.
- (iv) Work with traditional/cultural and religious platforms in a well-coordinated manner to stimulate the necessary critical consciousness on men and boys' involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (v) Influence the political, legal, medical and socio-economic environment to support programs that aim at enhancing men involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (vi) Integrate messages that address the growing problems of smoking, substance and alcohol abuse amongst boys and men in health services.
- (vii) Develop an advocacy, communication, strategy for men and boys' involvement,

### **Strategy 2: Build capacity for delivery of quality male-friendly health services at all relevant levels and stakeholders.**

The provision of male-friendly health services is a prerequisite to increasing demand and utilization of SRHR-N, GBV including HIV/TB services by boys and men. It is the desire of government that capacity is built and services are provided to boys and men including those with disabilities and other vulnerable groups e.g. key population based on their needs. Capacity building will address:

- (i) Updating and disseminating relevant guidelines and standards that relate to providing male friendly health services.
- (ii) Availability of qualified service providers to offer male-friendly health services at delivery points.
- (iii) Influence positive attitude change of health workers to deliver male friendly services.

- (iv) Supervision, mentorship and management of programs and resources for male involvement in SRHR-N, GBV including HIV/TB.
- (v) Availability of Standard Operating Procedures (SOPs), relevant tools, equipment, laboratory and medical supplies for the provision of male-friendly health services.
- (vi) Support infrastructural needs that are relevant to the delivery of services to men and boys
- (vii) Integrate boys and men's interests in the health service delivery that will foster physical, emotional and social development of boys and men as a way of adopting health-promoting behaviour. For example, sports and indoor games
- (viii) Screening for specific reproductive health conditions for the older men like Benign Prostatic Hypertrophy (BPH), cancer of the prostate gland, urethral conditions, sexual dysfunction, STI's including HIV, Hepatitis-B, substance and drug abuse, Family Planning utilization and needs, general wellness marital discord and GBV/VAC.
- (ix) Availability of trained or qualified community resource persons (VHTs, Peer educators, male champion etc.) to provide male friendly health services. They shall be expected to mobilize men and educate them on their roles and responsibilities to their partners in SRHR-N, GBV including HIV/TB prevention, care and support. In addition, they will educate men on violence prevention and conduct appropriate referral of men and support them to adhere to health management decisions. They will also be trained to be supportive partners and fathers.
- (x) Promote the formation of community based Psychosocial Support Groups (men groups as change agents and to also counsel peers against risky behaviours like GBV/VAC, alcohol, drug and substance abuse)
- (xi) Target young boys and men with services that help to develop them into healthy and responsible adults that can appreciate and seek health services for themselves as well as their families e.g. targeted/tailored health education and circumcision.

### **Strategy 3: Integrate male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in all health programmes and other sectors.**

The current programming for the majority of RMNCAH-N and GBV/VAC programs target women and children without addressing the roles and responsibilities of men in achieving the desired in RMNCAH-N, GBV/VAC, SRHR including HIV/TB outcomes. The services are currently facility based without much alternative design. Therefore:

All RMNCAH-N, GBV/VAC, SRHR including HIV/TB health services should be designed to integrate male participation/involvement.



- (i) Programming for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB services in all sectors needs to target the various places where men can be found. There will be a need to explore non-formal service points such as workplaces, markets, recreational places, drinking joints, churches, Mosques, transporters associations, guest-houses, salons, learning institutions, betting places, sauna and massage parlours.
- (ii) All health programs and facility departments should mainstream male involvement/ participation in their service provision points.
- (iii) Availability of Standard Operating Procedures (SOPs), relevant tools, equipment, laboratory and medical supplies for the provision of male involvement/participation approaches.

**Strategy 4: Mobilize policy-makers, stakeholders and communities on the importance of male participation / involvement in attaining positive outcomes in RMNACH-N, GBV/VAC, SRHR including HIV/TB.**

Mapping of male engagement structures in the community

- (i) Policy-makers and programme managers will be empowered with accurate and updated information about the needs and concerns of men so as to enable them design appropriate interventions.
- (ii) Faith and traditional institutions should nurture boys and men within their norms, values and standards taking special consideration not to promote those that might harm their own health and that of girls and women.
- (iii) Mobilise the parents to be role models and support, guide, nurture their children to be involved and become responsible in RMNCAH-N, GBV/VAC, SRHR including HIV/TB
- (iv) Communities will be educated on health matters/topics and the roles and responsibilities of men in regard to RMNACH-N, GBV/VAC, SRHR including HIV/TB.
  - The roles and responsibilities of men in child health, SRHR including HIV/TB will be discussed in a culturally, politically and religious sensitive manner however, without compromising the rights of women and children.



- (v) Mobilize CSOs to create awareness in the community about the laws and human rights in relation to Child Health, SRHR including HIV/TB



- (vi) Schools should implement programmes that enhance young men's skills in domestic chores such as washing clothes, fetching water, food preparation etc.
- (vii) Use new and existing structures within local community to discuss social, cultural and economic factors affecting RMNCAH-N, GBV/VAC, SRHR including HIV/TB, and find solutions to address them.
- (viii) CSOs should be encouraged to implement male involvement/participation in child health, SRHR including HIV/TB programs that are sensitive and responsive to community needs and in line with the existing policies and guidelines.

**Strategy 5: Enhance Behavioural Change Communication (BCC) programmes on engaging men in Child Health, SRHR including HIV/TB.**

- (i) Train and equip service providers with competencies in BCC in order for them to carry out effective communication to boys and men.
- (ii) Build capacity of boys and men in the development and implementation of programs on life skills to enhance behaviour change among boys and men.
- (iii) Promote the participation of boys and men, their families and community in the planning, implementation, monitoring and evaluation of BCC activities
- (iv) Support organized male groups to integrate RMNCAH-N, GBV/VAC, SRHR including HIV/TB issues and implement their workplans
- (v) Use the peer model education on the principle that 'like influence like' to mobilize boys and men to participate in male engagement programmes and address the need to regulate/control the use of alcohol, drugs and substance.
- (vi) Support community health structures such as the Village Health Teams (VHTs) to integrate male Involvement in all their activities and mobilise men to use health services.

- (vii) Support community bazaars and dialogues between the community and service providers on male involvement.



- (viii) Identify and utilise relevant and effective communication channels and resource persons including drama, debate, radio, social media, television, music, social gathering and print media to reach boys and men with emphasis on the following places: workplaces, recreational places, drinking joints, religious institutions, transporters associations, guest-houses, saloons, learning institutions, sauna and massage parlours.

