



HEALTHY CITIES INDIA

High Impact Approach Webinar Series:

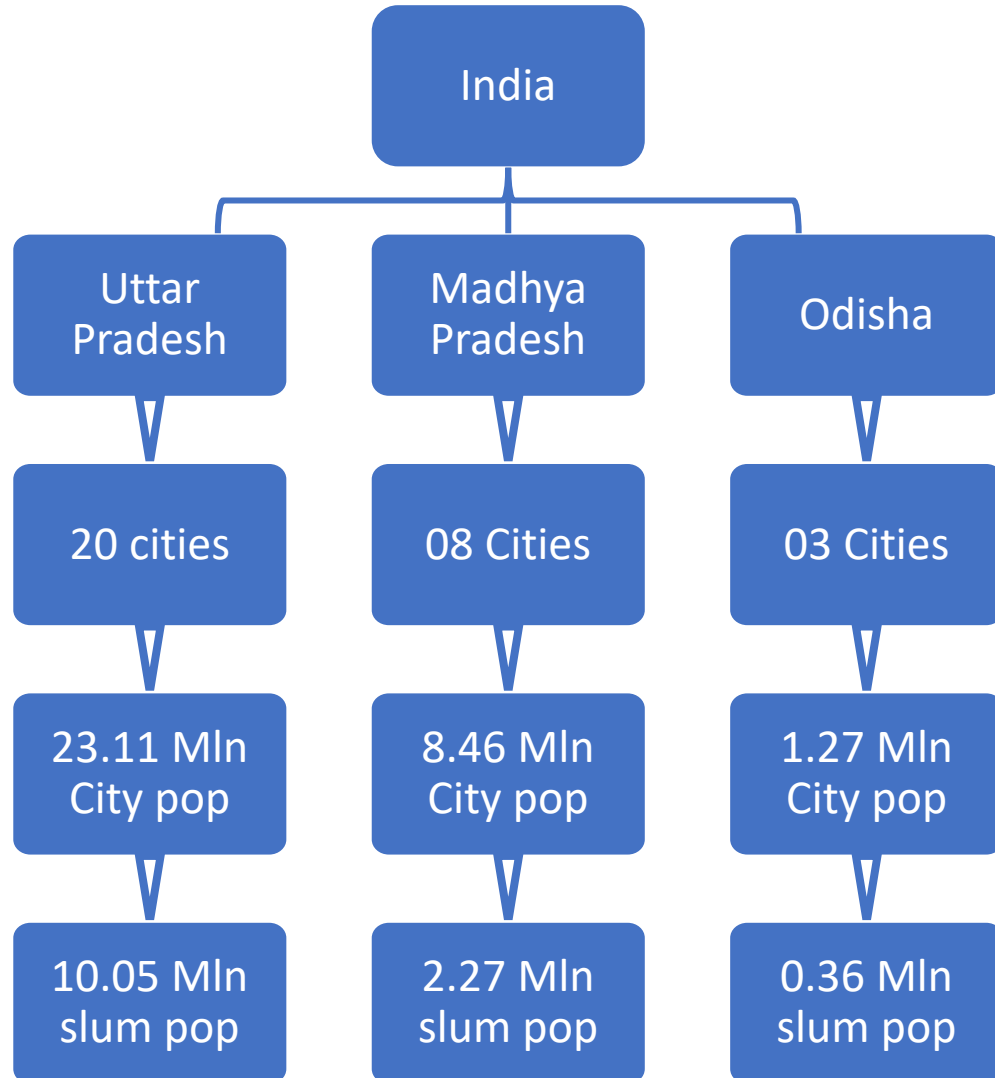
Towards a Mindset Shift: Specific Male Engagement Strategy Increases Male Participation In Family Planning

TCIHC's Vision

A “business unusual” approach to scaling up and sustaining proven urban reproductive health solutions



Where TCIHC Works



Supported Geographies



Meet the Presenters



Samarendra Behera

TCIHC's General Manager of Programs. He leads the management of TCIHC in UP. Samarendra is a development professional with over 15 years of experience and has strong expertise in program management, government liaising and organizational development. He possesses strong experience and hands-on-knowledge of working on reproductive health, urban health, and maternal and child health issues.



Vivek Dwivedi

The Senior Manager of Operations for the TCIHC UP team. He led work on male engagement during his UHI tenure and his association with Marie Stopes International, and at TCIHC helps male clients obtain their choice of services. Planning, strategizing and executing male engagement activities are his forte. His other strengths include government liaising, program management and social marketing.



Kriti Pathak

Manager of Programs for Varanasi as part of TCIHC's Uttar Pradesh team. In addition to her role as city manager, she played an instrumental role in promoting a male engagement strategy at the city level and in advocating with the city to rejuvenate its NSV program. She has 10 years of experience in MNCH, adolescent health, building life skills, HIV/AIDS, NGO partnerships and social marketing.



