

Illustrative Indicators for Programming in Men & Reproductive Health

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Illustrative indicators for programming in men & reproductive health

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Objective	Type of Activity	Indicator (s) (the ones in italics are process indicators; the others are outcome indicators)	Where/How to collect the necessary data
<p>I. Meet the reproductive & sexual health needs of men. Programming categories: demand creation (IEC about services), new services, improvements in services, provider training, organizational commitment & objectives.</p>	<p>1. Participatory community diagnosis of men's RH problems & services needs, from the perspective of men, women, adults & adolescents</p>	<p>A. <i># of participants (men & women & different age groups) who participated in discussions</i></p>	<p>A. <i>Project reports</i></p>
	<p>2. Community-based RH education & services, including, for example, working with NGOs to add a men's component; employer-based gender & RH information programs & commodities distribution; or adding RH modules in community-based training/educational activities often aimed at men (e.g. agriculture extension)</p>	<p>A. <i># of men & women reached by educational activities</i></p> <p>B. Changes in % of men who know about male methods & where to obtain RH services</p> <p>C. Changes in attitudes & knowledge RE men's RH</p> <p>D. Changes in use of men's RH services including those that address sexual dysfunction, infertility, cancer & STDs</p>	<p>A. <i>Project records</i></p> <p>B. Pre/post Interviews</p> <p>C. Qualitative interviews including some men who don't use services</p> <p>D. Clinic records</p>

		E. Changes in use of condoms	E. Service statistics; Condom distribution data; client interviews
	3. Mass media activities, including talk shows, TV/Radio spots, comic books, dramas/soap operas, bill boards, that highlight health info on men's RH & where to obtain services	A. <i># of activities undertaken</i> B. Changes in men's attitudes & knowledge about men's RH & where to obtain services C. Changes in use of men's RH services including those that address FP, sexual dysfunction, infertility, cancer, STDs D. Change in # of men using condoms	A. <i>Project records</i> B. pre/post survey; Qualitative interviews C. Clinic records D. Condom distribution data; client interviews
	4. Sexuality education programs for boys & adolescent males in & out of school	A. <i># of male participants</i> B. Changes in young males knowledge & behavior of their own sexual health throughout the life cycle	A. <i>project reports</i> B. Survey, FGD/in-depth interviews

	5. Provider training to include or improve services for men	<p>A. <i># of training sessions held; # of providers trained</i></p> <p>B. Changes in knowledge & attitudes among providers about men's needs</p> <p>C. # of men using the services</p>	<p>A. <i>Project records</i></p> <p>B. Pre-post training assessments; client interviews</p> <p>C. Clinic records</p>
	6. Reduce FP service bias that favors women by provider training & by offering services at sites & times well suited to male clients	<p>A. Changes in location & hours of SDP based on assessments of men's needs</p> <p>B. Satisfaction of male clients with services/ hours/location</p>	<p>A. clinic records, observations</p> <p>B. client exit interviews</p>
	7. Improving the quality & accessibility of vasectomy services through provider training & IEC	<p>A. Changes in knowledge of & attitudes toward vasectomy by service providers</p> <p>B. Changes in knowledge of & attitudes toward vasectomy among men & women</p> <p>C. Changes in demand for vasectomies</p> <p>D. Changes in level of technical skill to provide no-scalpel vasectomy</p>	<p>A. Pre & post training survey; FGDs</p> <p>B. Pre & post training survey; FGDs</p> <p>C. Clinic records</p> <p>D. Observation</p>

	8. Social marketing for condoms	<p>A. # of condoms sold/changes in condom availability or # of sites where available</p> <p>B. Changes in # of men/couples who report condom use</p> <p>C. Changes in knowledge & attitude toward condoms' role in FP & disease prevention</p>	<p>A. project records</p> <p>B. Include in DHS-type surveys</p> <p>C. Include in DHS-type surveys; FGDs</p>
	9. Provide high-quality, discreet STD/HIV services to men	<p>A. Changes in quality of services*</p> <p>i. demonstrates good counseling skills</p> <p>ii. performs clinical procedures according to guidelines</p> <p>iii. treats clients with dignity & respect</p> <p>B. Changes in prevalence of STDs among men</p>	<p>A. Clinic observations, client exit interviews</p> <p>B. Sentinel surveillance systems; clinic records</p>
	10. Conduct research on male methods	<p>A. # of studies undertaken on male methods</p> <p>B. New male methods developed</p>	<p>A. Assessment of funders' documents/reports from research organizations</p> <p>B. Literature assessments</p>