### **Strategy 6: Strengthen coordination, networking and partnerships for promoting male participation/involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.**

International Instruments and Constitutional provisions require involving communities in matters affecting them during all stages of programming namely, planning, implementation, monitoring and evaluation of community programmes. There are many stakeholders in the implementation of community programmes therefore, there is need for coordination, networking and building partnerships with all government departments, inter and non-government organization in promoting male involvement and participation in child health, SRHR, prevention of HIV/TB interventions and GBV/VAC. At the national level, there will be need for relevant ministries, sectors, policy makers and development partners to coordinate their activities for appropriate programming and effective, efficient and sustainable utilization of resources. The following strategies will be applied:

- (i) Strengthen the working group on GBV/VAC, male involvement, Gender and human rights mainstreaming in the Ministry of Health to coordinate all stakeholders engaged in gender mainstreaming including male involvement initiatives.
- The working group shall be responsible for convening national fora to discuss male involvement on a regular basis for stakeholders including public and private sectors involved in implementation coordinated by the Ministry of Health.



- The working group will be responsible for compiling reports and disseminating to stakeholders (such as MCH technical working group, Communicable Disease technical working group, Nutrition, etc.)
- (ii) At the district level the District Health Officer (DHO) will be responsible for convening district level meetings for stakeholders implementing male involvement initiatives
- (iii) The Ministry of Health will partner with non-health service providers and organized male groups such as Boda Boda riders, Boys Scouts, transporters' associations, Rotarians, religious groups, Artists, male action groups, SACCOS, to advance male involvement in child health, SRHR including prevention of HIV/TB, GBV and VAC
- (iv) Strengthen leadership and accountability for male involvement in child health, SRHR including prevention and response to HIV/TB and GBV/VAC a parliamentary and district forum on male involvement will be supported.
- (v) Use information technology (IT) to network on male involvement (establish a website in MoH)

### **Strategy 7: Support research and documentation of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB**

Men are critical players as partners, activists, clients, parents and providers in the promotion and improvement of the RMNCAH-N, GBV/VAC, SRHR including HIV/TB service delivery and programming.

There is need to conduct research to identify gaps in programming and implementation of male involvement approaches for improving RMNCAH-N, GBV/VAC, SRHR including HIV/TB outcomes.

Appropriate research is essential for determining cost effective interventions that will influence policy development. Therefore;

- (i) The Ministry of Health will partner with learning centres, research institutions and individuals to conduct appropriate research/studies on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB. Disaggregated research findings will be disseminated and used to design appropriate interventions for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (ii) Document and share good practices in involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB both within and outside the country.

## **Strategy 8: Strengthen support supervision, monitoring and evaluation of male friendly Health services and programs for RMNCAH-N, GBV/VAC, SRHR including HIV/TB.**

The MoH in partnership with MoGLSD and other stakeholders shall spearhead mentoring, support supervision, monitoring and evaluation of programmes promoting male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services.

- (i) Develop monitoring and evaluation framework for programmes supporting male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB through a multi-sectoral approach.  
Data generated will be used to inform policy and programming for health and other areas.
- (ii) Develop standardised package and guidelines, tools, job Aids and protocols for mentoring, support supervision and reporting for programmes and service delivery in health.
- (iii) Promote community participatory monitoring and evaluation of male involvement/participation programmes and services at all levels.
- (iv) Conduct regular mentoring and support supervision to ensure quality of care and effectiveness of programmes on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services

## **Strategy 9: Promote and support a multi-sectoral approach for the attainment of effective male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.**

Boys and men's health needs cut across different sectors, and have multi-dimensional consequences on them, children, adolescents and families. Therefore, this calls for the involvement of various stakeholders. Different sectors based on technical competencies have definite roles and responsibilities in the implementation of programmes that support male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services

Multi-sectoral approach for male involvement and engagement will, therefore, require:

- (i) Mapping of different players and their contribution towards male engagement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services.
- (ii) Ministry of health to support other ministries, departments, agencies and non-government actors to mainstream male involvement for in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in their sectoral plans and budgets (Spell out the role(s) and responsibilities of each stakeholder clearly at all levels).
- (iii) Support functionality of working committees at each level within existing structures.



- (iv) Ensure adherence by all actors to the use of standard guidelines, tools, job Aids and protocols and innovations.

## Chapter Three: INSTITUTIONAL/IMPLEMENTATION FRAMEWORK

The institutional implementation framework provides a detailed mechanism in which processes and interventions will be implemented using existing structures with the Ministry of Health as the lead agency. This framework will be used by different ministries, NGOs, development partners, civil society organisations, religious and cultural institutions in guiding/promoting male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB promotion and response programs.

### COMMITTEES FOR MALE INVOLVEMENT/PARTICIPATION IN RMNCAH-N, GBV/VAC, SRHR including HIV/TB

#### 1. THE NATIONAL TECHNICAL WORKING GROUP

##### Functions

The functions of the national steering committee shall be:

- (i) Coordination
- (ii) Resource mobilization
- (iii) Partnership and structural linkages
- (iv) Monitoring and evaluation
- (v) Advocacy
- (vi) Give technical guidance and recommendations on appropriate policies, programs and implementation plans

##### Membership:

The National Steering Committee on Male Participation shall be composed of Members with representation drawn from each of the following:

Government Ministries and Departments	
Office of the Prime Minister	1 representative
Uganda Aids Commission	1 representative
Ministry of Health	1 representative
Ministry of Gender Labour and Social Development	1 representative
Ministry of Education & Sports	1 representative
Ministry of local government	1 representative
Ministry of Internal Affairs	1 representative
Ministry of Justice and Constitutional Affairs	1 representative
Ministry of Finance	1 representative
Ministry of Science and Technology	
Development partners WHO, UNICEF, UNFPA, UN-Women, UN-AID)	5 representatives
Bilateral agencies (USAID, SIDA)	1 representative

NGOs	1 representative
Gender Coalition	1 representative
National Youth Council	1 representative
MoH (Technical Working groups on Maternal and Child Health and Communicable Diseases)	3 representatives
Cultural institutions	1 representative
Religious institutions	1 representative
Research and academia	1 representative
Uganda Human Rights Commission	1 representative

Membership shall be forwarded by the respective Ministries and Organisations.

This committee submits annual reports to the Ministry of Health top management.

### Meetings

The national steering committee shall meet quarterly. Quorum shall be constituted by simple majority of membership with at least two sectoral ministries represented.

The Director General shall be the Chairperson of this national steering committee.

## 2. MALE INVOLVEMENT/PARTICIPATION WORKING GROUP

Male involvement/participation is a crosscutting issue. The MoH has an existing MCH technical working group whose major responsibility is to provide technical guidance specifically on RMNCAH-N, GBV/VAC, SRHR including HIV/TB. However, a working group shall be formed for purposes of spearheading and giving technical guidance on male involvement/participation. It shall be reporting to the MCH technical working group.

### Functions

The functions of the working group shall be:

- (i) Advise implementers and stakeholders on key and relevant technical matters relating to the promotion of male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes in the country.
- (ii) Assist the stakeholders and relevant Ministries to determine, appropriate programmes, tasks and working links among Ministries, districts, agencies, NGOs and institutions working in RMNCAH-N, GBV/VAC, SRHR including HIV/TB, and also assist to sustain the links so established.
- (iii) Develop and review technical guidelines and relevant protocols, which shall assist the stakeholders and relevant Ministries, institutions and NGOs in implementing effective Male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Ensure timely monitoring of achievements and follow up of recommendations of the national fora.

