Selecting Key Indicators for Male Engagement in Family Planning

Forum Report

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MEASURE Evaluation

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CONTENTS

ABBREVIATIONS

DHS	Demographic and Health Survey
FP	family planning
M&E	monitoring and evaluation
MEFP	male engagement in family planning
RH	reproductive health
USAID	United States Agency for International Development

INTRODUCTION

Organized family planning (FP) programs have traditionally focused primarily on women. With gender equity gaining recognition as a prerequisite for better health, more attention is being placed on deliberately engaging men, including male youth, in learning about, supporting, and using FP services and products. Efforts to engage men often follow a framework that depicts men's roles in three overlapping areas (Greene, et al., 2006):

• **Men as clients and beneficiaries**: Men and adolescent boys receiving FP methods or counseling on male-controlled and cooperative methods. This area addresses men's FP needs.

• **Men as supportive partners**: Men and adolescent boys actively engaging as a full partner in FP issues, and communicating and negotiating fertility desires and FP use. This area engages men as supportive partners.

• **Men as agents of change**: Men and adolescent boys acting as leaders in shifting underlying community and cultural norms, attitudes, and behaviors toward women and girls and their place in the family, communities, and society at large. In this area, men's role is to promote gender equality as a means of improving men's and women's reproductive health (RH) as an end in itself.

Although male engagement is becoming more common in FP strategies and interventions, effective monitoring and evaluation (M&E) of this approach lags. MEASURE Evaluation—funded by the United States Agency for International Development (USAID)—recently conducted a review, "Male Engagement in Family Planning: Gaps in Monitoring and Evaluation" (Adamou, Iskarpatyoti, Agala, & Mejia, 2017; https://www.measureevaluation.org/resources/publications), which identifies gaps in the M&E of male engagement in FP (MEFP) and makes recommendations to address the gaps. They included the identification of strong, high-quality indicators to monitor and evaluate MEFP interventions. To achieve consensus on key indicators for MEFP, MEASURE Evaluation conducted an online forum to discuss a set of proposed indicators with experts in the field.

USAID supports voluntary FP in low- and middle-income countries, because it recognizes that annually, access to FP can reduce the number of maternal deaths by 30 percent and save the lives of 1.4 million children under the age of five and can help to achieve all 17 Sustainable Development Goals by 2030.[1] The forum advanced MEASURE Evaluation's contributions to the agency's global health goals.

[1] https://www.usaid.gov/what-we-do/global-health/family-planning

OVERVIEW

To introduce the forum, we conducted a kick-off webinar on January 23, 2018 (MEASURE Evaluation, 2018b), entitled "Selecting Key Indicators for Male Engagement in Family Planning." Both the webinar and online forum were led by Bridgit Adamou and Brittany Iskarpatyoti, the lead authors of the review on gaps in M&E of MEFP. Leveraging the Male Engagement Task Force, we invited experts in the field of MEFP to participate in the webinar and forum. The Male Engagement Task Force is an information and knowledge exchange network on what it means to engage men and boys in health promotion and gender equality, why we should engage men and boys, the benefits of doing so, how to do it, and what does and does not work (Interagency Gender Working Group, 2018). The webinar provided an overview of MEASURE Evaluation's review of the gaps in M&E of MEFP; explained the criteria that were applied to select strong indicators; and introduced participants to the online forum for gathering feedback on the indicators and informing the selection of key indicators for MEFP (MEASURE Evaluation, 2018a).

Forty-two people joined the online forum, hosted by Google Groups. In addition to members of the Male Engagement Task Force, we encouraged participants to forward the forum invitation to organizational or project staff who had experience in MEFP and/or M&E. Participating experts came from a variety of backgrounds, organizations, and countries. Through the online forum, we facilitated a discussion over a period of four weeks, organized as follows:

Week 1 (January 23–26, 2018): Launch forum and introduce ourselves

Week 2 (January 29–February 2): Discuss the indicators for men as clients

Week 3 (February 5–9): Discuss the indicators for men as partners

Week 4 (February 12–16): Discuss the indicators for men as agents of change; summarize the discussion and close forum

We asked forum participants to share their experiences with and reactions to the proposed indicators, discuss potential missing key indicators, and share solutions to reach consensus on key indicators for measuring MEFP.

