



# UNFPA Africa Regional Framework

On Working with Men and Boys for the Promotion of  
Gender Equality & Sexual and Reproductive Health



# CONTENTS

- 1. Acronyms .....3
- 2. Introduction .....4
- 3. The problem.....4
- 4. Rationale.....5
  - 4.1. *Men and boys are a critical part of the solution* .....5
  - 4.2. *A growing evidence base* .....5
  - 4.3. *Existing global and regional policy commitments*.....6
  - 4.4. *NGOs and community groups working with men and boys*.....7
  - 4.5. *The need for increased scale, impact and sustainability, particularly through policy approaches*.7
  - 4.6. *The MenEngage network in Africa* .....7
- 5. Principles for working with men and boys.....8
- 6. Key issues and strategic focus areas .....8
  - 6.1. *Working with men and boys to prevent and respond to sexual and gender-based violence*.....8
  - 6.2. *Working with men and boys for HIV prevention, treatment, care and support* .....8
  - 6.3. *Increased engagement of men and boys in abandonment of female genital mutilation/cutting (FGM/C)*.....9
  - 6.4. *Working with men for obstetric fistula prevention and response* .....9
  - 6.5. *Engaging men and boys in antenatal care* .....10
  - 6.6. *Improving men’s own sexual and reproductive health*.....10
  - 6.7. *Working with vulnerable groups of men* .....11
  - 6.8. *Strengthening partnerships with organizations working in the area of male involvement* .....11
  - 6.9. *Engaging young men and boys for gender transformation in the Africa* .....11
  - 6.10. *Engaging men in conflict and post conflict settings in the Africa* .....12
  - 6.11. *Strengthening monitoring, evaluation and research* .....12
- 7. Key supporting strategies .....12
  - 7.1. *Strengthening organizational capacity*.....12
  - 7.2. *Community advocacy, mobilization and campaigns*.....13
  - 7.3. *Policy analysis and advocacy*.....14
  - 7.4. *Using knowledge and building evidence-base* .....14
  - 7.5. *Monitoring and evaluation* .....14
  - 7.6. *Resource mobilization and in-country partnerships*.....15
- 8. Logical framework for future strategic actions .....16
- 9. Conclusion .....30
  - Scaling up interventions and improved sustainability .....30
- 10. Moving forward .....30

<b>ART</b>	Antiretroviral Therapy
<b>BCC</b>	Communication for Behavioural Change
<b>CSOs</b>	Civic Society Organizations
<b>EAC</b>	East African Community
<b>FGM/C</b>	Female Genital Mutilation/Cutting
<b>GBV</b>	Gender-Based Violence
<b>ICPD</b>	International Conference on Population and Development
<b>IEC</b>	Information, Education and Communication
<b>MDGs</b>	Millennium Development Goals
<b>NGOs</b>	Non-Governmental Organizations
<b>PoA</b>	Platform for Action
<b>QA</b>	Quality Assurance
<b>SADC</b>	South African Development Community
<b>SRH</b>	Sexual and Reproductive Health
<b>UNFPA</b>	United Nations Population Fund
<b>VCT</b>	Voluntary Counselling and Testing
<b>WHO</b>	World Health Organization

*The agreed recommendations of the 1994 International Conference on Population and Development Programme of Action (ICPD) and the Platform for Action of the Fourth World Conference on Women in 1995 affirm the need to engage men to achieve gender equality and the equal participation of men and women in all areas of family life, including taking equal responsibility for promoting their sexual and reproductive health (SRH). The ICPD Programme of Action specifies that:*

“

*Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; and recognition and promotion of the equal value of children of both sexes.*

”

Working with men and boys for the promotion of gender equality, and sexual and reproductive health is key to the attainment of substantive equality. This work acknowledges the ground-breaking contribution made by the women's movement over many years, starting with ICPD and Beijing to date. It is in this context this initiative needs to be seen as a continuation that builds upon the firm foundation that has been laid by the women's movement that are supported by African governments, civil society organizations, and the private sector and development partners, including the United Nations Population Fund, UNFPA.

The intensified collective efforts of UNFPA and its government and civil society organization partners in Africa to scale up interventions working with men and boys were stimulated by recent observations. These include the findings of the 15th-year review in 2009 of the progress made in implementing the ICPD Programme of Action (PoA) showed that inadequate involvement of men in promoting gender equality and family and reproductive health issues was slowing down progress towards achieving the ICPD PoA and Millennium Development Goals (MDGs) 3, 5 and 6.

This concern was also raised by the Conference of the African Union Ministers of Health in May 2009, and the High-Level Meeting on MDG5 on Maternal Health. These fora cautioned that unless more collective efforts are focused on working with men for the promotion of gender equality and sexual and reproductive health, the reduction of maternal mortality in Africa will not be achieved.

In addition, there is growing evidence showing that unless African men and women work together, the achievement of gender equality and the highest level of sexual and reproductive health will remain an elusive wish for most Africans.

Although Africa is making progress in increasing women's participation in decision making, more efforts need to be invested in this area. In 2006, women held over 30 per cent of ministerial positions in South Africa (38 per cent), Guinea Bissau (38 per cent) and Rwanda (36 per cent). Africa is particularly encouraged by Rwanda, which leads the world with the highest proportion of women parliamentarians (56 per cent).

Africa has some of the highest maternal mortality rates in the world. Even though, for the first time in decades, the number of women dying each year from pregnancy and childbirth-related complications dropped significantly from 526,000 in 1980 to about 343,000 in 2008, Ethiopia, the Democratic Republic of Congo and Nigeria are among the six countries that accounted for more than half of all maternal deaths in the same year.

Gender-based violence is widespread in many countries and is particularly pervasive in southern Africa and in conflict and post-conflict situations. In 2001, it was estimated that in South Africa, a woman was raped every 83 seconds. In 2004, it was estimated that up to 40 per cent of women were raped during Liberia's 14-year civil war. In 2002, police statistics showed that 4 to 6 women were raped daily in Lagos, Nigeria.

Even though African countries are advancing in closing the gender gap in primary education, over 50 per cent of African women aged 14-49 are illiterate compared to about 30 per cent of men. Over 80 per cent of the 50 per cent of Africa's population living in absolute poverty are women.

With these poor statistics, gender equality and high standards of sexual and reproductive health can only be achieved if African men and women stop viewing reproductive health and gender equality as 'women's issues' to be addressed only by women. African women and girls cannot achieve gender equality and reproductive health without the co-operation and participation of all African men and boys.



## 4.1 Men and boys are a critical part of the solution

Although across the African continent, men are implicated in public health and human rights challenges, they are equally an integral part of their resolution – whether it be ending sexual violence, promoting sexual and reproductive health, preventing new HIV infections, caring for those infected with HIV, reducing the burden of child care borne by women and girls, promoting gender equality or holding government to account for its commitments. In all these areas, men and boys play a central role as partners and change agents, and as leaders in governance.

In recognition of the centrality of engaging men and boys to address the public health and human rights problems facing Africa, UN agencies, governments and civil society have affirmed the need to involve boys and men in achieving gender equality, reducing violence against women and girls, reducing HIV and AIDS, and promoting the rights and well-being of girls and women, and boys and men themselves.

## 4.2 A growing evidence base

A growing body of research has helped us to understand the origins and nature of the problems faced by the continent and the role of men and masculinities in these, as well as the opportunities and potential for change. We now have evidence to show that well-implemented gender-transformative interventions can bring about significant changes in men's gender and HIV-related attitudes and practices. For example, a recent WHO-Promundo review of 57 evaluated programmes engaging men and boys found significant changes in men's attitudes and behaviour as a result of such programme interventions.