Webinar Objective

- Introduce participants to this proven approach
- Share key guidance and tips for how to implement it
- Outline key considerations for making them sustainable
- Offer an opportunity for Q&A so participants can adapt the approach to their context



Acknowledgement



Bill & Melinda Gates Institute for
Population and Reproductive Health



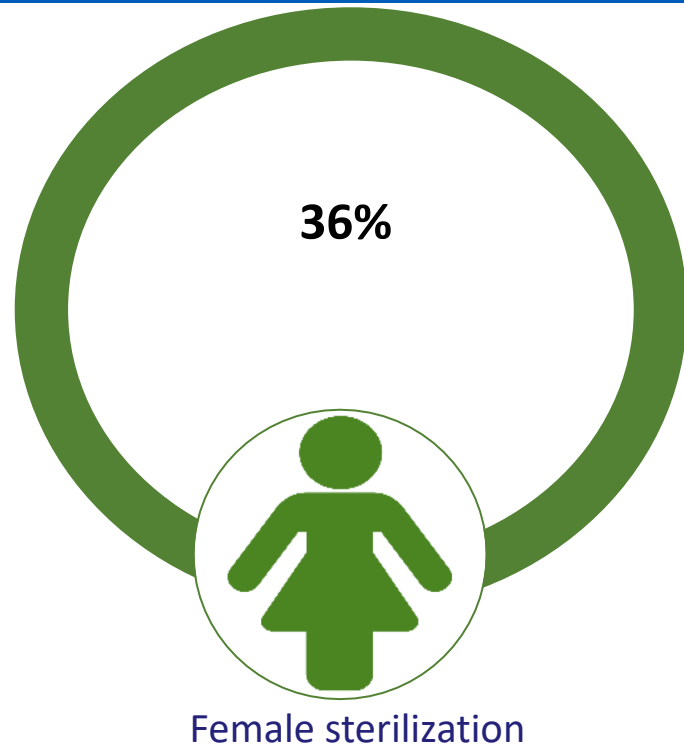
Take a poll

36%

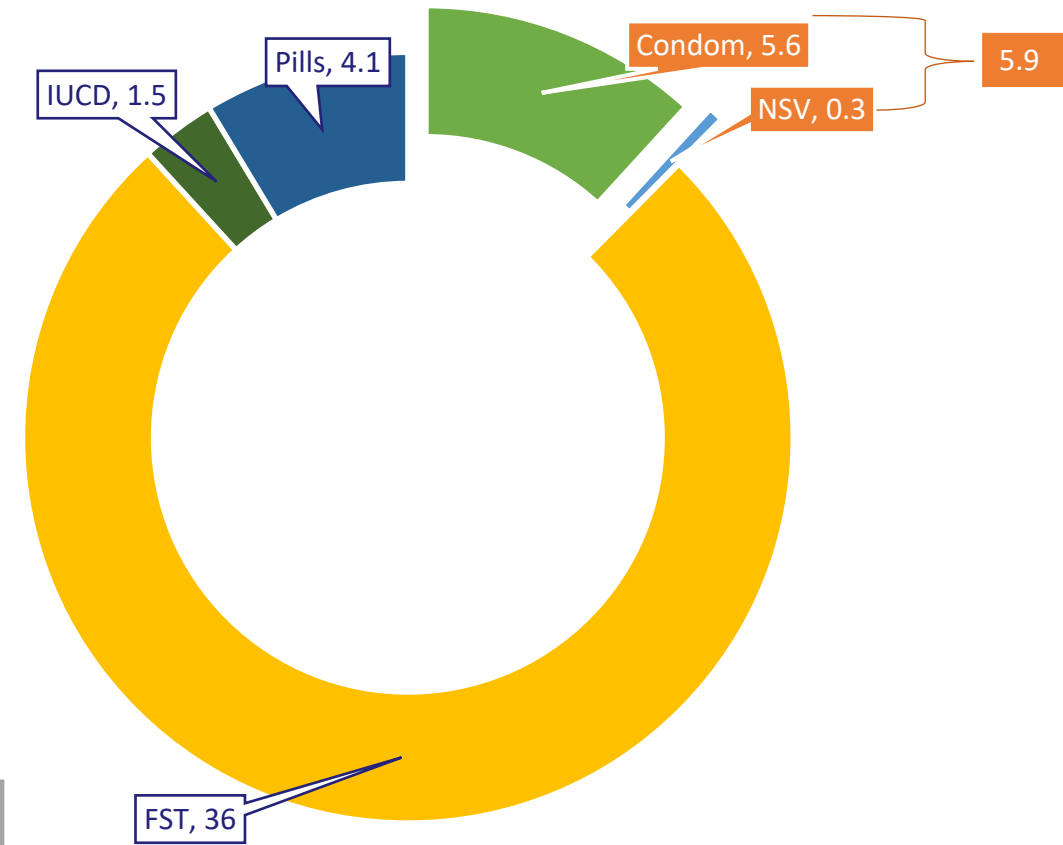
0.3%



Male Engagement in Family Planning



Sterilization contributes 76% of mCPR



Source: NFHS 4, India 2015-16



Male Engagement in Family Planning

1



Clients/users

2



Supportive
partners

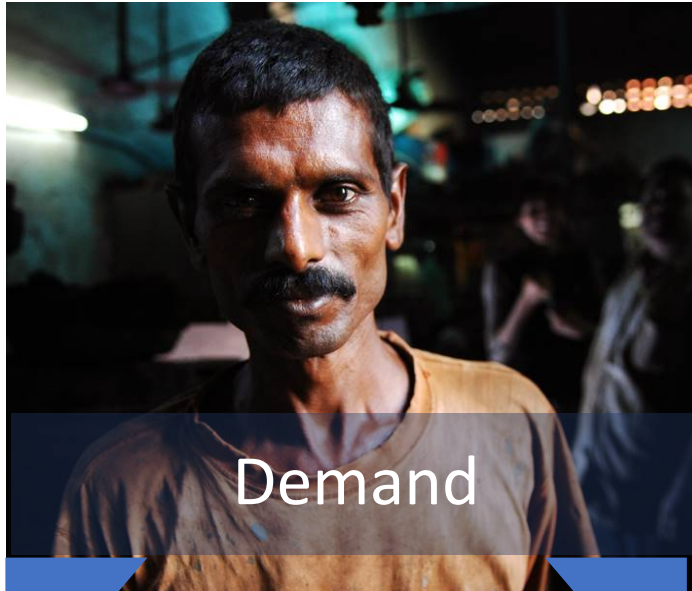
3



Agents of
change



Point To The Barriers



“I don't think I will be able to please my wife, most importantly I will not be able to do the hard wok”



“Practice leads to perfection. I do not get clients for vasectomy. For one client in six months, I cannot invest time and resources in training my staff on care and support to males.”