## Proposed membership for the working group

The working group on male involvement/participation shall be composed of members with a representative drawn from each of the following:

<b>Ministries</b>	<b>Number</b>
Health(planning, ACP, MCH Health promotion, school health)	6 representatives
Gender, Labour and Social Development	2 representatives
Education (School Health)	2 representatives
Finance - Planning (POPSEC - Family Health)	2 representatives
Local Government (Urban & Rural Health)	2 representatives
Justice (Law Reform commission)	1 representative
Agriculture (Food and nutrition)	1 representative
Development partners:	appropriate representation
Youth serving NGOs and Networks	2 representatives
Civil societies working on male engagement	2 representatives
Academia and Research Institutions	1 representative
Professional medical bodies	4 representatives
Inter-religious council	1 representative
Cultural institutions	3 representatives
NGOs working on male involvement	4 representatives
<b>Other representatives</b> <ul style="list-style-type: none"> <li>• Media</li> <li>• Corporate bodies Private sector foundation</li> <li>• Uganda Human Rights Commission</li> <li>• Uganda law Society</li> <li>• Association of Mayors</li> <li>• Male involvement/participation Champions</li> <li>• Uganda People's Defence Force</li> <li>• Uganda Police</li> <li>• Uganda Prisons</li> <li>• Uganda AIDS Commission</li> <li>• Rotary International (U)</li> <li>• National Council for Sports</li> </ul>	

## MEETINGS

The working group shall meet at least monthly and submits monthly reports to the technical working group.

### 3. DISTRICT COMMITTEE ON MALE INVOLVEMENT/PARTICIPATION

Within the framework of the District Local Government under the decentralisation status, the District Health Officer together with the District Community Development Office shall coordinate Male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB activities at the district level.

#### **FUNCTIONS**

The functions of the District Committee on Male involvement/participation shall include the following:

- (i) Mobilise resources (human and financial) and advise the district Local Government on adequate resource allocation for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB activities and monitor utilization.
- (ii) Advocate for greater appreciation and focus on male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB within the district
- (iii) Promotion, co-ordination, monitoring and evaluation of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB activities in the districts
- (iv) Ensure integration of male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB issues in district development plans
- (v) Enhance collaboration among departments and NGOs engaged in promoting male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in the district
- (vi) Facilitate the development and review of district Male involvement/participation plans of action.
- (vii) Compile quarterly district reports on programmes and activities promoting male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and submit to the national working group (DHO and CDO to submit).

#### **Membership:**

The CAO shall be the chairperson	
District Community Development Officer	
District Health Officer	
DEO	
RDC	
Secretary for Health	
LC V	



ADHO in-charge of MCH	
HIV/TB Focal Persons	
District Planner	
District youth chairperson	
Youth representatives male and female aged below 25	2 representatives
Youth serving active organisations	2 representatives
Civil Society Organisations (working in MCH, HIV/TB).	3 representatives
Community Leaders	
Communities (Parents/Guardians, families, boys and men, girls and women)	
Social groups for both men and women (Scouts, Positive men of Uganda, YMCA, YWCA, Men/women's Guild, Fathers Union, mothers union)	
Media	
Transporters (taxi operators, Boda-Bodas, Long-route Drivers)	
Artists/socialites and celebrities	
DPP/Solicitor General (representative)	
Male involvement/participation Champions	
Financial Institutions working locally to promote income generation	
Religious leaders	
Cultural leaders	
Implementing partners	

## Meetings

District committee on male involvement/participation to compile bi-annual district situational reports on programmes and activities promoting male involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and submit to the national working group

## ROLES AND RESPONSIBILITIES

### Roles of The Ministry of Health

Ministry of Health will take a lead in ensuring implementation of the strategy and will be responsible for the overall coordination. In order to execute this important leadership role, the MoH will operationalize the plans of the National working group on male involvement/participation as enshrined within the National Health Sector Development and Investment Plans, RMNCAH-N plan, the National Sexual and Reproductive Health and Rights Policy Guidelines and Standards, The National HIV/TB Strategic Plan, Adolescent Health guideline, Child Survival Strategic Plan, Male involvement/participation Strategy, national gender plan and other relevant documents.

The Ministry of Health will, therefore, strive to:

- (i) Spearhead the overall coordination, networking and creation of partnerships of all stakeholders working on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB
- (ii) Develop/review/harmonize standard curriculum and training materials in collaboration with other partners.
- (iii) Advocate for a multi-sectoral approach to male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB that reflects commitment and participation of other stakeholders.
- (iv) Advocate to all stakeholders (government, civil society, development partners, community) to promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB activities as they relate to health.
- (v) Build capacity of service providers at all levels on provision of male-friendly health care and services.
- (vi) Set norms and standards for minimum package of Male-Friendly Health Services at all levels.
- (vii) Mobilise resources to support male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programs
- (viii) Develop a communication strategy on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and advocate for its implementation.
- (ix) Develop and disseminate IEC/BCC materials on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB to all structures of community organizations, institutions both private, government and political networks at all levels.
- (x) Establish a management information system within the Ministry that will permit regular collection and provide relevant disaggregated data on male involvement/participation.
- (xi) Work with the ministry of gender to implement a multi-sectoral monitoring and evaluation framework to assess the effectiveness of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.

- (xii) Review the existing registers and data collection tools to be able to capture data that will help to assess progress of implementation on male involvement/participation.
- (xiii) Ensure appropriate research, supervision, monitoring and evaluation to generate strategic information for programming.

### Role of other Sectors

The strategy advocates for other sectors to engage for and reform legislation and policies affecting male engagement in regard to RMNCAH-N, GBV/VAC, SRHR including HIV/TB. Each sector will apply relevant policies and strategies to support/integrate the national male involvement/participation within their sector plans. Ultimately, sectors are expected to develop, implement, coordinate, monitor and evaluate male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programs.

All the sectors should provide effective, committed and accountable leadership for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.

All sectors should ensure appropriate research, supervision, monitoring and evaluation to generate strategic information for programming.

### **Ministry of Gender, Labour and Social Development**

The Ministry of Gender labour and social development is mandated to steer policy development, implementation and coordination for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB targeting sociocultural determinants. Specifically, the Ministry shall; develop/review, widely disseminate, support implementation and monitor policies and laws related to socio-cultural determinants that affect male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB. Therefore, the ministry of Gender, Labour and Social Development shall:

- (i) Build partnerships amongst stakeholders to support the mobilization and involvement of boys and men for successful implementation of child health, RMNCAH-N, GBV/VAC, SRHR including HIV/TB programs.
- (ii) Mobilize and advocate for increased resource allocation for programs that promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB at all levels.
- (iii) Empower communities to embrace male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and address gender stereotypes.
- (iv) Formulate policies that address the implementation of the specific laws related to male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (v) Review the existing registers and data collection tools to be able to capture data that will help to assess progress of implementation on male involvement/participation.