* The MAQ M&E group has prepared a detailed list of QC indicators

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<p>II: Increase men’s support for women’s sexual & reproductive health. Programming categories: couple & individual counseling (for men & women), as appropriate; IEC & outreach, especially to youth; reproductive health education in schools & for out-of-school youth</p>	<p>1. As part of training for providers on CPI (client-provider interaction) , include a component on reproductive rights, & the importance of including men, & couple communication</p>	<p>A. <i>relevant training materials developed or adapted to include a male component</i> * ; # of providers trained</p> <p>B. Changes in providers’ knowledge & attitudes about the roles men can play in support of women’s RH</p> <p>C. Changes in provider attitudes/practices in terms of including men in counseling sessions</p> <p>D. Changes in clinic hours to make it easier for couples to come in together</p> <p>E. Change in # of men attending counseling sessions, either with partner or alone</p>	<p>A. <i>Project records</i></p> <p>B. Before & after training assessments: questionnaires or interviews</p> <p>C. Client exit interviews (pre/post)</p> <p>D. Clinic records</p> <p>E. Clinic records</p>

* PRIME is developing a set of CPI modules that can be used for this training.

	2. Outreach to include partners (if the woman wants it) in post-abortion care/counseling, including family planning	<p>A. Changes in attitudes toward abortion/ support for the women.</p> <p>B. Changes in partners' participation</p>	<p>A. In-depth interviews; pre/post intervention survey</p> <p>B. Clinic records</p>
	3. Including sessions in community-based education, specifically for men or which include men, about the danger signs of pregnancy/delivery & how to address them, e.g., development of emergency transportation plans	<p>A. Changes in men's understanding of danger signs & required actions during pregnancy & delivery</p> <p>B. Development & implementation of community-based emergency plans</p> <p>C. Changes in men's facilitation of use of referral/birthing centers</p>	<p>A. Before & after training assessments</p> <p>B. Assessment of plans</p> <p>C. Clinic records</p>
	4. Youth peer counseling & education programs for males on women's RH & rights	<p>A. <i>Relevant materials developed; # of TOT sessions held; # of peer counselors trained</i></p> <p>B. Changes in knowledge, attitudes & skills among the male peer educators & counselors on women's RH & rights</p>	<p>A. <i>Project records</i></p> <p>B. Before & after training assessment; observations at several points in time</p>

		<p>C. Changes in knowledge, attitudes & practices among young men about</p> <ul style="list-style-type: none"> i. rights, violence ii. gender roles iii. RH behaviors iv. age at first sexual experience or marriage v. good parenting 	C. Tailored survey or qualitative assessments
	<p>5. BCC programs on family planning to help men understand benefits of smaller families and their role in fertility regulation: could be programs at the workplace sports center or media activities</p>	<p>A. <i># of BCC activities/ materials developed, pretested & disseminated</i></p> <p>B. Changes in men's knowledge & attitudes re their role in family size decision making</p>	<p>A. <i>Project records</i></p> <p>B. Pre/post interventions survey; qualitative assessments</p>
	<p>6. BCC programs on STIs to help men understand their role in keeping women healthy</p>	<p>A. <i># of BCC activities/ materials developed, pretested & disseminated</i></p> <p>B. Changes in men's knowledge & attitudes re their sexual behavior related to women's RH</p>	<p>A. <i>Project records</i></p> <p>B. Pre/post interventions survey; qualitative assessments</p>
	<p>7. BCC/new fathers programs on breastfeeding designed to help men understand the benefits of breastfeeding & what they can do to support their wives</p>	<p>A. <i># of BCC activities/ materials developed, & new fathers programs held</i></p> <p>B. Changes in men's knowledge & attitudes toward breastfeeding</p>	<p>A. <i>Project records</i></p> <p>Pre/post interventions survey; qualitative assessments</p>