“Compare the IEC for men and women; the difference is there for everyone to see. We have very limited materials that talk to men”



Male Engagement: Testing and replication with govt. and pvt. sector

UHI

Urban Health Initiative

- 11 cities in UP
- Interventions with government facilities
- Male engagement strategy tested
- Focus on demand, access and enabling environment
- Training and quality assurance

EAQ

Expand Access and Quality

- 10 cities of UP
- Interventions with private facilities
- Male engagement strategy scaled up
- Focus on demand, access and enabling environment
- Training and quality assurance

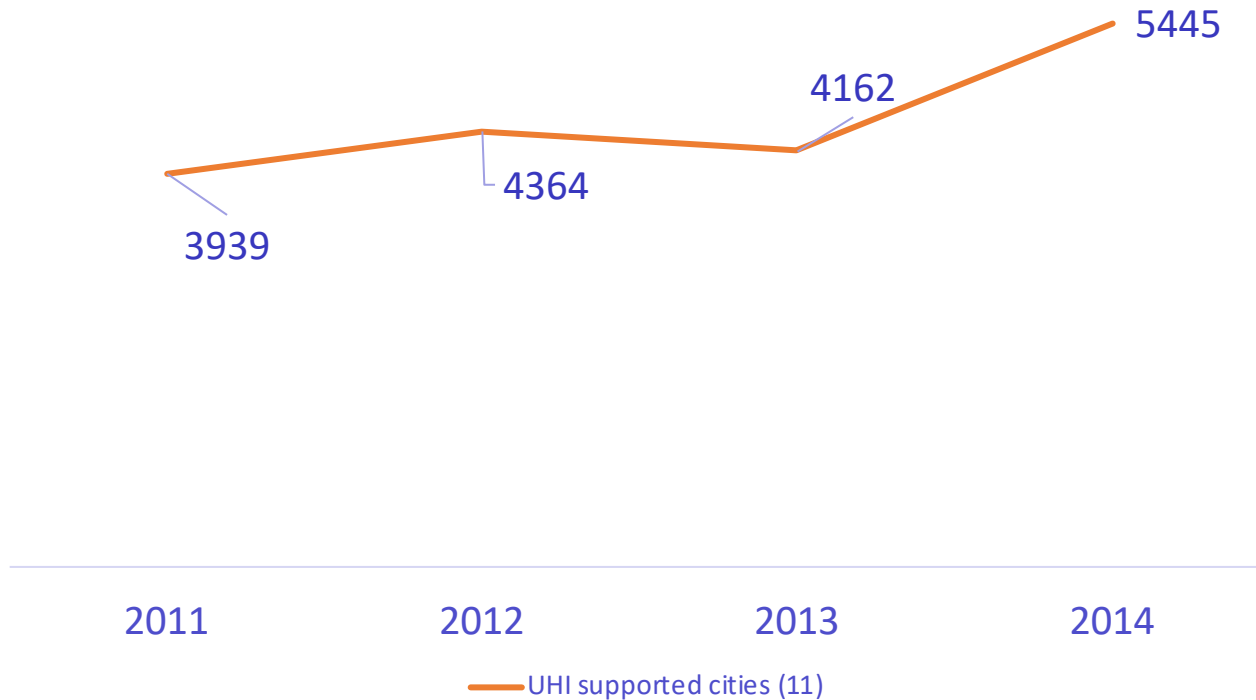
List of Interventions

- Project sponsored Male Engagement team for Demand generation team
- Project initiated private facilities for accreditation to provide NSV services
- Project resources for training of Private surgeons for empanelment
- Project resources supported public and private facilities surgeons for hands training
- Project developed and distributed Male engagement specific IEC/BCC materials
- Project led quality assurance activities in public and private facilities
- Project conducted mid media and mass media campaigns with project resources
- Post NSV procedure, follow up done by project team including frontline workers



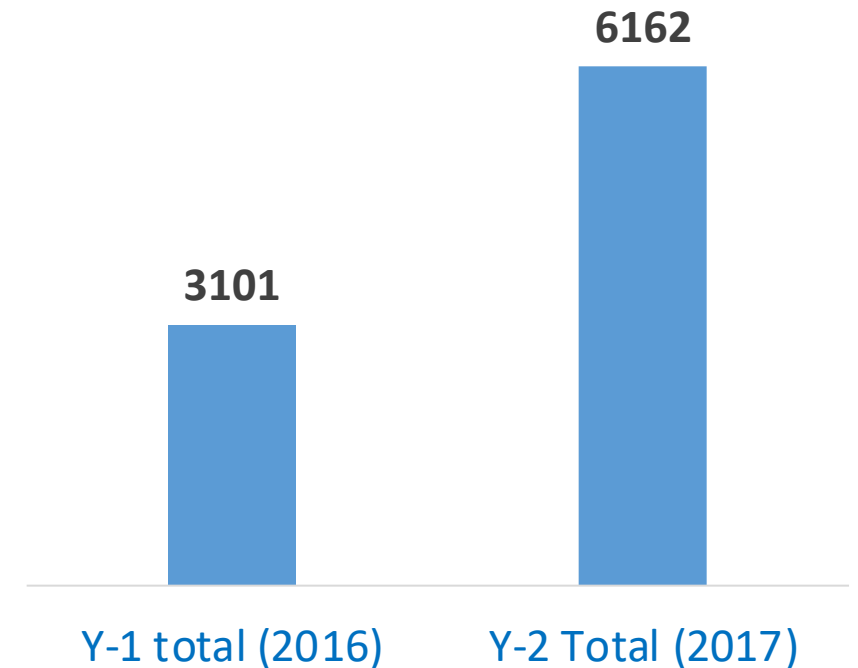
UHI and EAQ intervention

Results: 11 cities of UP, UHI (2011 – 2014)