The WHO review employed a gender approach in order to rate interventions, using the following categorization:

*Gender neutral: The intervention made no distinction between men and women and the existence of gender norms influencing men's behaviour; men were just another target group.*

*Gender sensitive: The intervention recognized the role of gender norms and structures in influencing men's behaviour, and may have discussed or highlighted them, but little attempt was made to challenge or transform them.*

*Gender transformative: The intervention sought to promote equitable relationships, challenge some male gender norms and somehow change gender relations.*

While some programmatic efforts within each of the intervention categories examined (group education, health services and community mobilization and engagement) showed significant results, those programmes that combined different types of interventions, particularly community outreach, mobilization and mass-media campaigns, were most effective in producing behavioural or health outcomes (e.g., increased condom usage, delayed sexual debut, decreased violence and lower rates of STIs). Those programmes that were categorized as 'gender transformative' based on the above rating (numbering 27 of the 57 analysed) were also found to be even more effective in achieving attitude or behavioural change.



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In addition to this global analysis, evidence exists from a number of studies within southern Africa. For example, the Medical Research Council's evaluation of the Stepping Stones intervention implemented in the Eastern Cape showed the latter led to significant changes in men's attitudes and practices, including a significant reduction in intimate partner violence and other practices that are high risk for HIV transmission. Research conducted by Sonke Gender Justice Network indicated significant changes in short-term behaviour in the weeks following participation in Sonke's One Man Can Campaign, with 25 per cent of participants having accessed HIV voluntary counselling and testing (VCT), 50 per cent having reported acts of gender-based violence and 61 per cent having increased their own use of condoms. More than 4 out of 5 participants also reported having subsequently talked with friends or family members about HIV and AIDS, gender and human rights.

### 4.3 Existing global and regional policy commitments

Policy makers have a compelling mandate to develop, implement and evaluate policy approaches to working with men and boys for the promotion of gender equality and sexual and reproductive health. Many countries have affirmed their support for work with men and boys in a number of international commitments, including through the International Conference on Population and Development (1994), the Beijing Platform for Action (1995) as previously noted, the United Nations Commission on the Status of Women in 2004 and 2009, and the Global Symposium on Engaging Men and Boys in Achieving Gender Equality in 2009. Similarly, a number of commitments have been made in Africa by the South African Development Community (SADC), East African Community (EAC) and the African Union, including the Solemn Declaration on Gender Equality in Africa, the African Charter on Human Rights and People's Rights, the Maputo Protocol, and the Southern African Development Community Gender Protocol.

These international and regional commitments require policy makers in signatory countries to develop policies and programmes, and to provide civil society activists with leverage to facilitate and co-ordinate rapid implementation.

### 4.4 NGOs and community groups working with men and boys

A growing number of NGOs and community-based groups are engaging men and boys in sexual and reproductive health, HIV and AIDS prevention and treatment, promoting men's involvement as fathers and care givers, active and meaningful support for maternal health, and reducing violence against women and girls. Such programmes are achieving impact at the local and generally small-scale level, improving the well-being of women and girls, and of men and boys themselves.



### 4.5 The need for increased scale, impact and sustainability, particularly through policy approaches

Despite many international commitments and a growing base of programme experiences and evaluation confirming the impact of such efforts, most initiatives to engage men and boys in achieving gender equality have been small scale and short term. In order to transform the pervasive gender inequalities and achieve meaningful change, civil society and governments must work together to increase the scale and impact of the programmes and models already known to be effective.

Central to the goal of scaling-up this work, and achieving large-scale change in gender norms, is the strategic engagement of policy makers and the public sector. In particular, a shared policy agenda on engaging men and boys is needed among civil society, national policy makers and regional bodies. Recognising this fact, a group of international and national organizations formed an international alliance in 2006 to engage men and boys in gender equality. This alliance – called MenEngage – is working in diverse parts of the world to promote this dialogue and to identify concrete, strategic opportunities for scaling up and engaging the public sector. This has led to the development of a number of policy initiatives, including the international Men and Gender Equality Policy Project (MGEPP) and the development of policy briefs and tools to support policy makers in analyzing and updating existing HIV, SRH and GBV policies to ensure that they have a stronger focus on men and boys.

### 4.6 The MenEngage network in Africa

The Africa regional network of the MenEngage alliance was formed in 2006 with the goal of working in partnership to promote the engagement of men and boys in achieving gender equality, preventing HIV, promoting human rights and reducing violence at all levels across the continent. In particular, the network aims to promote collaboration and resource sharing among organizations, support joint advocacy initiatives, and build capacity and leadership on gender equality within Africa.

The MenEngage Africa network operates through a steering committee, which supports the co-ordination of activities to strengthen work on engaging men and boys in gender equality across the region. The current chair of the Africa network is Sonke Gender Justice Network.

The network also has country networks across the continent, which bring together partner organizations working on GBV, sexual abuse and sexual exploitation, women's rights, youth and child rights and abuse, masculinities, HIV, fatherhood, SRHR, maternal health, refugees and migrants, and other issues. The networks undertake joint programming, research, and policy and advocacy activities. MenEngage country networks have strong working relations with governments (local and national), UN family, the women's movement and youth associations and non-governmental organizations.



<sup>3</sup>World Health Organization. Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions. Geneva: WHO, 2007  
<sup>4</sup>Jewkes R, Wood K, Duvvury N. 'I woke up after I joined Stepping Stones': meanings of a HIV behavioural intervention in rural South African young people's lives. Social Science & Medicine (submitted)  
<sup>5</sup>Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Koss M, Puren A, Duvvury N. Impact of Stepping Stones on HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. British Medical Journal (submitted)  
<sup>6</sup>Colvin, C. Human, O. Peacock, D (2009) Report on Formative Research Conducted for Sonke Gender Justice Network's "One Man Can" Campaign. Sonke Gender Justice Network.

<sup>7</sup>For further information about MenEngage, please visit [www.menengage.org](http://www.menengage.org)  
<sup>8</sup>MGEPP involves scans of existing policies in a number of countries, including South Africa and Tanzania, to understand the dimensions, nature and factors associated with men's changing behaviour. These scans have led to the development of policy advocacy briefings for their respective country.  
<sup>9</sup>For further information about Sonke Gender Justice Network, please visit [www.genderjustice.org.za](http://www.genderjustice.org.za)

*Consideration and emphasis that helps inform efforts for working with men and boys are of paramount importance for any intervention in health-related policies and programmes using the following interrelated principles:*

- working as allies with existing women's rights processes/movements;
- engaging men from a positive perspective and as agents of change;
- human rights and gender as relational perspectives;
- the vulnerabilities of and differences among men;
- building on the evidence base/existing UN mandates;
- collaboration and transparency;
- taking work to scale.



### 6.1 Working with men and boys to prevent and respond to sexual and gender-based violence

A key challenge in the area of working with men to prevent and respond to sexual and gender-based violence includes the weak commitment of decision makers to address GBV issues. Many leadership positions in most African societies are male dominated, hence involving leaders and decision makers is critical to the development and application of gender-responsive laws and policies in the area of gender-based violence.

Among leaders and decision makers there is still insufficient capacity and political will to engage in the area of gender-based violence. There is also a need to address the persistence of harmful traditional and cultural practices that deprive men and women's right to sexual and reproductive health in many societies. In many African societies, harmful traditional practices still exist and are internalized and taken as part of the local culture. These practices include early and forced or arranged marriages, domestic violence and female genital mutilation/cutting (FGM/C). To address this issue, there is a need to engage and advocate with custodians of traditions and religions to abolish harmful practices and promote gender equality and the use of sexual and reproductive health services. Another strategy is to use culturally sensitive approaches when working with communities and leaders as well as to advocate with policy and law makers to adopt gender-sensitive laws and policies that address harmful traditional practices.

