

MNCH/SRHR ADVOCACY GUIDANCE

NOTE:

MALE ENGAGEMENT IN MATERNAL, NEWBORN AND CHILD HEALTH/SEXUAL REPRODUCTIVE HEALTH

ACRONYMS

ANC	Ante-Natal Care
BEmONC	Basic Emergency Obstetric And Newborn Care
FP	Family Planning
MNCH	Maternal, Newborn, And Child Health
MNCH/SRH	Maternal, Newborn, And Child Health And Sexual And Reproductive Health
PNC	Post-Natal Care
SBCC	Social And Behaviour Change Communications
SRH	Sexual and Reproductive Health
WRA	Women of Reproductive Age

PART 1: RATIONALE AND APPROACH TO ADVOCACY

In the context of MNCH/SRH programs, Plan International Canada defines male engagement (also referred to as men's engagement or male involvement) as "men taking an active role in protecting and promoting the health and wellbeing of their partners and children."ⁱ This definition is premised on a vision of lasting and sustainable behavioural and relational change and more gender-equitable relationships between male and female partners. It views male engagement **as a broader concept rather than a list of actions or decisions in which men should participate** in the MNCH/SRH continuum of care. It encompasses:

- Men's **subjective experiences, motivations, relationships and active participation** rather than specific actions as indicative of engagement.
- Focuses on **men's agency and relationships as distinct from male participation** or involvement, which can be understood to be more passive.

This advocacy guidance document is intended as a guide for Plan International country offices on conducting advocacy on men's engagement in MNCH/SRH. The document defines what is meant by policy advocacy, steps to creating a targeted advocacy plan, as well as key lessons learned from MenCare country partners. It will be accompanied by a Male Engagement Curriculum and training and specific guidance on working with religious leaders, training health providers, and developing communication materials for male engagement in MNCH/SRH.

PART 2: DEFINING POLICY ADVOCACY

Advocacy, in a broad sense, can be thought of as an act or plan of action designed to influence individuals (decision-makers, policy-makers), structures, systems, and/or policies. Policy advocacy, in particular, focuses its aims on influencing changes in public policy, which can be understood as laws, policies, or other types of regulation upheld by governments, or other governing bodies that have local, national, regional or international reach. In this context, a “policy” can include an official policy or strategy adopted by a government, or an informal position of a government authority, as well as the existence or lack of funding to support the implementation of a given policy.

Effective policy advocacy can lead to: 1) the establishment of new policies; 2) the improvement or implementation of existing ones (including a dedicated budget); or 3) the raising of opposition to pieces of legislation or policies that negatively impact particular individuals or groups.

Policy advocacy can be effected either directly, with primary targets (such as policy and decision-makers), through lobbying, face-to-face meetings or policy or educational briefings and events. It can also be implemented indirectly, or with secondary targets (such as the media, community members, or other key stakeholders), by conducting campaigns, community mobilization activities, or engaging with the media.

MNCH/SRH should **focus on primary targets through several meetings with ministry/department of health and women’s affairs at various levels ranging from national to state/district or lower levels.** These meetings can be purely for advocacy purposes or as capacity building and/or interactions to share learning. Keeping in mind a gender transformative approach and the importance of engaging men in MNCH/SRH, as articulated in several existing national commitments relating to health and/or gender equality and making health service delivery gender-responsive, **a key focus would be on advocating for making MNCH/SRH service provision more inclusive of men for increasing men’s shared responsibility in MNCH/SRH.**

PART 3: STEPS FOR DEVELOPING AND IMPLEMENTING A POLICY ADVOCACY PLAN

STEP 1: EXAMINE THE EVIDENCE

Promoting male engagement in MNCH/SRH is an important gender transformative strategy to address MNCH/SRH, and advocacy can center on **local and national governments' support for men's participation in the continuum of MNCH/SRH**. With government support, men's engagement in MNCH/SRH is more likely to be encouraged, embedded in policies, and sustainable.