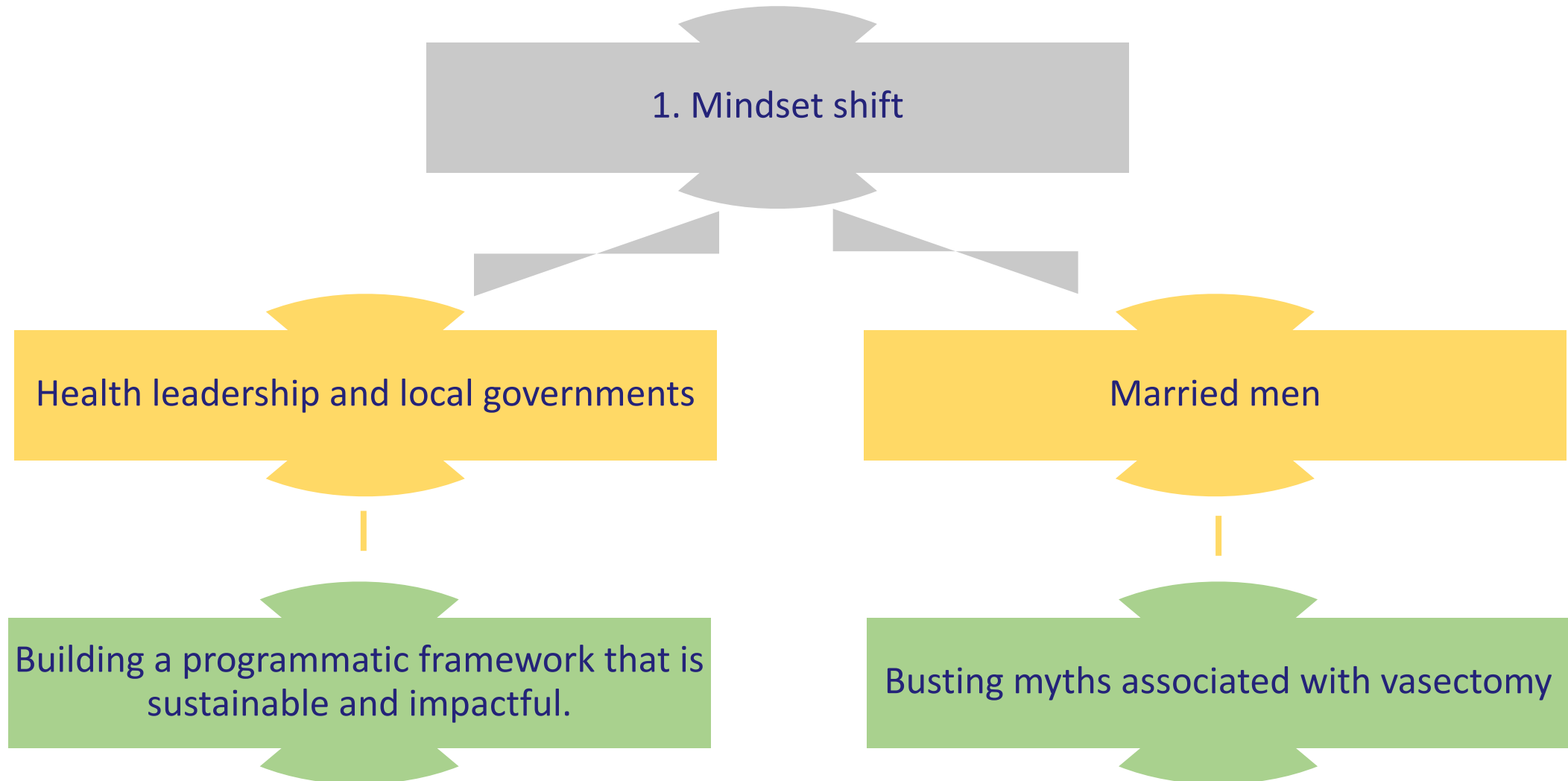


Results: 10 cities of UP, EAQ (2016 to 2017)