In the communities, men are also not sufficiently aware of what constitutes gender-based violence and what the consequences are for the men themselves, for the women and girls and for the society as a whole. As a result, women are not totally aware of their full human rights and are not empowered to claim and enjoy them. In order to address this, strategic action should include the use of multi-sectoral and holistic communication campaigns targeting men and women and the use of alternative communication channels, including community dialogue, theatre, art and radio.

### 6.2 Working with men and boys for HIV prevention, treatment, care and support

At present, male involvement in the prevention of the spread of HIV, supporting the treatment of the infected and provision of care to the sick and affected persons is limited. The lack of involvement reduces the effectiveness of interventions on HIV, because are often men in control and hold authority over the people and resources at individual, family and community level.

Working with men on HIV prevention, treatment, care and support, within a broader approach to achieving gender equality and equity in health, is therefore not only a necessary engagement but an important obligation to maximize the gains of the interventions. Men also face their own vulnerabilities with regards to HIV: in the region, men have less access and are less likely to use HIV and AIDS facilities and services like HIV Counselling and Testing (HCT), Antiretroviral Therapy (ART) and, consequently, access care with more compromised immune systems and at greater cost to the public health system.

Whereas men appear to be at the centre of policy formulation and management of service delivery systems, there is limited involvement of the majority of the men and especially the marginalised groups, which limits their response to the messages and programmes. On the other hand, the involvement of men in influential positions, such as traditional and religious leaders, in delivering to men information on HIV and AIDS prevention and response is likely to result in an increased use of services and greater support for women's utilization of services.

Men should not be looked at only as a means for women's access to and utilization of services, but as an end in achieving universal access to SRH by the family. Therefore, understanding men's own SRH needs and positively targeting them with male-friendly packages and service providers could encourage them to reflect on the costs of their masculinity to the family livelihood and the contribution to the spread of HIV. This is likely to result in the greater involvement of men in the prevention, care and support, treatment and mitigation of HIV and AIDS.



## Key issues and strategic focus areas

There is also limited recognition of the linkages between GBV and HIV at the level of policy, services and programming in respect of working with men and boys; therefore, the intervention misses out on a lot by addressing the two separately. There is need to recognize that men and boys still determine the issues of sexuality for both the male and female, therefore exposing both to vulnerability.

### 6.3 Increased engagement of men and boys in abandonment of female genital mutilation/cutting (FGM/C)

Engaging men and boys in the need to abandon female genital mutilation/cutting is key to the promotion of gender equality and sexual and reproductive health. There is inadequate involvement of men in the efforts that target the promotion of the abandonment of FGM/C and this is because FGM/C has been seen as a 'women's issue' in which men have no role to play.

There are misconceptions among key opinion leaders (religious and traditional) on the justification of the practice of FGM/C. Many traditional and religious leaders misinterpret or ignore the religious or traditional precepts that do not support the practice of FGM/C. There are negative effects of FGM/C on women's reproductive health that are not understood by men and women, including the medicalization of FGM/C. Due to a lack of men's involvement and understanding among men, including at the policy level, the practice has continued and at times led to complications and death.

Deep-rooted cultural beliefs and practices on FGM/C have led to its continuation and ongoing practice. There is a lack of knowledge and weak implementation of existing laws. There is also a lack of sustainable structures and safety nets for survivors of FGM/C. Some safety nets are in existence in some countries, but these are often not sustainable due to inadequate resources.

### 6.4 Working with men for obstetric fistula prevention and response

Obstetric fistula is a problem that females in Africa have been facing for many years. In sub-Saharan Africa, around 2 out of 1000 pregnancies result in obstetric fistula. A known direct cause is a lengthy, obstructed labour leading to prolonged pressure by the head of the foetus on the vagina, rectum and bladder tissues, resulting in a hole.

Obstetric fistula is a result of inequality and inequity of power and access to resources, with resulting stigma and discrimination against victims. Indirect causes are early childbirth and lack of accessibility of skilled attendants and medical facilities, plus lack of education and poverty. The spectacular success in medical treatment of obstetric fistula is hiding the imperative need for prevention.

Men, as heads of families, have influence on the issues of early marriages, early pregnancies, provision of resources for education and access to quality maternal and child health services. After treatment, men also play a critical role in victims' social reintegration (in terms of household, family and income-generating activities).

From the available information, the contribution of men to the onset of obstetric fistula has not yet been clearly defined. Neither their role in preventing, nor in supporting interventions to fight obstetric fistula have been identified.

### 6.5 Engaging men and boys in antenatal care

Antenatal care is a set of reproductive health services (information and care) that leads to safe delivery. It consists of premarital, preconception and pre-natal services. When diluted with general reproductive health services it does not present as a critical condition for fighting maternal and neonatal mortality and morbidity.



## Key issues and strategic focus areas

In most parts of Africa, attendance to antenatal care is very low, which affects maternal and neonatal mortality and morbidity, prevention of mother-to-child transmission of viruses and pregnancy/delivery efficient management.

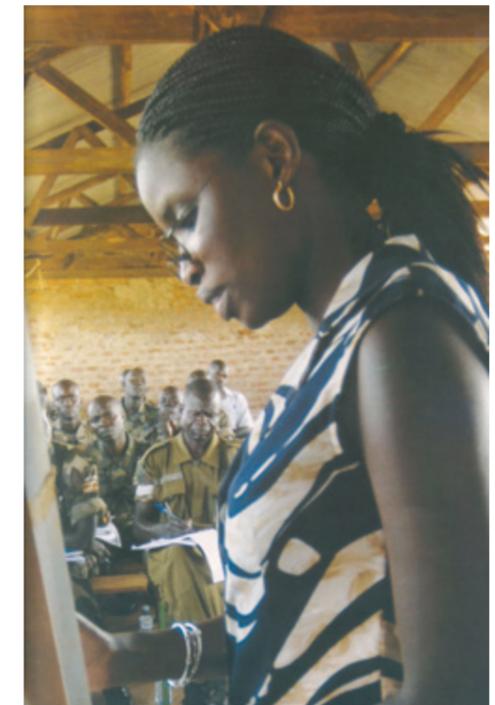
The culturally set role of men as leaders of the family is not always open to the promotion of and support for antenatal care. Neither in regional declarations (Maputo, Kampala) nor in roadmaps is there a clear definition of men's role in boosting antenatal care in order to improve on efforts to reduce maternal and neonatal mortality and morbidity, or prevent mother-to-child transmission of viruses and pregnancy/delivery efficient management.



### 6.6 Improving men's own sexual and reproductive health

Understanding men's sexual and reproductive health needs is key to promoting gender equality and the health of men and women. Men have their own specific SRH needs, yet health services often do not have specific information targeting men, their health workers lack the skills, confidence and knowledge of men's needs, or they do not have the appropriate infrastructure to accommodate men. Experience has shown low health seeking behaviour among men for sexually transmitted diseases, infertility, family planning, erectile dysfunction and impotence as well as issues related to SRH cancers such as prostate cancers. This poor health-seeking behaviour can be attributed to social and cultural norms that often discourage men from seeking health care, as well as the lack of services and information targeting men.

SRH services should become more available and accessible to men. Currently, services are often designed to target women (as part of maternal and child health) and can exclude men, even if they do not do so deliberately. Health services for men when they exist are usually not very friendly.