The first step in developing your advocacy priorities and objectives is to examine the existing evidence. Project baseline data, gender assessment and gender equality strategy are important sources to consult. These sources include information about men's current level of participation in the MNCH/SRH continuum, as well as men's, women's and adolescents' (girls and boys) current satisfaction with health services in your target areas. You may know of additional information sources in your country that you will also want to consult when determining your advocacy objective(s). The data will help to ensure that your policy advocacy is based on evidence, and will help to answer:

- What stories do the data tell about men's current participation in MNCH/SRH?
- How do these current behaviours relate to the behaviour we desire?
- Which data makes the strongest case for policy change, and for which key priority issue?

Comprehensive, quantitative and qualitative data that highlights relevant indicators, in the target geographic area will provide the best context to inform and support the policy advocacy strategy in each country.

STEP 2: DEFINE POLICY PRIORITIES

For policy advocacy to be effective, it's important to narrow in the focus and create a clear policy "ask." Under the project's advocacy goal **for local and national governments to support men's participation in the MNCH/SRH continuum**, the ask may be to establish a new policy, or to improve or oppose an existing one. Your policy 'ask' should be backed by evidence, and augment, elevate, and expand on the organization's work and priority areas – with individuals, communities, institutions, service providers, policy-makers, etc.

The policy advocacy priority may include the need to:

- 1) Remove regulatory barriers (where they are in place) that prohibit men's presence and participation in MNCH/SRH services;
- 2) Put in place protocols or standing operating procedures (SOPs) (e.g. in health facility assessments, clinic management protocols, supportive supervision and other quality assurance mechanisms) to include men in the MNCH/SRH continuum. For example, by recording the partner's presence at ANC visits in the ANC card/register or by putting in place flexible timing to accommodate working fathers;
- 3) Improve health services infrastructure (e.g. maternity wards with privacy partitions that can enable women to have their male partners present during delivery);
- 4) Train health providers and other facility staff on the importance of and skills necessary to promote and support men's engagement in MNCH/SRH;

- 5) Improve outreach mechanisms for involving men in gender-responsive and adolescent-friendly MNCH/SRH service delivery, such as through door-to-door visits or sending information for the father through the mother.

Step 1 provided a better grounding in the state of men's engagement in MNCH/SRH in your target areas, and the impact of health services on this engagement. Use the Step 2 Worksheet to review any existing policies or protocols adopted or implemented by the government and health services in your target country. Determine if and how these policies could be adapted or improved to better promote and enable male engagement in MNCH/SRH, or identify where policies may be missing. In many cases policy objectives or commitments pertaining to male engagement in health promotion, particularly SRH, may be articulated in the national or sub-national women's or gender policy/strategy. It's therefore important to review existing gender policies, or policies from any other relevant sectors, that might refer to male engagement.

When reviewing existing policies and selecting your policy advocacy priorities, you may want to consider one or more of the following areas of men's engagement in MNCH/SRH:

- Men's involvement in ante-natal care;
- Men's ability to recognize and know responses to danger signs during pregnancy, during delivery and after delivery;
- Men's ability to recognize and know responses to infant and child illnesses;
- Men's knowledge of and support for family planning;
- Men's support for delivery by skilled birth attendant;
- Men's support for post-natal care;
- Men's involvement in birth preparedness planning.

Step 2 Worksheet: Defining your policy priorities

Directions: Use this worksheet and guiding questions to help identify which policies should be targeted for advocacy in order to advance the project’s overall advocacy goal - for **local and national governments to support men’s participation in the MNCH/SRH continuum**. The worksheet will assist you to review, issue by issue, which policies (or budget provisions, protocols, strategies) are in place in your country that impact men’s engagement in MNCH/SRH, and who is responsible for shaping and enforcing these. Keep in mind that your country likely has specific policies on gender-responsiveness in health services, or national women’s or gender policies that outline key commitments for the health sector. When reviewing the policies you may find that there are differences or contradictions in the policies from different sectors (e.g. health or gender). This is important to note, as it might be a priority for advocacy.