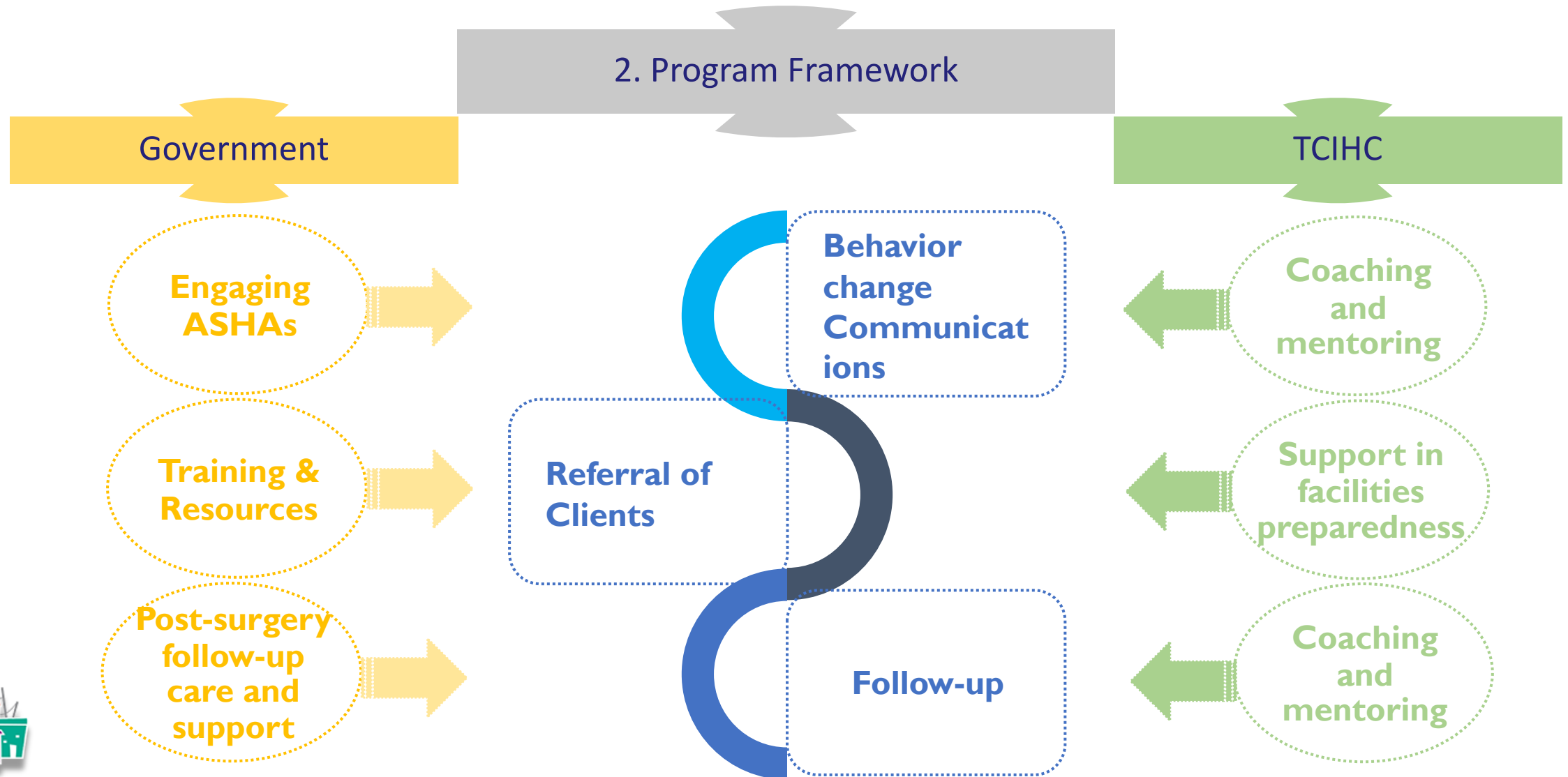
NSV numbers doubled



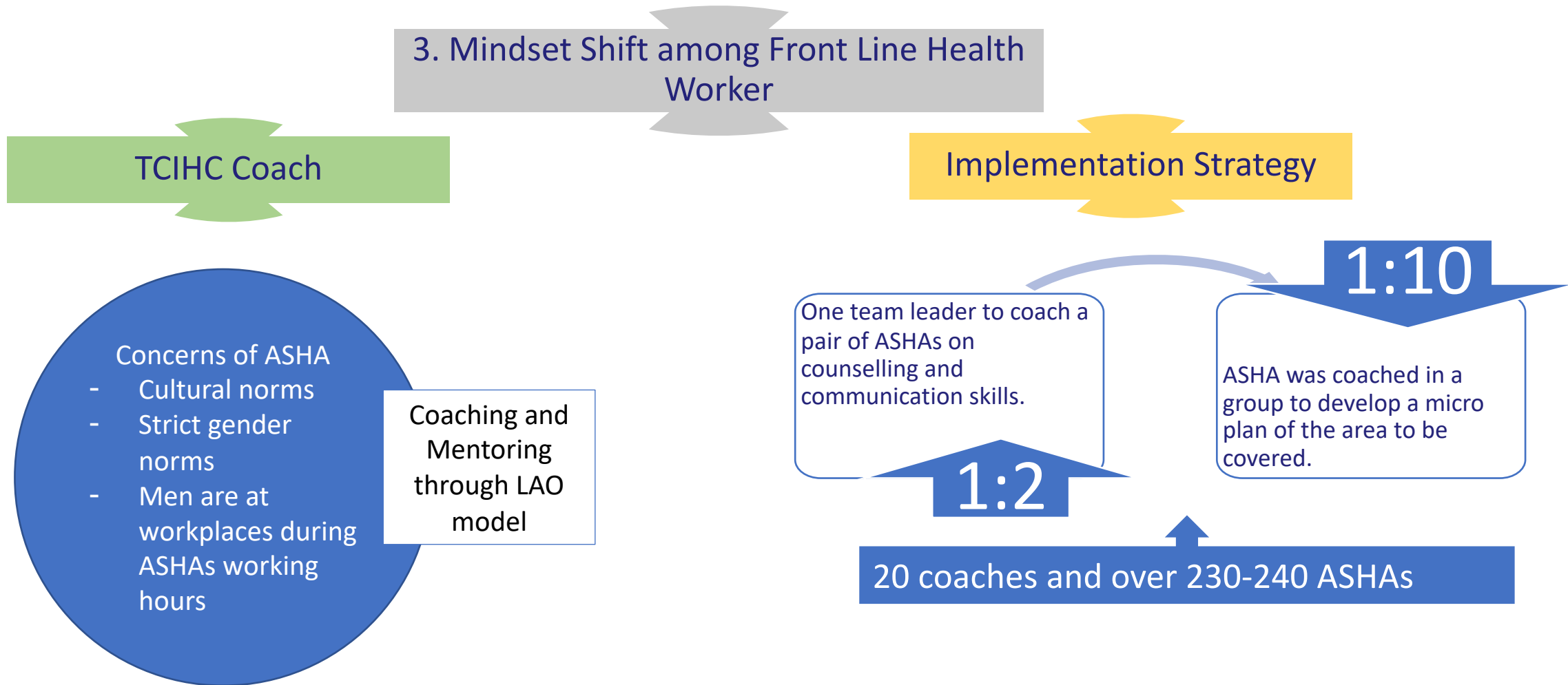
Key Implementation Steps



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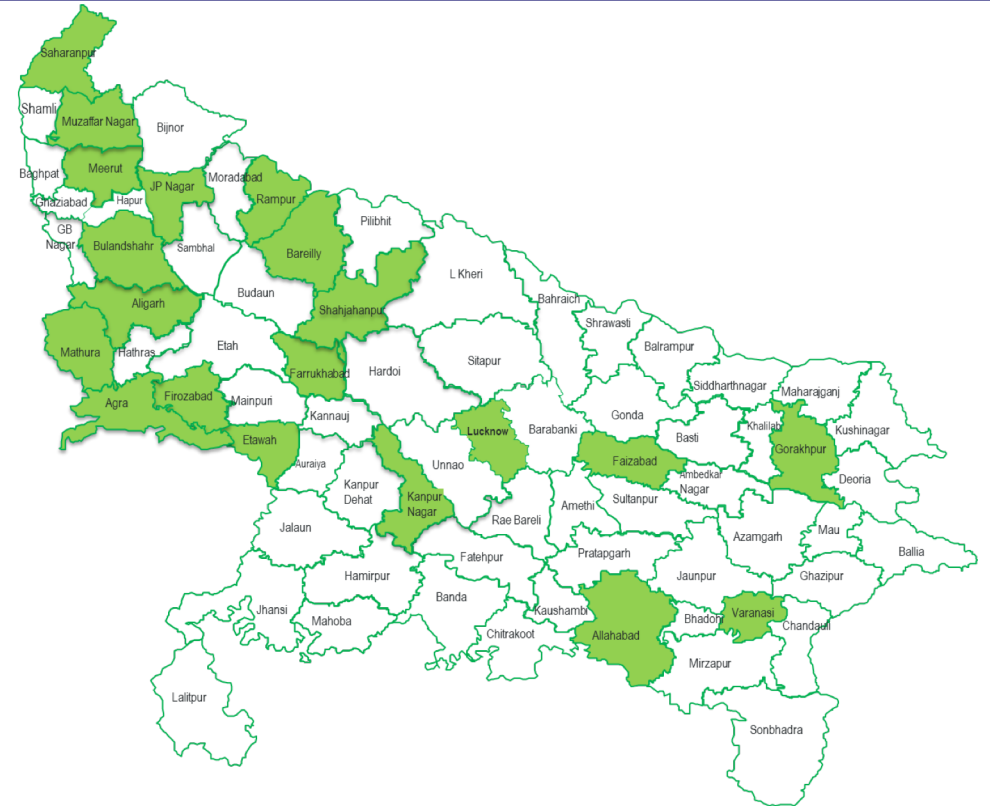


Key Implementation Steps

4. Mindset Shift among Health Leadership

TCI's tenets of sustainability and influencing a growth mindset by:

- **Provision of government budgets**
- **Project reviews by the city officials**
- **Reward and recognition of ASHA**



Key Implementation Steps

5. Mindset Shift among Men



Informed Choice counselling at Chouraha – Male gathering points



Identifying & listing of intervention sites in the city / district



Rickshaw puller interventions



Micro plan for preparation and conducting activities

Role model presence in workplace sites point if any

Workplace interventions



IEC/BCC materials to be used

Late evening interventions in slums



Workplace sites linked to near by SDP where service provision is made



Key Implementation Steps

6. Mindset Shift among Men



“We found that majorly there were two issues why men didn’t seek family planning services; first, family planning is perceived as women’s responsibility as they give birth and second, there are multiple myths, misconceptions and social taboos around NSV. During our household visits, we counseled couples on the benefits of NSV and eradicated myths associated with male sterilization.”