In providing sexual and reproductive health information and services to men one addresses men's health care needs but that of their spouses and children. Men's improved awareness of reproductive health issues increases their future utilization of available services. Additionally, given men's influential role in typical African societies, their improved knowledge of reproductive health issues will most likely facilitate greater partner co-operation and thus enhances future utilization of reproductive health services, including by their spouses.

SRH policies, strategies and programmes should also promote men's participation and access to SRH services.

### 6.7 Working with vulnerable groups of men

Male-dominated institutions can influence change, increase the impact of and improve on gender relations and men's health. However, men's group is not homogeneous. There is an urgent need to work with special

groups of men to achieve gender equality, which might not be realized without their engagement. These special groups include traditional, religious and political leaders, and men in uniform or forces such as the police and military. Issues of concern in working with these special groups of men include the lack of sufficient and positive engagement with them. Gender policies and programme frameworks do not adequately incorporate these special groups.

### 6.8 Strengthening partnerships with organizations working in the area of male involvement

It was noted that many organizations and networks are working in this area, at the national, sub-regional, regional and global level, with religious and traditional leaders. Most of them use common strategies such as policy or advocacy, community mobilization, capacity building, organizational development and networking covering sexual and reproductive health related to maternal health, family planning, HIV prevention, condom promotion, STI prevention, gender-based violence and women's empowerment.

However, several issues have been raised with regard to the limited awareness of these networks, the non-existence of or limited number of men's movements (in particular for young men), weak co-ordination mechanisms, lack of co-ordination of and interventions between men's and women's networks and sometimes, opportunism and corruption in men's networks.

Some of the strategies proposed include the mapping of existing men's intervention initiatives; advocacy and awareness creation for the expansion of men's networks, and the integration of male involvement initiatives in global male leaders' networks, such as the SG UNITE campaign; support for resource mobilization initiatives; networking or building alliances by working with existing structures like the women's movement; capacity building of male involvement networks (including new ones) in communication and strategic planning to develop or expand their interventions, strengthen co-ordination and develop a culture of monitoring and evaluation by adopting criteria for performance for the sustainability of men's networks.

### 6.9 Engaging young men and boys for gender transformation in the Africa region

Violence in the home and sexual abuse in childhood and adolescence can have lifelong health and developmental negative effects, such as depression, low self-esteem, poor school performance and difficulties in psycho-social adjustment. Adolescent girls and the disabled are especially at risk of recurrent SRH problems, such as unwanted pregnancies, unsafe abortions, sexually transmitted infections and higher risk of HIV. Interventions to prevent sexual abuse and violence in the first place and to provide early detection, care and counselling for those who have been subjected to them can, make a significant difference in mitigating the immediate and long-term harmful effects.

Adolescent girls and young women are especially at risk of various forms of GBV, including sexual violence and trafficking; sexual abuse including incest, rape and harmful practices such as FGM/C; and forced marriage. They are at risk at home, in school, on the street, in their places of work (e.g., as factory, farm and domestic workers) and in refugee/displaced person camps. UNFPA-supported programmes have much to contribute in terms of preventing and addressing sexual violence against adolescent girls and young women and fostering non-violent, respectful behaviour among boys and young men. Young men may also be vulnerable to sexual and gender-based violence in conflict settings that place them at risk for further exploitation and coercion into military recruitment, drugs and other abuses. Differential analysis of the risks associated with conflict on dealing with sexual and gender-based violence should be conducted adequately to protect young people across the board.

Promoting gender equality and ending violence against women and girls require a concerted effort to actively engage men and boys as partners and agents for change. Men may be the primary perpetrators of GBV, but they are a major part of the solution. A strategic action would be involving young men and boys as partners and agents of change.

A vital campaign strategy was clearly reiterated by the United Nations Secretary-General while inaugurating the UNITE to End Violence against Women Campaign in New York in February 2008. UNFPA will seek to support, promote and create platforms which will foster regional initiatives, dialogue, interventions and programmes for the youth, challenging gender stereotypes, and promoting gender transformative programmes for and by young people.

### 6.10 Engaging men in conflict and post-conflict settings in the Africa region

Women's and girls' increased vulnerability to opportunistic rape, sexual exploitation and other forms of GBV during humanitarian settings must be considered; gender roles and power relations mould and remould GBV in conflict and post-conflict contexts. The collapse, for example, of state structures, social structures and protective mechanisms, makes GBV even more likely to occur. Involving men and boys in GBV prevention and response is particularly important because of the potential to change dominant models of masculinity and negative behaviours in a sustainable way.

To date, UNFPA interventions in humanitarian settings have focused mostly on ensuring that all women, men, girls and boys have access to safe SRH services at all phases of a crisis, preventing and treating HIV, and addressing sexual and other forms of GBV. The growing awareness and global attention to the atrocities committed against women and girls during conflicts, notably reflected in the historic Security Council Resolution 1325 and, more recently, in Security Council Resolution 1820 on sexual violence as a threat to peace and security, urgently require a rapidly expanded response.

### 6.11 Strengthening monitoring, evaluation and research

Monitoring and research are critical components of all programmes, including working with men for the promotion of gender equality and women's empowerment. The results of the research would inform programme management and provide information on the effects and impact of the programmes.



### 7.1 Strengthening organizational capacity

A recent organizational capacity assessment in the area of engaging men and boys in the promotion of gender equality identified inadequate skills for scaling up this work within the region. As such, capacity building and strengthening of UNFPA staff and partners, including existing organizations working within this field, is a key strategy to achieving the stated goals and objectives.

This capacity building should be undertaken through UNFPA initiatives at the regional and country level, as well as through the MenEngage Africa Training Initiative. The areas for capacity building and strengthening should be based on the log frame of strategic actions below, and include both thematic topics (addressing men's SRH needs) and skills areas (e.g., running sensitization and training, and improving/modifying service infrastructure).

### 7.2 Community advocacy, mobilization and campaigns

Community mobilization and advocacy is the process of influencing change using the communities themselves. The process ensures that the community is an active agent in the process of bringing about social change in the lives of individuals. It is fundamental for the mobilization of a critical mass to rally behind a certain cause. It also enhances the guiding principles of a human rights approach to development, which includes ownership, participation, accountability, equality, right to information and sustainability.

The people who are most often the target of community advocacy and mobilization efforts are various decision makers, for example policy and law makers, and cultural and religious gate keepers, among others. Community advocacy targets individuals or groups to enlist support for the benefit of the members of the community and the wider public.

#### Issues to consider in community advocacy and mobilization

- i. messages should encourage the public to support the cause;
- ii. messages should be able to spark public debate;
- iii. consider the target group (what type of audience you want to influence and with which message);
- iv. create culturally sensitive messages;
- v. consider accessibility of information for targeted population;
- vi. being convinced in terms of what you want to achieve in the whole process;
- vii. use of multiplicity of strategies to influence social change.

#### Community mobilization and advocacy key steps

The need to conduct a needs assessment to ensure community advocacy addresses the needs of the community, including stakeholder mapping. The following should be taken into consideration:

- clear, defined issues for community mobilization and advocacy;
- building partnerships, allies and stakeholder relationships with male networks, women's rights networks, civil society organizations (CSOs) and the media included;
- core messages for the appropriate audience;
- appropriately selected interventions and tools;
- implementation plan.

<sup>10</sup> MenEngage Africa Organisational Capacity Survey <http://www.genderjustice.org.za/newspaper-articles/menengage-resources/menengage-africa-organisational-capacity-survey/details>

<sup>11</sup> MATI institute seeks to help build the capacity to sustain the various initiatives taking place across the African region. MATI's mission is to increase knowledge and skills (among civil society, governments, UN agencies and individual men and women) regarding how to engage men and boys in prevention and response to GBV, HIV and AIDS and other social problems.