NOTE: Policies that may impact men’s engagement in MNCH/SRH can exist at the national, provincial, district, sub-district, or health facility level, and may be implemented or enforced by individuals and institutions at different levels, such as the ministry of health, district health office, or local health committee, etc.

1. LAWS / LEGISLATION: Are there any laws or policies (regulatory barriers) that impact (discourage or encourage) men’s participation in MNCH/SRH?	What is the current policy (including protocols, infrastructure, budget) in your country? What is the impact of this policy?	What institution(s) or individual(s) is responsible for creating or enforcing this policy? If a policy does not exist, who should be responsible?
<p><i>For example:</i></p> <ul style="list-style-type: none"> • Are there laws or policies that prohibit the presence of a male partner in ANC/PNC visits and/or the delivery room? • Does a lack of a clear policy that allows men’s presence in ANC/PNC visits and/or at delivery prevent health providers from feeling comfortable allowing men into the room? • Are there any informal positions or statements taken by relevant ministries or institutions that hinder men’s involvement in MNCH/SRH? 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

2. PROTOCOLS AND PROCEDURES: Are there health system protocols or standard operating procedures (SOPs) that impact (discourage or encourage) men’s participation in MNCH/SRH?	What is the current policy (including protocols, infrastructure, budget) in your country? What is the impact of this policy?	What institution(s) or individual(s) is responsible for creating or enforcing this policy? If a policy does not exist, who should be responsible?
<p><i>For example:</i></p> <ul style="list-style-type: none"> • Are health facility assessments, clinic management protocols, supportive supervision and other quality assurance mechanisms available that outline or provide guidance on how best to engage with fathers and male caregivers? • Do ANC cards/registers ask health providers to record male partner’s/men’s presence at ante-natal care? • Do health facilities provide invitation letters to welcome male partners to attend ante-natal care with their partners? 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
3. INFRASTRUCTURE: What elements of health facilities’ infrastructure impact (encourage or discourage) men’s involvement in MNCH/SRH in your intervention sites?	What is the current policy (including protocols, infrastructure, budget) in your country? What is the impact of this policy?	What institution(s) or individual(s) is responsible for creating or enforcing this policy? If a policy does not exist, who should be responsible?

<p><i>For example:</i></p> <ul style="list-style-type: none"> • Are there private counseling areas/rooms, waiting areas or separate toilets for men to welcome their participation and presence at MNCH/SRH services? • Do health facilities have working hours that allow couples flexible appointment scheduling, so that men can attend with their partners? • Do maternity wards provide privacy partitions, or separate rooms, to enable men to be present at delivery without disturbing other women? 		
<p>4. STAFF TRAINING: How does the training designated for staff in the health sector impact (encourage or discourage) men’s involvement in MNCH/SRH services?</p>	<p>What is the current policy (including protocols, infrastructure, budget) in your country? What is the impact of this policy?</p>	<p>What institution(s) or individual(s) is responsible for creating or enforcing this policy? If a policy does not exist, who should be responsible?</p>
<p><i>For example:</i></p> <ul style="list-style-type: none"> • Are staff trained to welcome and to engage fathers, to invite them into the consultation area/room, communicate directly with them, provide more guidance on what to expect as new parents, and promote joint responsibility in caregiving? • Are staff trained to understand the benefits of men’s involvement in MNCH/SRH and how they relate to overall health sector goals? • Are auxiliary workers (such as receptionists, cleaners, security guards), who might deter men from entering or attending MNCH/SRH services, also trained? • Are community health outreach workers trained to understand the benefits of men’s involvement in MNCH/SRH and to engage fathers? 		