## **Ministry of Education and Sports**

The Ministry of Education and Sports' role is to facilitate acquisition of knowledge, skills and values on male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB amongst learners and school communities at all levels. Therefore, the MoES shall:

- (i) Integrate programs RMNCAH-N, GBV/VAC, SRHR including HIV/TB which address the importance of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in the school education system.
- (ii) Coordinate the implementation of programmes in schools related to male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iii) Strengthen gender-mainstreaming in the education system and challenge gender stereotypes; Respect and promote human rights and gender equity in school communities.
- (iv) Monitor and evaluate to assess progress of implementation on male involvement/participation

## **Ministry of Finance, Planning and Economic Development**

- (i) Mobilise and allocate adequate resources for the implementation of programs that promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (ii) Provide technical guidance in the development of gender-sensitive plans and budgets.
- (iii) Review the existing registers and data collection tools to be able to capture data that will help to assess progress of implementation on male involvement/participation.
- (iv) Track the utilization of funds allocated to male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB related Programmes.

## **Ministry of Justice and Constitutional Affairs**

- (i) Propose amendment and passing of laws to protect human rights specifically, on RMNCAH-N, GBV/VAC, SRHR including HIV/TB and children's rights
- (ii) Prioritise the adjudication of cases, related to RMNCAH-N, GBV/VAC, SRHR including HIV/TB and children's rights
- (iii) Contribute to the review of the existing registers and data collection tools to be able to capture data that will help to assess progress of implementation on male involvement/participation

## **Ministry of Internal Affairs**

- (i) Incorporate international and regional instruments which promote male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB into domestic law.

- (ii) Enforce laws that eliminate practices which violate human rights, SRH rights in collaboration with the MOGLSD and MOJCA.
- (iii) Empower the law enforcers to handle various offences which violate RMNCAH-N, GBV/VAC, SRHR including HIV/TB without gender bias and stereotypes.
- (iv) Monitor and evaluate to assess progress of implementation on male involvement/participation.

### **Ministry of Agriculture, Animal Industry and Fisheries**

- (i) Promote male involvement/participation in all agricultural projects at national and household level to ensure household income, food security and family harmony.
- (ii) Promote projects that foster family harmony and empowerment for equitable decision making on agricultural produce.
- (iii) Monitor and evaluate to assess progress of implementation on male involvement/participation
- (iv) To spearhead nutritional campaigns.

### **Ministry of Local Government**

- (i) Develop planning guidelines to integrate activities that promote male involvement/participation in RMNCAH-N, SRHR including HIV/TB, prevention and response to GBV/VAC in the district/municipality annual plans.
- (ii) Mobilise and allocate resources for RMNCAH-N, GBV/VAC, SRHR including HIV/TB services.
- (iii) Monitor and evaluate programs that promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB prevention and response.

### **Local Governments and municipalities**

The Local Governments and municipalities shall use relevant line departments to execute the following:

- (i) Plan, coordinate and implement programs which promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB at all levels in the district.
- (ii) Resource mobilisation and allocation for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iii) Support networks, expand coverage and scope of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB services through community-based distribution and social marketing system.



- (iv) Advocate for the integration of interventions that promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in all departments at the district level.
- (v) Build capacity for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and implement male-friendly services.
- (vi) Enact bylaws and ordinances that promote and protect human rights and are supportive of positive male behaviours.
- (vii) Monitor and evaluate programs that promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB prevention and response.

### **Development Partners**

- (i) Provide technical and logistical support to the line Ministries, Departments and Agencies of Government, Private sector and Civil Society organisations to integrate of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB into their programs.
- (ii) Support policy dialogue and advocacy for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB at national and sub-national levels.
- (iii) Resource mobilisation and allocation for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Support capacity building on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB amongst institutions and within programmes.
- (v) Monitor and evaluate utilization of funds allocated to male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB related Programmes.

### **Civil Society Organisations**

- (i) Advocate for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB at local, national and international levels.
- (ii) Support capacity building on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB amongst institutions and within programmes
- (iii) Form a national CSO forum for promoting male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Integrate male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB within the framework of other ongoing activities.
- (v) Mobilise and allocate resources for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (vi) In collaboration with government, CSO shall implement the male involvement/participation strategy
- (vii) Undertake research and disseminate information on male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in collaboration with other stakeholders.

## **Research Institutions**

- (i) Carry out primary and secondary research on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB and disseminate findings.
- (ii) Provide technical assistance in assessments/surveys/evaluations related to male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programs
- (iii) Support capacity building for research on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB amongst institutions and within programmes
- (iv) Conduct periodic evaluation to determine efficiency, effectiveness and relevance of programmes related to male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB.

## **Members of Parliament**

- (i) Advocate for policies and programs that enhance male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB prevention and response.
- (ii) Formulate and enact laws that promote and protect human rights and are supportive of positive male behaviours.
- (iii) Mobilise resources for and allocate budget to sectoral programs addressing male involvement/participation RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Carry out community mobilisation for male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (v) Monitor and evaluate utilization of funds allocated to male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB related Programmes.
- (vi) Conduct research in various areas of the law and propose bills.

## **Law Reform Commission**

- (i) Ratify and domesticate international and regional instruments which promote male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB into domestic laws.
- (ii) Conduct research in various areas of the law and propose bills.
- (iii) Advise on laws that promote and protect human rights and are supportive of positive male behaviours.

## **The community**

- (i) Support and participate in programs that address/change the mind-set and gender stereotypes/biases that affect male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.

- (ii) Speak out against practices that undermine male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programming.
- (iii) Advocate and uphold human rights in the areas of RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Promote positive traditional/cultural practices that support male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programming.
- (v) Promote the participation of boys and men, their families and community in the planning, implementation, monitoring and evaluation of BCC activities.

### **Cultural, tradition and religious leaders**

- (i) Address/change the mind-set and gender stereotypes/biases that affect male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (ii) Mobilise resources to support programmes within the cultural, traditional and religious institutions which strengthen male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programming.
- (iii) Advocate and uphold equitable practices/human rights in the areas of RMNCAH-N, GBV/VAC, SRHR including HIV/TB.
- (iv) Undertake research, document best practices and disseminate information on male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in collaboration with other stakeholders.