### 7.3 Policy analysis and advocacy

Central to the goal of scaling up this work is the development and implementation of national, regional and international policy frameworks and commitments that seek to engage men and boys meaningfully. As such, activities should be undertaken to identify gaps in current policies (where there is insufficient focus on the positive and progressive engagement of men and boys) and support policy implementation.

Recognizing this fact, UNFPA will seek partnerships with organizations that are working in the sector on policy advocacy issues related to men's engagement in gender equality and sexual and reproductive health programmes. UNFPA will also support the dissemination and implementation of policy scans undertaken within the region on engaging men and boys. These initiatives will seek to develop a shared policy agenda on engaging men and boys from civil society, national policy makers and regional bodies, such as SADC, ECOWAS, EAC and the African Union.

A number of tools exist that can support this work. For example, UNFPA's partner, Sonke Gender Justice Network, recently completed a Men and Gender Policy brief for WHO and together with the International Planned Parenthood Federation (IPPF) developed tools to support policy makers in analyzing and updating existing HIV, SRH and GBV policies to ensure that they have a stronger focus on men and boys.

Moreover, some strategic actions that could be used to address FGM/C should include implementing advocacy interventions against cultural practices that incorporate:

- community structures or safety net mechanisms for survivors of FGM/C;
- capacity building and institutional strengthening of networks and health systems for the implementation of well-designed programmes;
- support the establishment of networks of religious leaders, community leaders and other men who support and promote the abandonment of FGM/C;
- encourage the identification of role model champions, including men who are convinced that FGM/C is a harmful practice and are willing to speak out against it;
- support the organization of multi-media campaigns that target communities and their members;
- organize community mobilization/dialogues and awareness raising on FGM/C issues;
- support the organization of school-based campaigns to ensure that young boys and girls develop a zero-tolerance attitude to the practice of FGM;
- engage male peer educators/groups to reach out to men with FGM/C messages for youth and adults;
- use sports, art festivals and other occasions that are of interest to young men to raise awareness on FGM/C;
- organize forums for survivors of FGM/C to share their experiences with men;
- develop IEC/BCC materials that target men and use of documentaries;
- strengthen co-ordination mechanisms in countries;
- integrate FGM/C programmes into ongoing SRH and gender responsive programmes;
- revise, adopt and disseminate laws on FGM/C and

### 7.4 Using knowledge to build the evidence-base

As noted in the introduction, there is a growing evidence-base for work with men and boys on gender equality. UNFPA and its partner organizations, particularly through the MenEngage network, will support the dissemination and utilization of this existing evidence-base. In addition, UNFPA will support future research to further deepen our understanding of what works and does not work when seeking to engage with men for the promotion of gender equality and sexual and reproductive health.

<sup>12</sup> Reference [http://www.who.int/gender/documents/men\\_and\\_boys/9789241500128/en/index.html](http://www.who.int/gender/documents/men_and_boys/9789241500128/en/index.html)

<sup>13</sup> Reference - A research report entitled 'Men are Changing' provides case studies examining the impact of promising programmes and interventions working with men and boys, as well as future recommendations.

### 7.5 Monitoring and evaluation

Integrating monitoring and evaluation will be central to the successful implementation of the strategy to involve men and boys in gender equality and reproductive health interventions. The strategy clearly shows a commitment to evidence-based programming and the use of reliable data to demonstrate the achievement of results. In addition to this critical importance of M&E in programming, the UNFPA has adopted a systematic gender perspective with a results-oriented and evidence-based approach to increase the impact of UNFPA-supported programmes. (Delivering on the Quality of Promise, UNFPA's Strategic Framework on Gender Mainstreaming and Women's Empowerment, 2008-2011.)

#### The strategy proposes that M&E is to be conducted in the following ways:

- i. in a participatory manner and as a multi-stakeholder involvement process;
- ii. using scientific methodologies for accurate data collection based on a clear 'core set' of gender-sensitive programme indicators to ensure the standardization of practice and comparative analysis.

#### Monitoring and evaluation will provide the necessary information to:

- improve accountability;
- enhance efficiency and the relevance of interventions;
- enable and enhance the interpretation of sex-disaggregated data from a gender perspective;
- facilitate the documentation of best practices and inform practice;
- guide scale-up, replication and sustainability strategies;
- ensure interventions are on track;
- capture unanticipated results;
- evidence-based lobbying of resources.

#### The following are viewed as implications of M&E systems:

- i. commitment of financial and technical resources to M&E work;
- ii. conscious use of evidence-based programming from the implementers;
- iii. documentation of progress;
- iv. involvement of stakeholders.

### 7.6 Resource mobilization and in-country partnerships

UNFPA recognizes the strategic role that MenEngage networks and initiatives play in promoting gender equality and sexual and reproductive health. UNFPA has been engaging men in these areas since 1994. With the global recognition of male involvement in gender equality and sexual and reproductive health, which has contributed to the growing number of men's networks, it is only logical that synergies are built through creating and strengthening partnerships and networks.

These partnerships and networks all have expertise that offers UNFPA opportunities for achieving MDGs 3, 4 and 5. The strategic partnerships, particularly at the country level, provide a platform for sharing best practices, emerging issues, experiences and the scaling-up successful interventions.

UNFPA therefore commits to linking its country offices with local and national partners working to engage men in gender equality, particularly the MenEngage Africa network.