FORUM SUMMARY & RECOMMENDATIONS

We identified 18 strong, high-quality indicators for MEFP, which were organized by programmatic focus (i.e., men as clients, men as partners, and men as agents of change) and level of intervention (i.e., individual, community/facility, and structural). For each of the indicators, we posed the following questions:

- Based on the selection criteria we presented in the report [the Adamou, et al. review document], do you agree that these indicators should be considered key indicators for men as FP clients/men as partners/men as agents of change? Why or why not?
- Is there an indicator missing that you consider key for this area, and if so, why?
- Do you have any suggested changes to any of the proposed indicators?

The following table summarizes the indicators that were discussed. Indicators that were not part of the original 18 proposed by the facilitators but were suggested by group members *are italicized*. Participant comments (either through the forum or by direct message to the facilitators) and the facilitators' thoughts are noted and are presented along with recommendations for the future. Indicators that are recommended as key indicators are **in bold**.

Level	Indicator	Comments	Recommendations
Men as Clients			
Individual	**Percent distribution of all men, of currently married men, and of sexually active unmarried men by contraceptive method currently used, according to age (outcome)**	(Participant): It may be better to include the disaggregates in the indicator reference sheet and shorten the language of the indicator to just "all men." (Facilitators): Agreed. It is good practice for indicator language to be clear and succinct, with extra information (e.g., disaggregation, reference periods, clarifications) included in the indicator reference sheet.	Revise the indicator to "Percent distribution of contraceptive methods currently used by men or their sexual partner" **Key indicator**
	Percent of men who have ever used any male FP method or FP method that requires male cooperation (outcome)	Demographic and Health Survey (DHS) indicator from the men's survey; can also be collected by programs.	**Key indicator**
	Men's condom use at last sex (outcome)	DHS indicator from the men's survey; can also be collected by programs.	**Key indicator**

Level	Indicator	Comments	Recommendations
	Knowledge and self-efficacy (outcome), e.g., percent of men who know the benefits of using an FP method; percent of men who know how to use a FP method; percent of men who could obtain a method of FP if they decided to use one; percent of men who could obtain a method of FP even if none of their friends or neighbors use one.	(Facilitators): Many programs and projects collect data on knowledge, but we learned that how knowledge is defined and the data that are collected vary widely. For example, data for an indicator such as the percent of men who know how to use an FP method can be collected through a knowledge, attitude, and practices survey or through observation. These methods yield very different levels of information about knowledge. Moreover, the percentage of men who know the benefits of using a FP method seems like a good indicator, but in the general population, the figure is going to be so high (likely more than 90%) and with minimal variance that it would not be programmatically important or practical to collect the data.	Programs should collect knowledge and efficacy indicators when appropriate. Standardizing this indicator as a key measure that is useful and programmatically important may not be practical. Further development is needed. Do not currently recommend as a key indicator.
	Men counseled on FP and men satisfied with FP method and service	(Participants): Under men as clients, we saw a gap in service quality indicators, including counseling on method choice and side effects. We have tracked indicators, such as this one, with client exit interviews that are administered to all FP clients (male and female).	While important, and information that projects or implementing partners may wish to capture, counseling on FP is not included as a KEY indicator for women or men. Not recommended as a key indicator for MEFP.
Community/ Facility	Number of male condoms distributed (output)	(Participants): Distribution does not equate to use, especially for condoms. May not be a meaningful proxy indicator.	May not meet the needs of a key indicator but should continue to be collected and

Level	Indicator	Comments	Recommendations
		Not necessarily relevant to all types of MEFP programs.	reported by applicable programs. Not recommended as a key indicator for MEFP.
	Number/percent of vasectomy referrals (output)	(Facilitators): This is number of referrals made, not completed. Completion is very hard to measure consistently with quality. While not necessarily relevant to all types of MEFP programs, vasectomy is one of the few male-specific FP methods and should be tracked as a key MEFP indicator.	Indicator reference sheets uploaded to the Family Planning/ Reproductive Health Indicators Database will include the purpose of the indicator. This is an appropriate place to explain or provide examples about how the indicator should be used. **Key indicator**
	Number/percent of facilities that offer vasectomy services (output)	(Facilitators): This indicator measures whether facilities offer vasectomy; it does not include quality or readiness. Those aspects could be measured as part of a program. This indicator allows for a quick assessment of the availability of services. While not necessarily relevant to all types of MEFP programs, vasectomy is one of the few male-specific FP methods and should be tracked as a key MEFP indicator.	**Key indicator**
	Number of FP providers trained on male- specific FP (output)	(Facilitator): Many programs include training as an activity. It is important for programs to assess the extent of their training activities. Programs may want to include the complementary indicator: number/percent of trainees who have mastered relevant knowledge. This can be a process or output indicator.	**Key indicator**