5. COMMUNITY OUTREACH: How do policy provisions (including budgets or stipulations/protocols) for MNCH/SRH outreach, campaigns, and programs impact (encourage or discourage) men's participation in MNCH/SRH?	What is the current policy (including protocols, infrastructure, budget) in your country? What is the impact of this policy?	What institution(s) or individual(s) is responsible for creating or enforcing this policy? If a policy does not exist, who should be responsible?
<p><i>For example:</i></p> <ul style="list-style-type: none"> • Do policies (or health facilities) budget for educational materials, campaigns and images that encourage men's engagement in MNCH/SRH in health facilities and in the community? • Is talking to men (male partners or other male family members) as part of door-to-door visits routinized to encourage men's engagement in MNCH/SRH? 		

STEP 3: CLARIFY A GOAL AND OBJECTIVES.

To advance the overall project advocacy focus on ensuring **local and national governments to support men's participation in the MNCH/SRH continuum**, you identified key policies and policy- or decision-maker(s) in Step 2. In order to establish your country-specific advocacy framework and strategy, the next step is to identify your country-specific advocacy goal, objectives and indicators to frame and measure your progress: these should be clear, achievable, and measurable. For each objective and goal, you can use project (and additional) indicators to help to track progress where relevant.

Establishing clear advocacy goals and objectives provides an important framework for identifying the specific audiences that you need to target, and helps you to be able to monitor changes in the area of interest and evaluate your advocacy efforts. An advocacy **goal** refers to the general outcome that you seek to contribute to, and it is usually long-term and conveys a vision for the future. For example, your overall goal might be to contribute to an increase in couples' use of modern contraceptive methods. It is useful to frame your advocacy within a broader goal of the health sector – this helps policy- and decision-makers understand how your specific policy 'ask' or objective contributes to overall health and development goals.

An advocacy **objective** refers to an incremental and realistic step toward this larger goal or vision. An objective should outline the **specific changes** you aim to achieve to policies, programs or positions of governments, institutions or organizations. It should be time-bound and focus on a **specific action that an institution can take**. For example, an objective that would contribute to your overall goal might be that the Ministry of Health will increase funds allocated to contraceptive promotion among men by 10% in its next annual budget.

The clearer your objective(s), the easier it will be to know who to target. A clear objective also makes it easy for the policy- and decision-makers (who have the power to make the change) to understand what you are asking them to do. If your 'ask' is not clear, it's unlikely your efforts will result in the type of change you want. Having a clear objective will also assist you in identifying the best advocacy strategies to employ.

Your goals and objectives should be directly related to your policy 'ask'. Remember, a 'policy' doesn't have to be a national policy. It can be a policy or position of a health facility or a district, or it can be the stance or funding allocation of a government institution. A policy 'ask' can seek for key individuals or institutions (at regional, national, provincial/state, district, sub-district or community-level) to:

- Develop new policies
- Place an issue on the policy agenda
- Change an existing policy
- Adopt a policy that is under review
- Block the adoption of a policy
- Implement or fully fund an existing policy or strategy
- Monitor and evaluate existing policies
- Increase or diversify funding for a policy or strategy

Step 3 Worksheet: Advocacy Objectives and Indicators

Directions: The project has already outlined an overall focus for advocacy efforts to ensure that **local and national governments support men's participation in the MNCH/SRH continuum**. This worksheet aims to help you to create your country-specific advocacy goal and objective(s) related to men's participation in MNCH/SRH, which are informed by the evidence available and tailored to your country context. Follow the sample guidance below to begin to construct objectives that are targeted and measurable, along with indicators to measure progress. These will be used to inform the development of your advocacy strategy.

The change: What do you want to achieve, by whom, and by when?

Setting an advocacy goal: this is the overall change you want to see. Remember, the goal is a long-term vision that your objective will contribute towards.

Sample goals:

- Reduced maternal mortality.
- Increased attendance of women for four times ante-natal care visits.
- Increased use of modern contraceptive methods among couples.
- Increased number of women giving birth in the presence of a skilled birth attendant.

Your advocacy goal: should be a goal that the project, and specifically men's participation in MNCH/SRH, will contribute towards.

Setting advocacy objectives: it is important for objectives to be specific, measurable, achievable, realistic and time-bound (SMART): What you want to change? Who will make the change? In what way or by how much? By when the change will occur?