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
<b>Area 1:</b>  <i>Working with men to prevent and respond to sexual and gender-based violence</i>	<ul style="list-style-type: none"> <li>• Insufficient capacity and political will among leaders and decision makers to engage in the area of gender-based violence</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate and provide training for decision makers in the area of gender and reproductive health and rights</li> <li>• Lobby for adoption of gender-sensitive laws and policies including comprehensive GBV policies and laws</li> <li>• Advocate with community leaders and local institutions for broader participation of men in GBV prevention and response</li> <li>• Lobby for the inclusion of the issues of masculinity/gender in the school curriculum in conjunction with other UN agencies working on child rights</li> <li>• Develop national frameworks for male involvement endorsed by the government ministry</li> <li>• Create national structures/machineries that will be responsible for the country-based action plans and implementation</li> <li>• Strengthen relationships with CSOs, NGOs, FBOs and the government</li> </ul>	<ul style="list-style-type: none"> <li>• Leaders and decision makers have the necessary knowledge and skills to implement gender-sensitive laws and policies</li> <li>• Leaders and decisions makers become advocates for policy changes that are gender sensitive and call for the broader participation of men in GBV prevention</li> <li>• Increased political will among leaders and decision makers to engage in the area of gender-based violence</li> </ul>		
	<ul style="list-style-type: none"> <li>• Persistence of harmful traditional practices</li> </ul>	<ul style="list-style-type: none"> <li>• Advocate with custodians of traditions and religions to abolish harmful practices and promote gender and use of reproductive health services</li> <li>• Encourage the use of a culturally sensitive approach when working with communities and traditional leaders</li> <li>• Advocate with policy and law makers to adopt gender-sensitive laws and policies that address harmful traditional practices</li> </ul>	<ul style="list-style-type: none"> <li>• Harmful traditional practices are eradicated</li> <li>• Religious and traditional bodies have the necessary skills and knowledge around the harmful practice of FGM/C and what implications it has for women's bodies and reproductive health</li> <li>• Religious and traditional bodies are calling for the abandonment of harmful traditional practices and promote gender and the use of reproductive services</li> <li>• Religious and traditional bodies advocate for changes in policies and laws that address harmful traditional practices</li> <li>• Law makers are held accountable to implement policies effectively that protect women from the harmful practice of FGM/C</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
	<ul style="list-style-type: none"> <li>Insufficient awareness of gender-based violence in the communities</li> </ul>	<ul style="list-style-type: none"> <li>Use of multi-sectoral and holistic communication campaigns targeting men and women through the use of alternative communication channels including community dialogues, theatre, art and radio</li> <li>Create partnerships with children's rights-based organizations and youth-led organizations</li> </ul>	<ul style="list-style-type: none"> <li>Communities have a greater awareness of gender-based violence</li> </ul>		
	<ul style="list-style-type: none"> <li>Lack of clear strategies to address male vulnerability and masculinities</li> <li>Lack of awareness among uniformed personnel and caretakers</li> </ul>	<ul style="list-style-type: none"> <li>Conduct context-specific research to inform advocacy and programming on male vulnerability and masculinity</li> <li>Conduct dialogue sessions to engage men in positive policy change in the area of men participation in reproductive health</li> <li>Advocate for integration of gender/masculinity and male vulnerability in the educational curriculum from lower schools</li> <li>Provide training for uniformed personnel in the area of GBV</li> <li>Advocate and engage in policy dialogue with police and military strategies/policies on GBV</li> <li>Advocate for code of conduct including gender-based violence for teachers and health service providers</li> <li>Advocate with policy makers to include GBV in curriculum for health service providers, teachers and police</li> </ul>	<ul style="list-style-type: none"> <li>Strategies to address male vulnerability and masculinities clearly developed</li> <li>The education department is willing to integrate masculinity and male vulnerability in its national school curriculum</li> <li>Men are engaged and advocating for policy change in reproductive life</li> <li>Awareness among uniformed personnel and caretakers promoted</li> <li>Uniformed personnel and caretakers are aware of GBV</li> <li>GBV is included in curriculum for health service providers, teachers and police</li> <li>A code of conduct is enforced in schools and health settings around GBV</li> </ul>		
<b>Area 2:</b> <i>Working with men for HIV prevention and response</i>	<ul style="list-style-type: none"> <li>Limited male involvement in prevention, treatment care and support</li> </ul>	<ul style="list-style-type: none"> <li>Conduct participatory action research to establish the baseline and give visibility to unexpressed concerns of the special groups of men</li> <li>Stakeholders should engage in male mobilization and sensitization within their groups</li> <li>Packaging and delivery of male-friendly HIV/ AIDS prevention, care and support programmes</li> <li>Support men's coalitions and their linkage to the women's movement</li> </ul>	<ul style="list-style-type: none"> <li>Male involvement in prevention, treatment, care and support of HIV increased</li> </ul>		
	<ul style="list-style-type: none"> <li>Inadequate responsive services to men's SRH needs</li> </ul>	<ul style="list-style-type: none"> <li>Support the review and development of enabling policies for men's involvement</li> <li>Strengthen the capacity of the institutions and service providers in provision of male-friendly SRH services</li> <li>Design client-based outreach models to increase accessibility and utilization of SRH services by men</li> <li>Engage in social mobilization in favour of behaviour and social change among men</li> </ul>	<ul style="list-style-type: none"> <li>Policies are inclusive of male involvement</li> <li>More male-friendly SRH services</li> <li>Men have more access to SRH services by men</li> <li>Men are advocating for behaviour and social change among men</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
	<ul style="list-style-type: none"> <li>Limited capacity to recognize linkages between GBV and HIV and AIDS at the policy, services and programming level</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream GBV and HIV in school curriculums at all levels and establish a critical mass of social change agents</li> <li>Develop strategies for the integration of GBV and HIV as linked aspects in the policies and programmes on the provision of comprehensive SRH/HIV and AIDS services</li> <li>Strengthen co-ordination and collaboration at all levels to avoid duplication in targeting, delivery and financing</li> </ul>	<ul style="list-style-type: none"> <li>GBV and HIV are part of the school curriculums at all levels and schools have a critical mass of social change agents</li> <li>The linkages between HIV and GBV are integrated into policies and programmes in SRH/HIV and AIDS services</li> <li>Capacity to recognize linkages between GBV and HIV and AIDS at the policy, services and programming level increased</li> </ul>		
<b>Area 3:</b> <i>Increased the engagement of men and boys in the abandonment of female genital mutilation/cutting (FGM/C)</i>	<ul style="list-style-type: none"> <li>Inadequate involvement of men in efforts that target the promotion of the abandonment of FGM/C</li> </ul>	<ul style="list-style-type: none"> <li>Implement advocacy interventions against cultural practices that incorporate community, structures/ safety net mechanisms for survivors of FGM/C</li> <li>Support the establishment of networks of religious/community leaders and men in communities that support and promote the abandonment of FGM/C</li> <li>Encourage the identification of role model champions, including men who are convinced that FGM/C is a harmful practice and are willing to speak out against it</li> <li>Organize community mobilization/ dialogues and awareness raising on FGM/C issues and support the organization of school-based campaigns to ensure that young boys and girls develop zero tolerance to the practice of FGM</li> <li>Use sports/festivals and occasions that are of interest to young men to raise awareness on FGM/C and organize forums for survivors of FGM/C to share experiences with men; develop IEC/ BCC materials that target men and use of documentaries</li> <li>Strengthen co-ordination mechanisms in countries; integrate FGM/C programmes into ongoing SRH and gender-responsive programmes</li> <li>Revise, adopt and disseminate new and existing laws on FGM/C, and advocate for the implementation of the Ministry of Health guidelines on medicalization of FGM/C</li> </ul>	<ul style="list-style-type: none"> <li>Adequate programmes and strategies developed regarding the involvement of men in efforts that target the promotion of the abandonment of FGM/C</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
<b>Area 4:</b> <i>Working for obstetric fistula prevention and response</i>	<ul style="list-style-type: none"> <li>Limited male involvement in prevention and support</li> </ul>	<ul style="list-style-type: none"> <li>Conduct participatory action research to establish the baseline male involvement in the fight against fistula</li> <li>Stakeholders should engage in male mobilization and sensitization from within their groups</li> <li>Support men's coalitions and their linkage to the women's movement for the fight against fistula</li> <li>Three stages to consider include: prevention, management and care, and re-integration (counselling and psychological support). Due to social stigma this enhances mutual understanding</li> <li>Tracking monitoring tool to measure progress</li> <li>Community capacity strengthening to support cases of fistula and repair</li> </ul>	<ul style="list-style-type: none"> <li>Male involvement in prevention, and support the fight against obstetric fistula increased</li> </ul>		
	<ul style="list-style-type: none"> <li>Limited capacity to recognize the linkages between male involvement and fistula</li> </ul>	<ul style="list-style-type: none"> <li>Mainstreaming fistula and the male role in SRH</li> <li>Developing strategies for the integration of obstetric fistula as part of SRH in policies and programmes on male involvement</li> <li>Strengthen co-ordination and collaboration at all levels to avoid duplication in targeting, delivery and financing</li> </ul>	<ul style="list-style-type: none"> <li>Capacity to recognize linkages between male involvement and fistula developed and increased</li> </ul>		
<b>Area 5:</b> <i>Emerging issue for improving working with men for antenatal care</i>	<ul style="list-style-type: none"> <li>Limited male involvement in antenatal care and support</li> </ul>	<ul style="list-style-type: none"> <li>Conduct participatory action research to establish the baseline and give visibility to unexpressed concerns of men in antenatal care</li> <li>Stakeholders should engage in male mobilization and sensitization from within their groups</li> <li>Packaging and delivery of male-friendly information support programmes.</li> <li>Support men's coalitions and their linkage to the women's movement for antenatal care</li> <li>Ensure access to reproductive health centres by opening the centres during weekends and public holidays to address the reproductive health needs of busy men, as the majority of men are family breadwinners</li> <li>The CSOs and CBOs should use a holistic approach towards reproductive health by also including men in psychological support, family planning and couples testing</li> <li>Establish centres in areas of conflict to help provide reproductive health services to those in conflict (armed forces and civilians)</li> </ul>	<ul style="list-style-type: none"> <li>Male involvement in antenatal care and support is increased</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