4080
Chouraha
meetings

251
workplace
interventions

1712 rickshaw
puller meeting

2332 evening
meetings

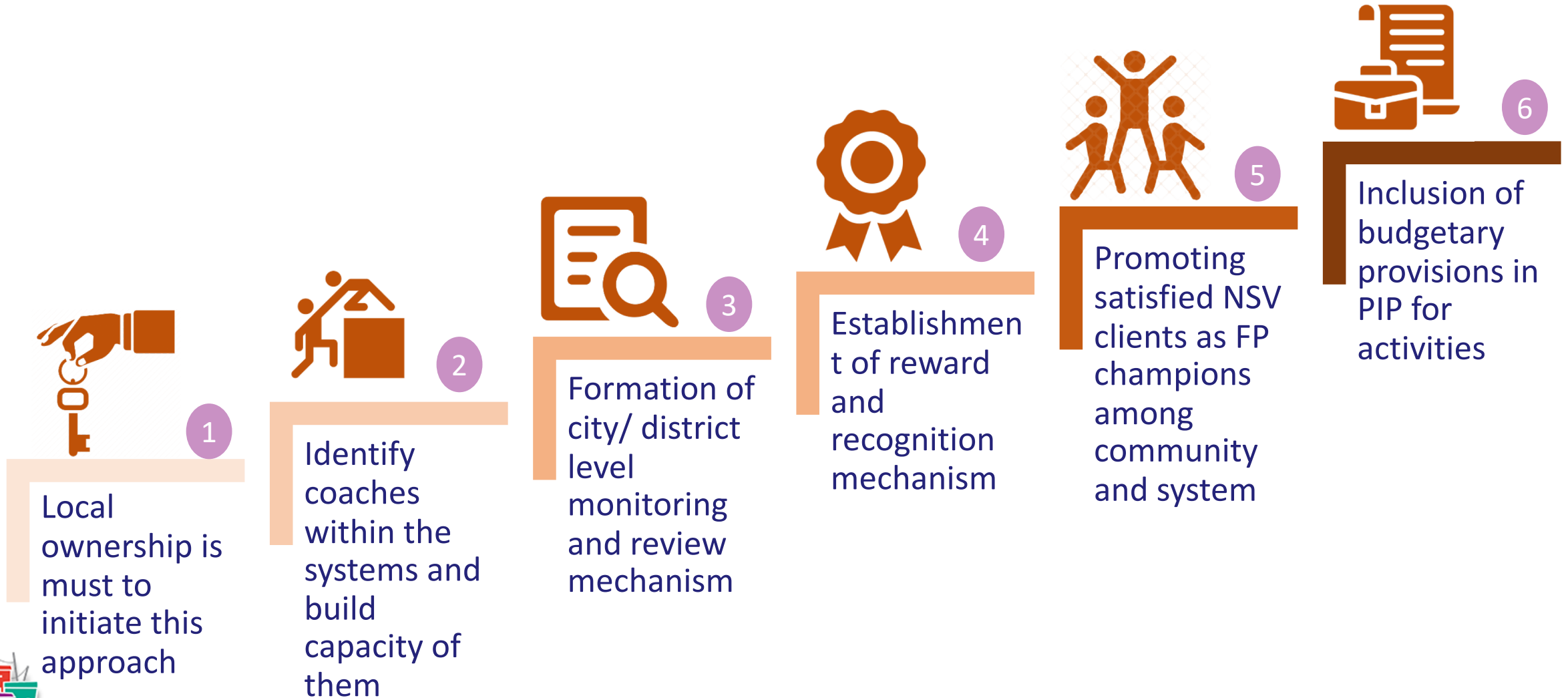


“ASHAs are women and mostly interact with women. Initially, we were not comfortable that they visit chauraha and talk with men on such a sensitive issue, but they have done a commendable job and have given result. Thanks to continuous coaching and mentoring provided to them by TCIHC.”
Dr. AK Singh, Nodal NUHM Kanpur

For reading complete story visit- <https://tciurbanhealth.org/ashas-recognized-in-kanpur-for-promoting-male-family-planning-methods/>



Key Implementation Consideration



Key Challenges



Limited no. of facilities who provided male sterilization services



Overburdened limited no. of trained surgeons



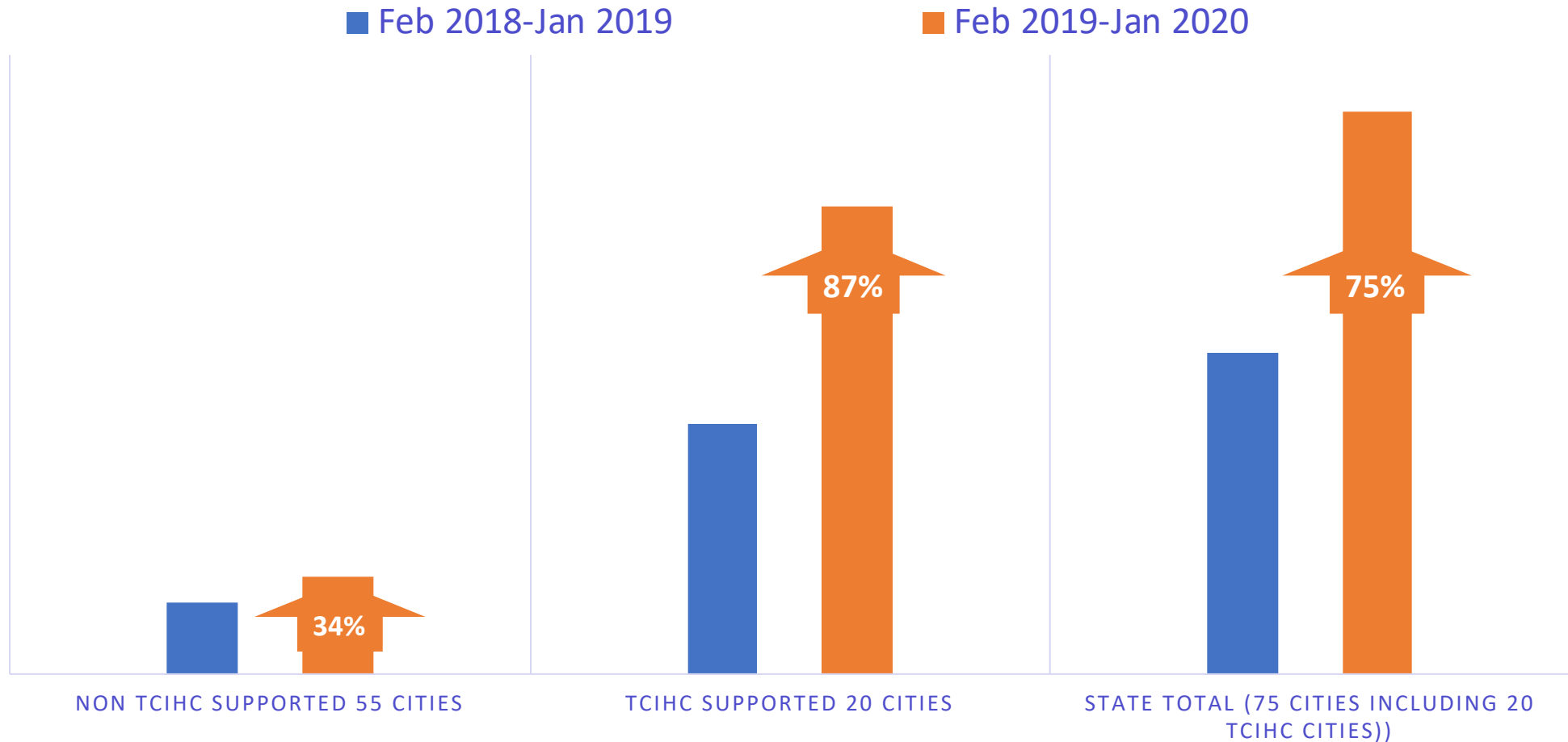
Tracking of NSV acceptors for a confirmation-semen test post three months of procedure