Level	Indicator	Comments	Recommendations
	Number of vasectomies performed (outcome)	(Facilitator): While not necessarily relevant to all types of MEFP programs, vasectomy is one of the few male-specific FP methods and should be tracked as a key MEFP indicator.	**Key indicator**
Structural	**Inclusion of vasectomy in FP guidelines, strategies, regulations, or policies (outcome)**	(Facilitators): This is a dichotomous indicator (yes/no) but does provide information on the political and structural support for MEFP.	**Key indicator**
Men as Partners			
Individual	Couple-years of protection (CYP) (impact)	(Participants): This indicator does not qualify; by definition, it measures contraceptives sold or distributed. How do we know that the contraceptives were used in a way that respects women's autonomy or whether there was any engagement by men to get the CYP number?	This should be included as a key FP indicator, but it is not specific to MEFP. Not recommended as a key indicator for MEFP.
	Percent of men who support the use of modern contraception for themselves or their partners (outcome)	Facilitators): This indicator tracks men's involvement in FP decision making and method use by supporting the men's partners in their use of modern methods. Although some argue that this type of involvement does not go far enough, in societies where men have withheld support, backing their partners in using modern methods can represent an important step forward.	**Key indicator**
	Percent of men who share in decision making about RH issues with their spouse or sexual partner (outcome)	(Facilitators): May include bias and may require follow-up probes to clarify whether decision making was "shared." Imperative to collect information on consensus-driven decision making.	**Key indicator**
	Percent of men who disagree that contraception is a	(Facilitators): DHS indicator from the men's survey; can also be collected by programs.	**Key indicator**

Level	Indicator	Comments	Recommendations
	woman's business and a man should not have to worry about it (outcome)		
	Couples' communication	(Participants): What about the percent of men who could start a conversation with their partner about FP? Couple negotiation skills have proved critical to increasing the uptake of contraceptive methods. Is there an indicator that we could use to track the number of men who participated in couples' negotiation training? Or the number of counselors who have been trained to provide couples negotiation training? (Facilitators): In our review, we found many diverse indicators used by different programs to collect data on couples' communication. There did not seem to be one accepted indicator or standardized wording. For example, all men could start a conversation, but do they feel comfortable doing so? Have they done so? What is the definition of couples negotiation training? When we thought about these types of indicators and whether to include them in our recommendations, we considered how we define communication at its basic level. How do we know whether the communication is positive (i.e., a contentious argument versus a productive discussion) and do we have an opinion on what qualifies as a "conversation" or "communication" (i.e., non-verbally suggesting a condom versus casually asking if your partner went to the clinic versus discussing the types of FP	There are currently no good, validated indicators for couples' communication; needs further development. Do not currently recommend as a key indicator.

Level	Indicator	Comments	Recommendations
		methods that would work best for the couple)? DHS collects data on the percent of women who discussed FP with their husbands at least once versus never. While this may capture one aspect of couples' communication around FP, this indicator is similar to the indicator, percent of men who share in the decision making about RH issues with their spouse or sexual partner. Both indicators measure communication as a precursor to FP use. The differences are that discussing FP is a lower-level indicator compared with the indicator on decision making, and tracking women who have discussed FP puts the emphasis on the woman's action, whereas tracking men who share in decision making emphasizes the man's role. Moreover, we would want to look at a woman discussing FP with her partner, not just her husband, and again, a standardized definition for "discuss" needs to be established.	
Community/ Facility	Perceptions of providers about men accompanying their wives/partners to an FP/RH visit (outcome)	(Participants): This is a qualitative indicator. It depends heavily on context and is difficult to standardize.	This aspirational indicator may not be ready to be a key indicator. More work should be done to develop qualitative indicators for measuring perceptions and attitudes, where appropriate. Do not currently recommend as a key indicator.
Structural	**Evidence of engagement of men in FP incorporated in national health**	(Facilitator): This is a dichotomous indicator (yes/no) but does provide	**Key indicator**