Sample objectives: You want the 'ask' to be as concise, clearly defined, and concrete as possible.

- Ministry of Health will include and budget for strategies to promote men's engagement in maternal, newborn and child health in the new national MNCH plan by 2017.
- The Ministry of Health will commit to training all service providers on the implementation of the guidelines on gender-responsive service delivery with male involvement in MNCH within two years.
- In the next year, the Ministry of Health will commit to increase funding for family planning education programs for married couples by 15%.
- Ministry of Health will develop SOPs and guidelines for health care providers on gender-responsive MNCH/SRH service delivery including men's participation in ante-natal care by the end of 2018.
- District planning committee will include funding for community outreach activities to promote men's involvement in family planning in the district development plan by the end of 2016.

	<ul style="list-style-type: none"> • By end 2017, the health board will revise health facility regulations to remove the provision that prohibits men from being present during delivery. • District health officer will commit to extending the hours of ante-natal care services to include weekends and evenings within two years.
<p>Your objective(s): This is your specific policy 'ask'. You might have only one, or several, advocacy objectives. These are incremental steps towards your overall goal.</p>	
<p>The indicators: How can you track progress towards the goal and objective(s)?</p>	
<p>Project indicators: You may use indicators provided by the project's monitoring and evaluation framework as appropriate.</p>	<p>Sample MNCH/SRH project indicators:</p> <ul style="list-style-type: none"> • Average level of satisfaction of WRA (disaggregated by age) and their male partners with the quality and responsiveness of MNCH services • % of health facilities that provide gender responsive and adolescent friendly MNCH/SRH services • % of HPs trained who can identify the 7 key signal functions for BEmONC according to government guidelines (disaggregated by sex) • % of health facilities that provide gender responsive and adolescent friendly referral services • Average level of satisfaction of female MNCH users (disaggregated by age) and their male family members with the MNCH referral system • # of health care providers trained on responsive MNCH/SRH services • # of government officials oriented on governance, planning, & supervision for MNCH/SRH

<p>Additional indicators: can be created to measure progress towards the advocacy goal. These indicators can measure gains in knowledge, changes in attitudes, behaviours, policies/ protocols.</p>	<p>Sample indicators:</p> <ul style="list-style-type: none"> • Number of public endorsements or acknowledgement of the policy in question by key policy- or decision-makers on the topic of men’s engagement in MNCH/SRH. • Number of policy- or decision-makers (disaggregated by sex) who follow up, or agree to additional meetings or briefings on the topic of men’s engagement in MNCH/SRH. • Number of policy- or decision-makers (disaggregated by sex) present for the one-on-one meetings or policy briefings on the topic of men’s engagement in MNCH/SRH. • Number of internal budgeting or thematic conversations/meetings set up by target policy- or decision-makers on the policies, programs or initiatives focused on men’s engagement in MNCH/SRH. • Number of policy changes proposed or put into motion on the topic of men’s engagement in MNCH/SRH. • Number of policy-makers who can define 2 or more policies which can be adapted to encourage men’s engagement in MNCH/SRH. • Number of health sector employees (disaggregated by sex) who receive guidance on gender-responsive and adolescent-friendly service delivery.
<p>Your indicators: can include both project and additional indicators. These will help you to measure progress towards your goal and objective(s).</p>	

CONSIDERATIONS AND RISKS WHEN ADVOCATING FOR MALE ENGAGEMENT IN MNCH/SRH POLICIES AND SERVICES

Promoting male engagement in MNCH/SRH is one of the gender-transformative strategies of the Plan International MNCH/SRHR overall strategy, designed to contribute to improving maternal and newborn health outcomes and gender equality. Advocating for male engagement in MNCH/SRH can be accompanied by risks that policy changes – whether at the national or the health facility level – may lead to unintended consequences, which undermine or restrict women’s health and autonomy. It’s important to consider any potential consequences that could arise when advocating for policy changes on male engagement and decide how to mitigate them from the very start (or whether the risks are too great).