## Four: INDICATORS FOR MALE INVOLVEMENT/PARTICIPATION

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
1.	Proportion of men who can mention at least 3 danger signs of pregnancy	Assessing knowledge of men at community level about the danger signs of pregnancy	Exit interviews in health facilities Community based survey	Outcome	Annually
2. a	Proportion of men who have tested for HIV/TB together with their pregnant partners	Men who have come with their partners during ANC visit and agreed to test for HIV/TB on the same day together.	Record review in the health facility, HIV/TB SERO prevalence survey	Outcome	Annually
2. b	Proportion of Male partners received HIV/TB test result in eMTCT	Couple goes ahead to receive the results together	HMIS 105 monthly report HIV/TB	Outcome	Annually
3. a	Proportion of men who can mention 2 ways through which an HIV/TB-positive mother transmits HIV/TB to her child	Assessing knowledge of men at community level about transmission of HIV/TB from a mother to a child	Exit interviews in health facilities Community based survey, Programme data	Outcome	Annually
3. b	Proportion of men who can mention 2 ways of preventing HIV/TB transmission from an HIV/TB-positive mother to the child	Assessing knowledge of men at community level about prevention of transmission of HIV/TB from a mother to a child	Exit interviews in health facilities, Community based survey, Programme data	Outcome	Annually

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
4.	Proportion of men who used a condom on the last sexual contact with a casual partner	Assessing use of condoms during a high risk sexual encounter	Community-based survey, UDHS, AIDS Indicator surveys, LQAS	Outcome	Annual
5.	Proportion of men who have ever discussed the number of children they should have with their partners.	Assessing attitude and practice towards reproductive health choices	Community-based survey To be proposed to UDHS	Outcome	5 years
6.	Proportion of men who have no objection to their partners using contraceptives.	Assessing attitude and practice towards reproductive health choices	Exit interviews in health facilities Community based survey	Outcome	Annually
7.	Proportion of men who attended a client-provider interaction with their partners during ANC at least four times.	Assessing practice of men supporting and participating in the uptake of services	Exit interviews in health facilities Record review Community-based survey	Outcome	Annually
8.	Proportion of men/boys who know the right timing for use emergency contraception. (disaggregated by age)	Assessing knowledge of timing for ECPs	Exit interviews in health facilities Community based survey	Outcome	Annually
9.	Proportion of men who have ever discussed and agreed on a birth and emergency	Assesses practice of the man's involvement on preparing for birth and emergency	Exit interviews in health facilities	Outcome	Annually



	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
	preparedness plan with their partners.		Community based survey		
10.	Proportion of HIV/TB positive pregnant partners who report support from their men in terms of men who support their HIV/TB-positive pregnant partners to adhere to the HIV/TB treatment, care and support	Assessing the role of men in ensuring a positive outcome for treatment (maternal and infant nutrition, ARV-taking, facility visit and home chores)	Record review Client exit interview	Outcome	
11.	Proportion of women who report support from their partners to access SRHR/HIV/TB services during pregnancy	Assessing the role of men in ensuring a positive outcome in SRHR/HIV/TB (transport, clinic fees, clothing, food, emotional support)	Client exit interview Community survey	Outcome	Annually
12.	Proportion of health facilities providing male friendly SRHR/HIV/TB services according to SOPs	Assessing availability of male-friendly services (trained health workers, space and sitting facilities, BCC for men, communication/IEC, counselling for men, screening, treatment, care and referral services for men, positive attitude of health workers to men engaging in RMNCAH-N services)	Facility survey Records review Supervision reports	Outcome	Annually

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
13.	Proportion of men/boys who can identify that they have an STI	Assessing knowledge of the signs and symptoms of STIs.	Community surveys	Outcome	Annually
14.	Proportion of men/boys who know where to seek services when they have an STI	Assessing knowledge of where to seek STI services	Community survey UDHS HIV/TB indicator survey	Outcome	Annually
15.	Proportion of men/boys who would inform their partners to seek treatment if they (men/boys) ever get STI	Assessing attitude of men towards disclosing their STI	Community survey	Outcome	5 years
16.	Proportion of men/boys who were satisfied with SRHR/HIV/TB services provided to them at the health facility.	Validating the male friendliness of the health facility (welcome/smile, positive communication for men who seek SRHR/HIV/TB/GBV/VAC services, clear about instructions for the treatment and counselling given, waiting time, space/sitting arrangement, confidentiality)	Client exit interviews Health facility surveys Programme report Community surveys FGDs	Outcome	Bi-Annually
17.	Proportion of VHTs/ peer educators referring men/boys for SRHR/HIV/TB, GBV/VAC services.	Assessing practice of VHTs/ peer educators to refer men for SRHR/HIV/TB, GBV/VAC services	Records review Supervision reports	Outcome	Annually
18.	Proportion of men/boys who know of close relatives, friends and other community members who have ever	Assessing the magnitude of GBV/VAC occurrence in their community	Community survey UDHS FDGs	Outcome	Annually

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
	experienced GBV/VAC the last 6 months.				
19.	Proportion of men/boys who have taken action when close relatives, friends and other community members who have ever experienced GBV/VAC the last 6 months.	Assessing the involvement of men/boys in ending GBV/VAC	Community surveys FGDs	Outcome	Annually
20.	Proportion of men/boys who are knowledgeable about the offences and penalties in GBV/VAC laws	Assessing knowledge amongst men/boys about GBV/VAC offences and penalties (defilement, child abandonment, domestic violence)	Police criminal report Community survey FGDs	Outcome	Annually
21.	A national working group on male involvement/ participation established and functional	Assessing functionality of working group (terms of reference, evidence of regular meetings, action taken on recommendations and follow up)	Review of documents	Process	Once a year
22.	Proportion of districts with functional male involvement/ participation committees.	Assessing functionality of working group (terms of reference, evidence of regular meetings, action taken on recommendations and follow up)	Records review	Process	Annually
23.	Proportion of communities with functional male action groups at parish level	Assessing functionality of male action groups (groups with terms of reference, evidence of regular	Records review Community surveys Supervision reports	Output	Bi-Annually

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
		meetings, action taken on recommendations and follow up)			
24.	Number of media messages targeting male involvement/ participation on RMNCAH-N, SRHR/HIV/TB, GBV/VAC male involvement/ participation	Assessing existence of media messages targeting men on RMNCAH-N, SRHR, HIV/TB, GBV/VAC (adverts, talk shows, DJ-mentions, jingles, songs, drama, push notifications)	Records review Community survey Media surveys	Output	Bi-annual
25.	Research agenda on male involvement/ participation defined and aligned to the national strategic plan	Assessing availability of local strategy to support generation of evidence on what works and doesn't work in male involvement/ participation (baseline, endline assessments)	Records review Meeting Minutes	Output	5 years
26.	Number of researches on male involvement/ participation conducted and disseminated.	Number of research papers/ publications and reports	Records review	Output	5 years
27.	Number of best practices on male involvement/ participation documented and disseminated	Documenting local interventions that work	Records review Research reports Meeting minutes	Output	Bi-annual

	<b>Indicator</b>	<b>Description</b>	<b>Method for Measuring the Indicator</b>	<b>Type of Indicator</b>	<b>How often</b>
28.	Proportion of districts with functional ordinances and bylaws supporting male involvement/ participation	Measure the functionality of ordinance and bylaws where they exist.	Records review Council meetings reports	Outcome	Annually
29.	No. of gender, cultural, religious and age sensitive programmes that promote male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB being implemented.	Measuring coverage, commitment, funding	Survey Records review	Process	Annually
30.	Proportion of funds allocated to support male involvement/ participation interventions/ programs in the national and district plans.	Measures government commitment and country response (ministries, departments and agencies, civil society, religious bodies, cultural institutions)	Records review	Input	Annually

**Note: Where the method for measuring the indicator is exit interview, the denominator will be men and boys above 15 years who have sought services at the facility.**