Majority of ASHAs find it difficult to talk to males in the community about family planning methods.

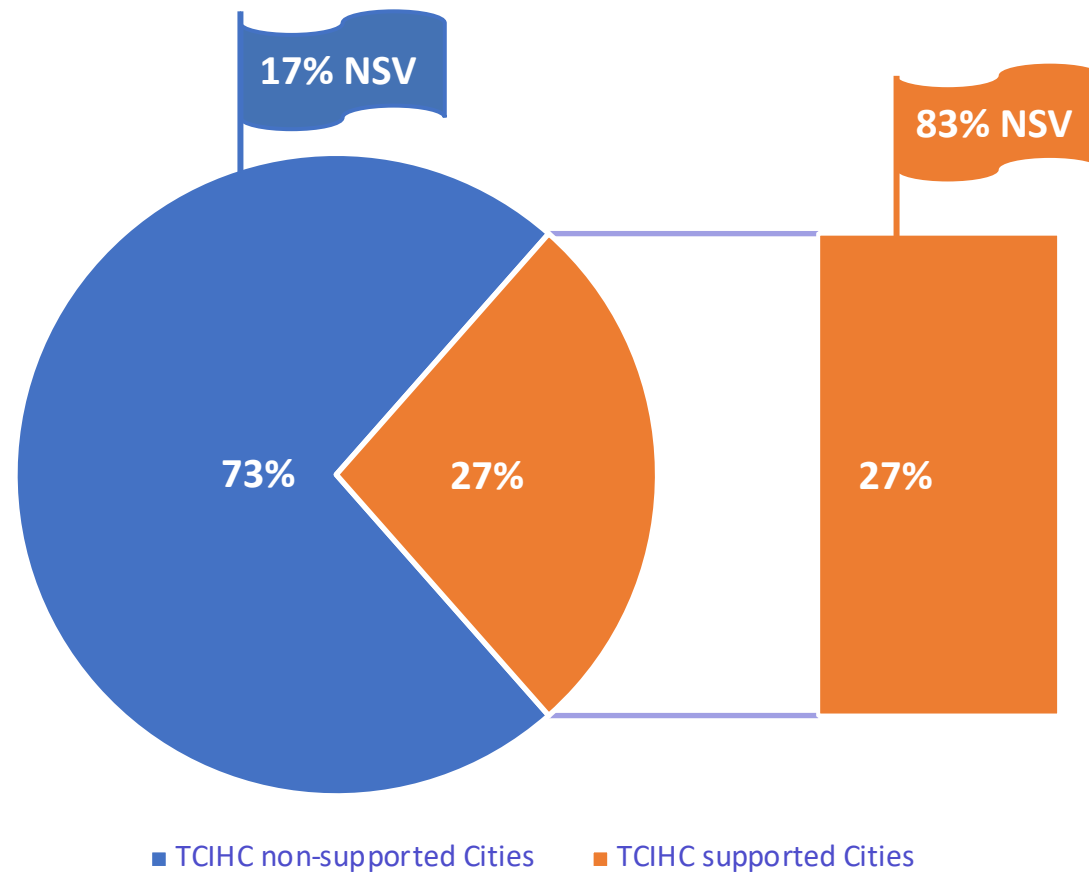


Key Results: Male Engagement



Key Results: Male Engagement

Male Engagement Project Period (Feb 2019-Jan 2020)



Source: HMIS for public sector & Hausal Sajheedari Portal for Pvt sector, Uttar Pradesh

Key Learnings

It is not a one off activity, requires long term engagement and coordinated efforts.

Providers may have certain expectations and biases about men and their role in family planning and these must be addressed.

Men tend to get reproductive health information from their peers, leveraging networks that may exist for men prove supportive to bring about behaviour change.



Strategy has potential to improve all methods as men are key decision makers in Indian urban families.

It is essential to start early by reaching adolescent boys, young men and their influencers (i.e., parents) with health programming to cultivate equitable attitudes, norms and behaviours.





QUESTIONS?

Please direct any additional questions that you may have to:

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Thanks!