In some cases, policies to promote male engagement in MNCH/SRH have been implemented in ways that unintentionally restrict women’s access to health services. For example, men’s participation in ante-natal care (ANC) is sometimes framed as obligatory for women attending ANC, or interpreted and implemented as such by health providers. As a result, women seeking ANC services without a male partner – either because they do not have one, or their partner is unavailable, or because they do not wish their partner to be present – are sometimes denied access to the service. Strict performance indicators (or financial incentives) for health facilities to engage men sometimes contribute to this problem. In these situations, policy changes intended to promote women’s health and gender equality have had a detrimental impact on women, particularly adolescent girls and young women.

Promoting men’s participation in MNCH/SRH services, such as ante- and post-natal care, labor, delivery, or family planning, may also unintentionally undermine gender equality efforts by creating situations where men are given control over decisions regarding women’s bodies and health care. Where health providers have not been trained on gender-responsive health services, they may defer to men during MNCH/SRH consultations. Male engagement in MNCH/SRH should by no means be promoted in ways that deter or deny women access to health services, or limit women’s decision-making about their own bodies.

There is no single strategy or answer for how to avoid these risks or pitfalls. You can mitigate negative consequences by first, informing yourself of examples of policies that have worked well, and those that haven’t. Extend this information to policy-makers in clear, digestible ways, such as a policy brief that summarizes the existing evidence and best practices related to your proposed policy change. You can also ensure that your policy advocacy highlights the importance that male engagement policies are grounded in gender equality principles, such as a woman’s right to *choose* whether or if she wants her partner to be present at ANC, labor, delivery or post-natal care. Be wary of advocating for the inclusion of performance targets or incentives related to male engagement, and advocate for clear policies and SOPs that are backed up by proper training for health providers on gender-responsive services, including the rationale and principles of male engagement.

Policy changes that promote and support male engagement need to be optional, providing a woman with the opportunity to have a male partner present if and when she chooses. These policies need to be accompanied by clear standard operating procedures, and training for health providers. You can further mitigate any potential pushback or risks related to your proposed policy change by raising awareness among and collaborating with key allies and potential partners, through health sector training, and by mobilizing public support. Make sure to frame your messaging in gender-transformative ways and avoid instrumentalist approaches to male engagement, which are more likely to be accompanied by these risks.

STEP 4: TAILOR THE MESSAGING AND THE APPROACH

Use the available data (quantitative) as well as personal stories (qualitative) to define key talking points and a clear advocacy “ask”, which are most directly related to the policy or policies in question, and which will help to advance the objectives and goal you identified in Step 3. Use the information gathered in Step 2, about which policies should be targeted to support men’s participation in the MNCH/SRH continuum and who or which institution is responsible for the key policy changes to tailor these messages to the target audience. Use the Step 4 Worksheet below to help tailor advocacy messages that resonate.