## Chapter Five: IMPLEMENTATION PLAN

1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.										
Activities	Indicators	Targets	Resp. agency	Source of funding	Y R 1	Y R 2	Y R 3	Y R 4	Y R 5	TOTAL
Review existing regulatory frameworks (laws, guidelines, policies) to determine gaps in male in RMNCAH-N, SRHR, GBV/VAC including HIV/TB	<ul style="list-style-type: none"> <li>No of policy/ guidelines, laws scan reports</li> <li>No. of gaps identified and documented.</li> </ul>	All existing laws which have a bearing on male involvement/participation	ULRC MoJCA MPs MoH	Govt. Development partner	x	x	x	x	x	
Advocate and lobby government to amend existing laws, policies, guidelines to formulate new ones to address the gaps in male involvement/participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB	<ul style="list-style-type: none"> <li>No. of advocacy meetings held to address the gaps</li> <li>No. of laws amended/formulated to address the gaps</li> <li></li> </ul>	Laws with gaps	<b>MoGLSD</b> MoH CSOs	Govt Development partner	x	x	x	x	x	
Lobby government to sign, ratify and incorporate	<ul style="list-style-type: none"> <li>No. of international and regional instruments ratified.</li> </ul>	TBD	MoFA ULRC MoJCA	UNDP Govt	x	x	x	x	x	

**1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.**

Activities	Indicators	Targets	Resp. agency	Source of funding	Y R 1	Y R 2	Y R 3	Y R 4	Y R 5	TOTAL
international and regional instruments relevant to male involvement/participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB into domestic laws as well as disseminate and implement.	<ul style="list-style-type: none"> <li>No. of international and regional instruments domesticated</li> <li>No. of laws, regulations, policies supporting male involvement disseminated</li> </ul>		MoLG MoIA							
Disseminate the National Policy guidelines and standards related to boys and men's involvement/participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB	<ul style="list-style-type: none"> <li>Proportion of districts with copies of male involvement/participation policy guidelines and standards</li> <li>proportion of district leaders who can articulate at least 2 concepts of male involvement</li> </ul>	100%	MoGLSD MoH MoLG MoES CSOs	Govt Development partners	x	x	x			
Implement the national policy, guidelines and	<ul style="list-style-type: none"> <li>No of districts with programs of male involvement/participat</li> </ul>	50% of Districts and 100% line ministries	CSOs Ministries. Departme	Govt Development partners						

**1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.**

<b>Activities</b>	<b>Indicators</b>	<b>Targets</b>	<b>Resp. agency</b>	<b>Source of funding</b>	<b>Y R 1</b>	<b>Y R 2</b>	<b>Y R 3</b>	<b>Y R 4</b>	<b>Y R 5</b>	<b>TOTAL</b>
standards related to boys and men's involvement/participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB	<ul style="list-style-type: none"> <li>ion according to the MOH minimum package</li> <li>• No of line ministries implementing programs on male involvement/participation according to the MOH minimum package</li> </ul>		nts and Agencies							
Develop bylaws/ordinances to support implementation of the male involvement/participation strategy	<ul style="list-style-type: none"> <li>• Proportion of districts with bylaws supporting male involvement</li> <li>• Proportion of districts with ordinances</li> </ul>	<p>80% of districts with bylaws</p> <p>20% of districts with ordinances</p>	Community Subcounty LG	Gov't	X	X	X	X	X	5
Design and implement programmes promoting male involvement/participation in RMNCAH-N, SRHR, GBV/VAC including	<ul style="list-style-type: none"> <li>• No. of government agencies and IPs implementing programmes that promote male involvement/participation in RMNCAH-N, SRHR,</li> </ul>	70% of government agencies and IPs	MoH MoGLSD		x	x	x	x	x	5

**1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.**

Activities	Indicators	Targets	Resp. agency	Source of funding	Y R 1	Y R 2	Y R 3	Y R 4	Y R 5	TOTAL
HIV/TB that are sensitive to gender, age, culture and religion.	GBV/VAC including HIV/TB according to the minimum package.									
Advocate for resource allocation for programmes/ interventions promoting male involvement/ participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB.	<ul style="list-style-type: none"> <li>• Proportion of successful funding proposals for male involvement/participation.</li> <li>• No. of line government ministries allocating funds for male involvement/participation in RMNCAH-N, SRHR, GBV/VAC including HIV/TB.</li> <li>• Proportion of budgeted funds realised.</li> </ul>	80%  80%  80%	MoH MoGLSD Parastatal bodies CSO/NGO Private sector	Development partners Gov't	X	X	X	X	X	5
Set up and implement mechanisms for resource mobilization for male involvement/ participation in	<ul style="list-style-type: none"> <li>• No. of mechanism in place for resource mobilization e.g. marathon races</li> <li>• Proportion of funds mobilised as result of</li> </ul>	15 mechanisms	MoES MoH MoLG MoFPED MoGLSD	Development partners Private sector	x	x	x	x	x	5

**1. Lobby and advocate for resources and provision of an enabling environment and services for male involvement in SRHR, child, adolescent and maternal health as well as prevention and management of HIV/TB, GBV/VAC.**

<b>Activities</b>	<b>Indicators</b>	<b>Targets</b>	<b>Resp. agency</b>	<b>Source of funding</b>	<b>Y R 1</b>	<b>Y R 2</b>	<b>Y R 3</b>	<b>Y R 4</b>	<b>Y R 5</b>	<b>TOTAL</b>
RMNCAH-N, SRHR, GBV/VAC including HIV/TB interventions	established mechanism.		DLG MPs CSOs Individuals	Professional bodies						

<b>2. Build capacity for delivery of quality male-friendly health services at all relevant levels and stakeholders.</b>										
<b>Activities</b>	<b>Indicators</b>	<b>Targets</b>	<b>Lead agency</b>	<b>Source of funding</b>	<b>YR 1</b>	<b>YR 2</b>	<b>YR 3</b>	<b>YR 4</b>	<b>YR 5</b>	<b>TOTAL</b>
Develop skills of service providers in provision of male-friendly RMNCAH-N, GBV/VAC, SRHR including HIV/TB services for different levels of care	<ul style="list-style-type: none"> <li>• Training materials developed</li> <li>• Service providers trained on provision of male friendly RMNCAH-N, GBV/VAC, SRHR including HIV/TB services for different levels of care</li> </ul>	<p>100% by 2019</p> <p>50% of service providers in all districts by 2023</p>	MoH MoES MoGLSD Private sector Religious institutions	GoU Private sector Religious bodies IPs	x	x	x	x	x	5
Development and dissemination of a job aid and SOPs for health workers.	<ul style="list-style-type: none"> <li>• Job aids and SOPs developed and disseminated</li> <li>• Proportion of districts with job aids and SOPs on male involvement/participation</li> </ul>	A job aid by 2020	MoH Dev't partners	MoH Dev't partners	X	X	X	X	X	5
Orient service providers on the male involvement package	<ul style="list-style-type: none"> <li>• Number of trainers/tutors who have been oriented on the male involvement concept.</li> <li>• Proportion of service providers oriented on the male involvement package per health facility as per male</li> </ul>	<p>50% by 2023</p> <p>80% by 2023</p> <p>80% by 2023</p>	MoH MoES MoGLSD	MoH Dev't partners Private sector Religious bodies	X	X	X	X	X	5