Level	Indicator	Comments	Recommendations
	standards or policies (outcome)	information about political and structural support for MEFP.	
Men as Agents of Change			
Individual	**Attitudes toward gender norms (Gender Equitable Men [GEM] Scale) (impact)**	(Facilitator): While this is an index/scale, not a stand-alone indicator, it is one of the few validated measures of gender norms available. It is frequently used across contexts.	**Key indicator**
	Number of men trained as male champions; number of males having actively championed in a particular timeframe	(Participants): We include a measure of male champions in our projects to gauge the extent of men actively promoting FP in their communities. (Facilitators): These are good indicators for specific interventions or programs, but do not meet all the criteria for being included as a key indicator.	Not recommended as a key indicator.
Community/ Facility	**Number of providers trained on gender equity and sensitivity (output)**	(Participants): Should this read FP providers, like another MEFP indicator? (Facilitators): Many programs include training as an activity. It is important for programs to assess to what extent they are conducting training and to have a crude measure of provider gender sensitivity. This can be a process or output indicator.	Specify that this is for FP providers. **Key indicator**
	Number of engaged male community-based distributors/ educators/ volunteers	(Facilitators): Essentially all FP programs or interventions that work with a cadre of workers (facility-based providers, community health extension workers, youth volunteers, lady health workers, traditional birth attendants, etc.) include (or should be including) indicators related specifically to those workers (e.g., number of traditional birth attendants trained on ___; or number of health extension workers	Not recommended as a key indicator.

Level	Indicator	Comments	Recommendations
		providing injectable contraceptives). For this indicator—the number of engaged male community-based distributors/educators/volunteers—to be a key MEFP indicator used by multiple implementing partners across multiple programs, we will need standard definitions for engaged, community-based distributor, community-based educator, and community-based volunteer.	
Structural	**Number of national- level programs/ policies/advocacy campaigns that address gender equity (outcome)**	(Facilitators): Information from this indicator can be used to monitor and report achievements linked to broader outcomes in gender equality and country-level support. This indicator provides a count of relevant programs/policies/ advocacy campaigns, rather than understanding what percent or the extent to which gender equity is addressed in policies. May require full gender-analysis for this to occur and is not feasible for routine reporting.	**Key indicator**

General Comments from Participants

When you talk about key indicators, what data sources are you considering? Are you primarily thinking about household surveys or routine information? The indicators will also be slightly different if you are talking about national surveys, such as the DHS, which have large sample sizes, or smaller household surveys, like the knowledge, practice, and coverage survey, which is often implemented at the district level.

How are you recommending that these indicators be used? Are you recommending that all programs that work with MEFP measure all the key indicators or will you give different advice? I have worked with the concept of key indicators for the knowledge, practice, and coverage survey, and there are some indicators that we feel should be included for most projects that address a particular technical area, and others that should be used only if the project includes interventions specific to those indicators. For example, the number/percent of facilities that offer vasectomy services is not necessarily relevant to all types of MEFP programs.

It would be great to include some language about what types of activities should include each of the key indicators recommended.
Facilitators' Responses
The data sources for key indicators vary. For example, for contraceptive prevalence rate and unmet need for FP, both of which are key FP indicators, the data come from population-based surveys. For the number/percent of HIV service delivery points that offer at least three types of FP methods—a key FP/HIV indicator—the data come from service statistics. The data sources for the MEFP indicators vary, from population-based surveys to service statistics to special surveys. No program or intervention should use all the key indicators for that technical area because not all of them will be applicable. The idea is that whatever your intervention is— in the case of MEFP— whether it is training providers on vasectomy or addressing gender norms to improve RH outcomes, there should be at least one or more indicators from the list of key indicators for MEFP that pertains to your intervention. The indicator reference sheets in Adamou, et al. are abbreviated versions. When we have a validated set of key indicators for MEFP, the indicators will be uploaded to the Family Planning and Reproductive Health Indicators Database (https://www.measureevaluation.org/prh/rh_indicators), along with full indicator reference sheets. The section of the reference sheet that presents the purpose of the indicator is an appropriate place to explain or give examples about how the indicator should be used.

NEXT STEPS

Fifteen indicators were identified as key for measuring MEFP. MEASURE Evaluation will develop full indicator reference sheets for programmatic use and post them to the Family Planning and Reproductive Health Indicators Database (https://www.measureevaluation.org/prh/rh_indicators).

Several additional indicators were proposed and discussed; however, they require development. We encourage USAID to support programs and M&E activities to undertake this development work, and to review the key indicators periodically for updates and alignment with USAID and FP/RH program priorities.

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