	<ul style="list-style-type: none"> <li>Inadequate services for male concern for antenatal care</li> </ul>	<ul style="list-style-type: none"> <li>Support the review and development of enabling policies to men's involvement in antenatal care</li> <li>Strengthen the capacity of institutions and service providers in the provision of male antenatal care services</li> <li>Design client-based outreach models to increase accessibility and utilization of SRH services by men</li> <li>Engage in social mobilization in favour of behaviour and social change among men</li> </ul>	<ul style="list-style-type: none"> <li>Adequate services for male concern for antenatal care developed</li> </ul>		
	<ul style="list-style-type: none"> <li>Limited capacity to recognize the role of men in antenatal care at the policy, services and programming level</li> </ul>	<ul style="list-style-type: none"> <li>Mainstreaming men's involvement in antenatal care in school curriculums and at all levels and establish a critical mass of change agents</li> <li>Developing strategies for the integration of men's involvement in antenatal care as linked aspects in the policies and programmes on the provision of comprehensive SRH</li> <li>Strengthen co-ordination and collaboration at all levels to avoid duplication in targeting, delivery and financing</li> </ul>	<ul style="list-style-type: none"> <li>Adequate services developed for male concern for antenatal care</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
<b>Area 6:</b> <i>Improving men's own sexual and reproductive health</i>	<ul style="list-style-type: none"> <li>Inadequate health infrastructure to meet men's SRH needs as most of the health facilities are designed in the traditional maternal and child health set up, which does not attract men</li> <li>Inadequate capacity among health workers to appreciate and respond to men's health needs (most health workers are women and in most cases they do not understand the SRH needs of men)</li> </ul>	<ul style="list-style-type: none"> <li>Develop/review/operationalize/adapt and implement policy, strategies and programmes, that take into account the needs of men in SRH and promoting men-friendly health services</li> <li>Mobilization of resources for co-ordinating the work</li> <li>Promotion of research on men and SRH</li> <li>Capacity build health workers to address men's SRH needs (increase in SRH knowledge and skills, and equipment)</li> </ul>	<ul style="list-style-type: none"> <li>Adequate health infrastructure to meet men's SRH needs as most of the health facilities are designed (or are included) separately with the traditional maternal and child health set up</li> <li>Capacity of health workers is readapted to appreciate and respond to men's health needs</li> </ul>		
	<ul style="list-style-type: none"> <li>Low health-seeking behaviour among men as experience has shown low health-seeking behaviour among men for sexually transmitted diseases, infertility, family planning, erectile dysfunction, impotence as well as issues related to SRH cancers such as prostate cancers</li> <li>Negative cultural and religious influences towards men seeking SRH services (e.g. male circumcision regarded as taboo, resulting in men becoming vulnerable to HIV and STIs). Some cultures discourage men from seeking health care in case of an illness</li> <li>Absence/inadequacy / failure of policy, strategies and programmes to deliver for men. Most countries lack policies; some do not reinforce the existing policies to enhance men's participation and access to SRH services</li> <li>Absence /lack of information on SRH, sexual health and general health for men. There is limited information related to men's SRH</li> <li>Inadequate services and specialised personnel to address men's SRH issues. There is limited knowledge and services (including counselling) for men's SRH</li> </ul>	<ul style="list-style-type: none"> <li>Integrating male-oriented sexual and reproductive health services in the existing health care systems</li> <li>Develop and implement communications strategies with male-targeted and tailored messages, channels and media</li> <li>Advocate for the establishment of men-friendly health facilities within existing health facilities</li> <li>Rebranding health facilities to become male-friendly and provide incentives where necessary including T-shirts/IEC handouts</li> <li>Community mobilization of men through peer education and men's networks/settings</li> <li>Engage gate keepers of cultural and religious beliefs and practices (dialogue), including traditional healers and medicine men</li> </ul>	<ul style="list-style-type: none"> <li>Health-seeking behaviour among men for sexually transmitted diseases, infertility, family planning, erectile dysfunction, impotence as well as issues related to SRH cancers such as prostate cancers is increased</li> <li>Positive cultural and religious influence towards men seeking SRH services</li> <li>Adequate policies, strategies, programmes is developed for men to enhance their participation in and access to SRH services</li> <li>Information on SRH and sexual health for men is vulgarized and disseminated</li> <li>Adequate services are developed to address men's SRH issues</li> <li>Specialised personnel are trained to address men's SRH issues</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
	<ul style="list-style-type: none"> <li>Insufficient and low level of understanding and knowledge among health service providers about the SRH care needs of men resulted in services not available, and even when available they are often not male-friendly and/or provided in a less-than-integrated fashion</li> <li>Poor health-seeking behaviour among men in regards to SRH services: limited or no services, including a lack of information packages targeting men and their low level of awareness on SRH issues, lead to men's poor health care-seeking behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the delivery of integrated SRH services to incorporate men's needs</li> <li>Advocate for the availability of a policy framework and guidelines that are responsive to the SRH needs of men</li> <li>Capacity building of health service providers through training, dialogue and awareness-raising sessions</li> <li>IEC/BCC/community mobilization including the engagement of existing men's networks and peer education</li> </ul>	<ul style="list-style-type: none"> <li>Health care providers are adequately trained and are knowledgeable and empathetic towards the needs of men and provide a professional service</li> <li>A significant increase in the use of IEC materials, BBC and community mobilization to create awareness and education around men's health needs</li> <li>Male-friendly services are developed and provided in an integrated approach</li> <li>Health-seeking behaviours among men are increased for sexually transmitted diseases, infertility, family planning, erectile dysfunction, impotence as well as issues related to SRH cancers such as prostate cancers</li> </ul>		
<b>Area 7:</b> <i>Working with men's special groups</i>	<ul style="list-style-type: none"> <li>Lack of sufficient and positive engagement with the special groups as the gender policies and programme frameworks do not adequately incorporate special groups</li> </ul>	<ul style="list-style-type: none"> <li>Command systems for the people in uniform/ forces and existing networks that engage with special groups of men, institutional mapping and system strengthening of special groups and service providers to respond to and deliver on the needs of these special groups</li> <li>Adoption of a rights-based communication approach to enhance participation of the special groups to ensure gender equality and reproductive health, and publications of IEC materials for more awareness and sensitization</li> <li>Creating male-friendly environment and male-specific services</li> <li>Capacity building mechanisms for health care workers</li> <li>Establish advocacy support groups targeting outreach interventions for men's special groups</li> </ul>	<ul style="list-style-type: none"> <li>Rights-based communication strategy has been developed for participation of special groups to ensure gender equality and reproductive health</li> <li>The needs of special groups are understood by uniform/forces and existing networks</li> <li>Policies and programmes are inclusive of special groups for men (i.e. traditional leaders, military, police, religious leaders)</li> <li>Policy and advocacy strategies target these special groups of men</li> <li>Baseline is developed to identify the needs gaps within this group and design effective programmes that address gender equality and the sexual and reproductive health needs of this group</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
<b>Area 8:</b> <i>Strengthened partnerships with organizations working in the area of male involvement</i>	<ul style="list-style-type: none"> <li>Limited awareness, non existence or limited number of men's networks (in particular, for young men), weak co-ordination mechanisms, and interventions between men's and women's networks</li> </ul>	<ul style="list-style-type: none"> <li>Mapping of existing male intervention initiatives</li> <li>Advocacy and awareness creation for the expansion of men's networks and the integration of male involvement initiatives in the global men leaders' network, such as the SG UNITE campaign</li> <li>Support for resource mobilization initiatives; networking/building alliances by working with existing structures like women's movement</li> <li>Capacity building of MI/networks (including new ones) in communication and strategic planning to develop/expand their interventions and strengthen co-ordination, and develop a culture of monitoring and evaluation by adopting criteria for performance for the sustainability of men's networks</li> <li>Linking with UNFPA country offices the organizations working on male involvement</li> </ul>	<ul style="list-style-type: none"> <li>Awareness, men's networks (in particular for young men), co-ordination mechanisms, and interventions between men's and women's networks developed and increased</li> </ul>		
<b>Area 9:</b> <i>Strengthening youth involvement towards gender transformation in the Africa region</i>	<ul style="list-style-type: none"> <li>The existing participatory youth mechanisms often do not allow young people to contribute meaningfully to the decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>Rejuvenate the youth steering committee within the regional MenEngage Alliance and establish youth tracks in country networks</li> <li>Strengthen and foster partnerships with key regional structures and youth serving organizations promoting safe spaces for youth-led regional initiatives to share experiences and good practices (regional consultative meetings)</li> <li>Build capacity of youth organizations, CBOs, NGOs, FBOs to be able to address gender inequalities, focusing on young men and boys</li> </ul>	<ul style="list-style-type: none"> <li>Existing regional youth steering committee</li> <li>Number of partner organizations existing and working together</li> <li>Organizations capacitated to address gender inequalities focusing on young men and boys</li> </ul>		