	<p>involvement policy guidelines.</p> <ul style="list-style-type: none"> <li>• Proportion of service providers using the package during service delivery</li> </ul>									
Equip (infrastructure, laboratory reagents, chairs, data tools, training tools, stationery and reorganisation of services) health facilities to provide the basic package of male-friendly services in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.	<ul style="list-style-type: none"> <li>• Proportion of health facilities with at least two service providers oriented on male involvement package</li> <li>• Percentage of health facilities equipped to provide a basic package of male-friendly services in RMNCAH-N, GBV/VAC, SRHR including HIV/TB</li> </ul>	80% by 2023	MoH CSOs	GoU Dev't partners Private sector Faith bodies	X	X	X	X	X	5
Create space in health facilities for provision of male-friendly services in RMNCAH-N, GBV/VAC, SRHR including HIV/TB for different levels of health care	<ul style="list-style-type: none"> <li>• Number of facilities with space for male-friendly services in in RMNCAH-N, GBV/VAC, SRHR including HIV/TB for different levels of health care</li> </ul>	80% by 2023	MoH CSOs	GoU Dev't partners Private sector Faith bodies	X	X	X	X	X	5

<b>3. Integrate male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in all health programmes and other sectors.</b>										
Integrate the male involvement training materials into the pre-and in-service training	<ul style="list-style-type: none"> <li>No. of pre-and in-service training materials reflecting male involvement/participation</li> </ul>	50% by 2023	MoES MoH Private sector	GoU Dev't partners Private sector Faith bodies	x	x	x	x	x	5
Integrate male involvement into the district and other sector work plans.	<ul style="list-style-type: none"> <li>Proportion of districts work plans with activities on male involvement/participation.</li> </ul>	100% by 2021	DLG	GoU Dev't partners Private sector Faith bodies	x	x	x	x	x	5
<b>4. Mobilize policy-makers, stakeholders and communities on the importance of male participation / involvement in attaining positive outcomes in RMNACH-N, GBV/VAC, SRHR including HIV/TB.</b>										
Develop, pre-test, translate and disseminate IEC materials relevant to promoting male involvement in RMNACH-N, GBV/VAC, SRHR including HIV/TB (using different channels)	<ul style="list-style-type: none"> <li>No. of IEC materials developed</li> <li>No. of IEC materials disseminated</li> <li>No. of radio and TV programs on male involvement aired</li> </ul>	4 types of IEC	MoH MoES MoICT&NG MoGLSD Private sector	GoU Dev't partners Private sector Faith bodies	x	x	x	x	x	5

Train and equip boys and young men (10-24 years) with life skills.	<ul style="list-style-type: none"> <li>• Number of boys and young men trained with life skills.</li> <li>• Number of young men and boys equipped who participate in unpaid care work.</li> </ul>	30% by 2023	MoES	GoU Dev't partners Private sector Faith bodies	x	x	x	x	x	5
Community dialogue on male involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB	<ul style="list-style-type: none"> <li>• No. of people reached through community dialogues conducted (by district, sex, religion...).</li> <li>• Number of community dialogues conducted</li> <li>• Proportion of men who have knowledge on RMNCAH-N, GBV/VAC, SRHR including HIV/TB.</li> <li>• Proportion of men who know their roles in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.</li> </ul>	70% by 2023 70% by 2023 80% 80%	MoH MoLG MoGLSD CSOs Cultural & religious institutions	UNICEF WHO UNFPA UNDP UNWomen World Bank	x	x	x	x	x	5
Support formation and functionality of male actions groups	<ul style="list-style-type: none"> <li>• No. of functional community initiatives/male groups supported.</li> </ul>	90% of MAGs by 2023	MoH MoES MoGLSD		x	x	x	x	x	5
Train, monitor and supervise MAGs in RMNCAH-N, GBV/VAC, SRHR	<ul style="list-style-type: none"> <li>• Number of MAGs trained</li> </ul>	80% by 2023	MoH MoES MoGLSD		x	x	x	x	x	5

including HIV/TB services	<ul style="list-style-type: none"> <li>Proportion of MAGs supervised at least quarterly.</li> </ul>	100% by 2023									
<b>5. Behavioural Change Communication (BCC) programmes on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB</b>											
Train and equip service providers with competencies in BCC in order for them to carry out effective communication to boys and men.	<ul style="list-style-type: none"> <li>Training materials developed</li> <li>No. of Service providers trained on provision on BCC in male involvement/participation</li> <li>Percentage increase in young men and boys involved in RMNCAH-N, GBV/VAC, SRHR including HIV/TB services</li> </ul>	1 training guide developed 70% by 2023  30% by 2023	MoH MoGLSD MoLG	Govt of Uganda UN Bodies	x	x	x	x	x	5	
Build capacity of boys and men in the development and implementation of programs on life skills to enhance behaviour change among boys and men.	<ul style="list-style-type: none"> <li>No. of boys and young men trained in development of life skills programs for men</li> <li>No. of programs designed and rolled out</li> <li>No. of boys and young men reporting change in behaviours</li> </ul>	10% by 2023  25programs by 2023  70%	MoH MoGLSD MoLG CSOs	Govt of Uganda UN Bodies	x	x	x	x	x	5	
Promote the participation of boys	<ul style="list-style-type: none"> <li>Percentage of young men and boys</li> </ul>	50% by 2023	MoH MoGLSD	Govt of Uganda	x	x	x	x	x	5	

and men, their families and community in the planning, implementation, monitoring and evaluation of BCC activities	participating in BCC program monitoring and evaluation		MoLG CSOs	UN Bodies						
Support organized male groups to integrate RMNCAH-N, GBV/VAC, SRHR including HIV/TB issues and implement their work plans	<ul style="list-style-type: none"> <li>Proportion of young groups that have integrated RMNCAH-N, GBV/VAC, SRHR including HIV/TB services into their primary work plan</li> </ul>	50% by 2023	MoH MoGLSD MoLG CSOs	Govt of Uganda UN Bodies	X	X	x	X	X	5
Use the peer education model on the 'like influence like' to mobilize young boys and men to participate in male involvement/ participation programmes RMNCAH-N, GBV/VAC, SRHR including HIV/TB and underlying risk factors such as use of alcohol, drugs and substance.	<ul style="list-style-type: none"> <li>No. of boys who have received training</li> <li>No. of trainings conducted</li> </ul>	70% by 2023  250 trainings	MoH MoGLSD MoLG	Govt of Uganda UN Bodies	X	X	x	X	X	5