	<p>7. BCC programs/ community meetings on FGM to help men understand their role in supporting or eliminating this custom</p>	<p>A. <i># of BCC materials developed & disseminated; # of meetings held</i></p> <p>B. Changes in men's attitudes toward FGM, especially for their own daughters, granddaughters, future wives.</p>	<p>A. <i>Project records</i></p> <p>B. Pre/post interventions survey; qualitative assessments</p>
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<p>III. Promote gender equity, particularly concerning reproductive rights, reproductive health decision making, & children’s well being.</p> <p>Programming categories: community mobilization for normative change, education on gender equity, communication to support behavior change (mass media, policy level work)</p>	<p>1. IEC approaches to policymakers (the majority of whom are assumed to be male) to promote the health benefits of reproductive rights & gender equity</p>	<p>A. <i># of materials developed/activities undertaken</i></p> <p>B. <i># of policy makers attending meetings on gender & human rights issues</i></p> <p>C. # of policy statements, especially concerning Cairo, Beijing & Vienna</p> <p>D. Changes in language & implementation of policies & legislation, especially those related to male gender norms which affect RH</p> <p>E. Change in policymakers’ attitudes/knowledge re male gender norms & women’s RH & rights</p>	<p>A. <i>Project reports</i></p> <p>B. <i>Project reports/Meeting records</i></p> <p>C. Assessments of leaders speeches, government publications & newspaper articles (pre/post intervention)</p> <p>D. Review of policy/legislation texts; review of national budgets</p> <p>E. Pre/post panel interviews with policymakers</p>

	<p>2. Anti-violence activities & campaigns, including quantitative & qualitative data collection (if needed), work with hospitals/police/ courts to identify victims, community-based activities to address root causes, working with perpetrators.*</p>	<p>A. <i># of materials developed/activities undertaken</i></p> <p>B. Changes in individual (women's & men's) & community attitudes toward violence</p> <p>C. Changes in the way police/hospitals/ courts deal with victims of violence</p> <p>D. Extent of media coverage condemning violence against women</p> <p>E. Changes in rates/ incidence of violence against women</p> <p>F. Changes in perceptions of amount of violence</p>	<p>A. <i>Project reports</i></p> <p>B. In-depth interviews (before & after); Include questions in population-based surveys</p> <p>C. Police/hospital/court records; interviews with employees; interviews with people using these services</p> <p>D. Clipping services & other "text" assessments of media coverage (pre/post intervention)</p> <p>E. Population-based surveys at points in time before & after intervention</p> <p>F. Focus groups & in-depth interviews with a range of age groups & both men & women.</p>
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* Work is needed to develop more sophisticated ways of measuring the incidence of violence, including ways to reflect violence occurring at different points in a woman's life, different degrees of severity & different perpetrators. At the beginning of an anti-violence intervention, it may appear that rates go up because more incidents are reported. Substantial work is needed in this area.

		<p>G. # of community groups created to combat violence (with male & female members)</p> <p>H. Change in policies or enforcement of anti-domestic violence policies</p>	<p>G. Project Records</p> <p>Assessment of legislation/policy texts; police records</p>
	<p>3. Community-based activities to examine & modify men's values concerning masculinity, human rights & gender roles</p>	<p>A. Increases in men's knowledge of women's rights as human rights</p> <p>B. Changes in men's attitudes about gender roles</p> <p>C. More equitable communication about & sharing of household & child-rearing tasks</p> <p>D. Increased girls' school enrollment rates</p> <p>E. Improvements in indexes of women's empowerment & decisionmaking</p>	<p>A. Before & after interviews with participants</p> <p>B. Same</p> <p>C. Same; survey on household communication & decisionmaking</p> <p>D. School records</p> <p>E. Population-based surveys</p>

	<p>4. Modules for school- based youth & special events to examine & modify gender roles with a focus on what it means to be a man. Topics include attitudes toward relationships with girls; responsible sexual behavior; how to act responsibly if girlfriend is pregnant; what constitutes harassment & coercive sex</p>	<p>A. <i>Development & pre-testing of high quality modules</i></p> <p>B. Effective TOT in use of modules</p> <p>C. changes in knowledge & attitudes of boys & girls RE gender roles</p>	<p>A. <i>Project reports</i></p> <p>B. Training evaluations (pre/post questionnaires, follow-up observations)</p> <p>C. Before & after training assessments – questionnaires or interviews</p>
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