## Logical framework for future strategic actions

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
	<ul style="list-style-type: none"> <li>Access to youth-friendly health care services for young men and boys regarding their SRH and family planning needs</li> </ul>	<ul style="list-style-type: none"> <li>Transform the mindsets of young people with respect to supporting regional gender transformative programmes targeting young men and boys by supporting and developing gender transformative BCC/IEC materials</li> <li>Create national linkages with the government's ministry of health and civil society organizations to develop youth-friendly services/facilities regarding SRH/family planning</li> <li>Work with national government ministries and community organizations to reinforce existing policy; if they don't exist, support national countries to create policies regarding access to SRH/family planning facilities for youths</li> </ul>	<ul style="list-style-type: none"> <li>Young people accessing health care facilities</li> <li>Youth-friendly services developed for youths</li> </ul>		
	<ul style="list-style-type: none"> <li>Media misrepresentation of gender roles and attributes negatively influence the behaviour of young men and boys towards women and girls</li> </ul>	<ul style="list-style-type: none"> <li>Conduct training workshops and build the capacity of media organizations/associations to be more gender sensitive</li> <li>Engage media in planning and promoting gender transformative messages</li> </ul>	<ul style="list-style-type: none"> <li>Media agencies sensitized on gender transformation messages and how to package them</li> </ul>		
<b>Area 10:</b> <i>Involving men in gender transformative programmes in conflict and post-conflict humanitarian settings in the Africa region</i>	<ul style="list-style-type: none"> <li>The use of sexual violence as a weapon of war by armed groups targeting women and girls especially, leaving everyone vulnerable to GBV and HIV and AIDS</li> </ul>	<ul style="list-style-type: none"> <li>Mobilize regional organizations to ensure that there is a focus on gender and the protection of women in all humanitarian responses</li> <li>Mobilize regional organizations to ensure that women associated with fighting groups are accounted for in demobilization processes</li> <li>The United Nations and regional organizations to take action to protect women and children in times of conflict, particularly from sexual violence</li> <li>Governments and military leaders to take action to prevent sexual violence by troops, and to discipline those who are found committing these acts</li> </ul>	<ul style="list-style-type: none"> <li>Regional organizations, the UN agencies and the government working together, developing policies, and strategies to prevent sexual violence in conflict settings, and to provide health services, psycho-social support in post-conflict settings</li> </ul>		

Strategic focus areas	Emerging issues	Strategies	Expected outcomes	Time frame	Responsibility
<b>Area 11:</b> <i>Strengthened monitoring, evaluation and research systems</i>	<ul style="list-style-type: none"> <li>Lack/insufficient data for evidence-based programming, including no accurate/reliable baseline data for benchmarking and lack of sex disaggregated data in the police's crime statistics</li> <li>Insufficient monitoring, evaluation and research skills and expertise among staff implementing male involvement programmes</li> <li>Lack/weak institutionalization of monitoring and evaluation processes and quality assurance (QA) procedures</li> <li>Few and/or weak evaluation and impact assessment studies. Existing research gaps or areas of further research such as policy structural changes and policies have led to large-scale changes in men and masculinity and longitudinal research to understand and assess the impact of earlier gender transformative practices such as men's involvement as fathers in early childhood</li> </ul>	<ul style="list-style-type: none"> <li>Support formative research and baseline surveys for evidence-based and culturally-sensitive programming. In particular, support the roll out of the International Men and Gender Equality Survey (IMAGES) within the region</li> <li>Strengthen monitoring and evaluation capacity for effective design, implementation, monitoring and evaluation of male involvement programmes</li> <li>Allocate adequate resources for monitoring and evaluation, including formative, mid-term, end-of-project and post-project evaluations</li> <li>Facilitate evidence-based advocacy and develop strategic partnerships with academic and research institutions to inform their research agenda.</li> </ul>	<ul style="list-style-type: none"> <li>Quality data for evidence-based programme including accurate/reliable baseline data for benchmarking and sex disaggregated data from the police's crime statistics are collected and disseminated</li> <li>Monitoring, evaluation and research skills and expertise are improved among staff implementing male involvement programmes</li> <li>Monitoring and evaluation processes and quality assurance (QA) procedures are institutionalized</li> <li>Resources have been secured to be able to conduct evaluations at different times during the year</li> <li>Partnerships have been established with relevant research and academic institutions to establish evidence-based advocacy</li> </ul>		

## Scaling up interventions and improved sustainability

While there has been significant growth in the number and type of programmes and projects in Africa seeking to engage men and boys in gender equality, as has been noted these interventions remain primarily local in scale, limited in scope and short term. In order to transform the pervasive gender inequalities that characterise many African communities and nations, particularly within sub-Saharan Africa, a scaling up and widening in scope of the programmes and models already known to be effective is imperative. Developing and implementing a shared policy agenda on engaging men and boys for gender equality, as previously referred to, will also be key to ensuring a greater future impact. This is the task the UNFPA is committed to spearhead through facilitating support for organizations that work towards this goal. UNFPA will seek to do this through an integrated approach with other UN agencies and international partners.



# 10 Moving forward

This strategy document seeks to facilitate the development of a regional agenda to engage men and boys in the promotion of gender equality and sexual and reproductive health. It contains a broad range of recommendations for UNFPA action in collaboration with partner organizations, in particular the MenEngage network. A key suggested starting point is for joint dialogue sessions between UNFPA, CSOs, governments, and the UN family at the country level to identify opportunities to launch and support country actions. Countries are invited to identify relevant strategies and actions from the Framework, to cost them, identify resource gaps and then present them to UNFPA. In addition, MenEngage country networks are encouraged to identify strategies and actions in the Framework that they can take forward and, in collaboration with UNFPA country offices, explore possible exchange programmes for mutual support and learning.