Support community health structures such as the Village Health Teams (VHTs), peer educators, LCs, Imams, father's union to integrate male Involvement/ participation in all their activities and mobilise men to use health services.	<ul style="list-style-type: none"> <li>No. of districts holding sessions to support community structure to integrate male involvement/ participation</li> <li>No. of participants attending sessions</li> </ul>	50% by 2023  One million by 2023	MoH MoGLSD MoLG CSOs FBOs Cultural Faith Based Male Champions	Govt of Uganda UN Bodies	X	X	x	X	X	5
Support community bazaars between the community and service providers on male involvement.	<ul style="list-style-type: none"> <li>Number of bazaars conducted</li> </ul>	4 per district annually	MoH MoGLSD MoLG CSOs	Govt of Uganda UN Bodies	X	X	x	X	X	5
Identify and utilise relevant and effective communication channels and resource persons including drama, debate, radio, social media, television, music, social gathering and print media to reach boys and men with emphasis on the following places:	<ul style="list-style-type: none"> <li>Number of communication channels utilised to transmit male involvement/ participation messages.</li> <li>No. of followers/likes on social media</li> <li>No. of media appearances on male involvement/ participations</li> <li>No. of articles carried in print media on male</li> </ul>	10 channels  1 million  50 annually  1600 by 2023  4 millions by 2023	MoH MoGLSD MoLG CSOs	Govt of Uganda UN Bodies	X	X	x	X	X	5



workplaces, recreational places, drinking joints, religious institutions, transporters associations, guest-houses, saloons, learning institutions, sauna and massage parlours, betting places.	involvement/ participation • No. of promotional materials developed and distributed									
<b>6. Strengthen coordination, networking and partnerships for promoting male participation/involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB</b>										
Establish the Nation Task Force and strengthen the national working group on GBV/VAC, male involvement/ participation, Gender and human rights mainstreaming in the Ministry of Health to coordinate all stakeholders engaged in gender mainstreaming including male involvement initiatives.	<ul style="list-style-type: none"> <li>• National Task Force established</li> <li>• GBV/male working group meets quarterly</li> <li>• No. national stakeholder meeting held</li> </ul>	1 10 5	MoH MoGLSD MoLG CSOs	Govt of Uganda UN Bodies	X	X	x	X	X	5
District Health Officer (DHO) to convene	• No. of meetings held	8100 meetings by 2023	MoH MoGLSD	Govt of Uganda	X	X	x	X	X	5

district level meetings for stakeholders implementing male involvement initiatives	<ul style="list-style-type: none"> <li>No. of organisations/ institutions attending</li> </ul>	3375 by 2023	MoLG CSOs	UN Bodies							
The Ministry of Health in partnership with non-health service providers to advance male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB	<ul style="list-style-type: none"> <li>No. partnerships established</li> <li>No. of programs implemented</li> </ul>	3375 by 2023  50 by 2023	MoH MoGLSD MoLG CSOs Private sector Legal bodies Law enforcement	Govt of Uganda UN Bodies	X	X	x	X	X	5	
Strengthen leadership and accountability with parliamentary and district fora for male involvement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.	<ul style="list-style-type: none"> <li>Annual parliamentary fora</li> <li>Bi-annual district fora</li> </ul>	5 by 2023  1350 by 2023	MoH MoGLSD MoLG CSOs Private sector	Govt of Uganda UN Bodies	X	X	x	X	X	5	
Use information technology (IT) to network on male involvement/ participation.	<ul style="list-style-type: none"> <li>Content on male involvement/ participation published and updated quarterly on the MoH/UAC websites</li> </ul>	120 updates by 2023	MoH MoICT CSOs UAC	GoU							

7. Support research and documentation of male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB										
The Ministry of Health to partner with centres, research institutions and individuals to conduct appropriate research/studies on male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.	<ul style="list-style-type: none"> <li>• Research agenda established</li> <li>• No of research conducted</li> <li>• No of research disseminated</li> </ul>	by 2020	<b>MoH</b> Research institutions MoLG MoGLSD CSOs Private institutions Faith based	GoU Development partners Private institutions	x	x	x	x	x	
Document and share good practices in male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB both within and outside the country.	<ul style="list-style-type: none"> <li>• No of publications on best practices</li> <li>• No of best practices documented</li> </ul>	5 by 2023	MoH Research institutions MoGLSD CSOs UBOS UHRC	GoU Development partners Private institutions	x	x	x	x	x	5

**8. Strengthen support supervision, monitoring and evaluation of male friendly Health services and programs for RMNCAH-N, GBV/VAC, SRHR including HIV/TB.**

Develop monitoring and evaluation framework for programmes supporting male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB through a multi-sectoral approach.	<ul style="list-style-type: none"> <li>Evaluation framework developed</li> </ul>	By 2019	MoH MoGLSD MoFPED CSOs	GoU Dev Partners	x	x	x	x	x	5
Develop standardised support supervision guide and tools for male involvement/ participation in reporting for programmes and service delivery in health.	<ul style="list-style-type: none"> <li>Supervision guide and tools developed</li> </ul>	By 2019	MoH MoGLSD MoFPED CSOs	GoU Dev Partners	x	x	x	x	x	5
Promote community participatory monitoring and evaluation of male involvement/ participation programmes and services at all levels.	<ul style="list-style-type: none"> <li>No. of monitoring and evaluation visits, events and meetings in which the community participated</li> </ul>	Quarterly per district	MoH MoGLSD MoFPED CSOs	GoU Dev Partners	x	x	x	x	x	5
Conduct regular mentoring and support supervision to ensure quality of care and effectiveness of programmes on male involvement/ participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services	<ul style="list-style-type: none"> <li>No. of mentoring and supervision visits conducted (disaggregated by level).</li> </ul>	Quarterly	MoH MoGLSD MoFPED CSOs	GoU Dev Partners	x	x	x	x	x	5

<b>9. Promote and support a multi-sectoral approach for the attainment of effective male involvement/participation in RMNCAH-N, GBV/VAC, SRHR including HIV/TB.</b>										
Mapping different players and their contribution towards male engagement in RMNCAH-N, GBV/VAC, SRHR including HIV/TB programmes and services.	<ul style="list-style-type: none"> <li>Stakeholder directory developed by level of service delivery.</li> </ul>	By 2019	MoH MoGLSD MoFPED CSOs MoE&S	GoU Dev Partners	x	x	x	x	x	5
Ministry of health to support other ministries, departments, agencies and non-government actors to mainstream male involvement for in RMNCAH-N, GBV/VAC, SRHR including HIV/TB in their sectoral plans and budgets (Spell out the role(s) and responsibilities of each stakeholder clearly at all levels).	<ul style="list-style-type: none"> <li>No. of sectors who have integrated male involvement/participation in their work plans</li> </ul>	By 2021	MoH UBOS MoGLSD MoFPED UHRC CSOs MoE&S	GoU Dev Partners	x	x	x	x	x	5
Support functionality of working committees at each level within existing structures.	<ul style="list-style-type: none"> <li>No. of functional committees</li> </ul>	By 2020	MoH UBOS MoGLSD MoFPED UHRC CSOs	GoU Dev Partners	x	x	x	x	x	5



*Formation of Male Groups,  
Kitgum District*