Guiding questions in developing advocacy messages

- **Who is the target policy- or decision-maker and what is their role with regard to the issue?** You will want to tailor your message for the specific policy- or decision-maker(s) that you will target. Different messages – with different evidence or rationale – may be required in order to convince this person of the need for change.
 - For example, you might target: Minister of Health; Director of the Maternal, Newborn and Child Health Department of the Ministry of Health; District Health Officer; person at the National Education Bureau responsible for approving curriculum for health professionals;
- **Can a link be made for how the ask supports the target’s organizational and institutional priorities?** It will help to be able to illustrate *how* the policy change will contribute to specific goals of that individual’s organization, and to achieve his or her specific job responsibilities (it may be for re-election, to achieve a national action plan, etc.).
 - For example, how your policy change will help to achieve the implementation or goals of the Maternal, Newborn and Child Health Strategy; or how your policy change will assist the Mayor or District Health Officer to reach his or her annual performance targets for ante-natal care, PMTCT, or family planning service use.
- **How can the available data help to personalize the need for policy change, to make it feel urgent and salient (why should he or she care, and why is this issue important)?** You will want to gather information that is likely to resonate with the person(s) you aim to influence – the way the message is conveyed may need to vary depending on the individual. For example, you might want to consider:
 - **Is there an economic case to be made?** For example, by including training on engaging men in MNCH/SRH within the national curriculum for all students in medical and nursing schools, it will reduce the long-term costs of organizing and providing one-off trainings.
 - **A public health case?** For example, promoting and supporting men’s involvement in MNCH is important because evidence indicates that women whose partners are more involved in their pregnancy are more likely to attend more ante-natal care visits, which is important for ensuring a healthy pregnancy.
 - **A personal plea?** For example, is this an important issue for the individual based on his or her own experiences? Or will it be important for this individual to hear the request for the policy change directly from members of his or her constituency?
- **What are potential objections to making this policy change?** You need to anticipate any objections that will be used to argue against your proposed policy change and prepare yourself with arguments or data that can be used to combat these objections.
 - For example, a key objection might be that the policy change is too costly. Can you provide information on how the upfront cost will contribute to long-term savings? For example, does your policy change contribute to savings in terms of improving health

outcomes or deterring negative health outcomes that are associated with high costs to the health and social services?

- Or, it might be that your proposed policy change is seen as going against local tradition/culture. Can you share examples from the community that demonstrate support for these changes and are supported by local culture?
- **Are there ways to mitigate any potential risks or negative consequences from your advocacy actions?**
 - Although a policy may have a positive intention, such as engaging men in MNCH/SRH, the ways that it is implemented or enforced may inadvertently have negative consequences such as: 1) bestowing too much power on a man or male partners with regard to decision-making; 2) threatening women's autonomy in making her own decisions regarding her health; 3) excluding or reducing attention or services for women and girls who do not have male partners, etc.
 - An example of this is a policy that in theory encourages or incentivizes a male partner to attend ante-natal visits with his pregnant partner so that he can become educated on MNCH/SRH services and support mechanisms. If implemented well, this could have positive impacts on the health of the individuals and of the pregnancy. However, if in practice, the health centers determine that they should not provide services to a woman whose male partner does not attend the appointment, this can have unintended negative consequences on the woman and her pregnancy.
 - You will want to identify potential risks in advocating for the changes that you seek. These might be risks to your organization, or risks to women's rights and autonomy (as highlighted in the box in Step 3). You will need to plan strategies to mitigate potential negative consequences, or consider whether the risks are too high.

Overall, you want to make sure that the links between the issues and the policy change being proposed are clear. Your message should convey what is being asked, from whom, by when, why it's important and how it contributes to broader health or development goals.

Elements of an Effective Message

A strong message is credible, concise, relevant, compelling and communicative of values.

- **Credible.** It is factually accurate, provides information to back up assertions, and is delivered by people that are trusted on the subject.
- **Concise.** A good message is clear and simple. Crisp messages that people can understand and remember are much more effective than messages that are long or wade into policy minutiae
- **Relevant.** It starts with what a person's interests are—what they already know and think— and moves them to where you want them to be.
- **Compelling.** It touches people so they are inspired to act.
- **Communicative of values.** Messages that are framed in a way that resonates with people's core values (e.g. fairness, equality, freedom, honesty) are the most powerful.

This box comes from "Creating and Communicating an Effective Message": a publication by the Center for Health and Gender Equality.

Step 4 Worksheet: Tailor the messaging and the approach

Directions: Use the worksheet below to take a closer look at how to tailor your advocacy messages based on the key policies you identified in the Step 2 Worksheet. This will assist you in creating clear, convincing and concrete policy “asks” for your target individuals and institutions. Questions 1-4 will assist you to develop advocacy messages that can be shaped to influence the desired outcomes.

1. What policy (or policies) do you want to target, that currently hinders men’s engagement in MNCH/SRH (as identified in the Step 2 Worksheet)?

2. What is your policy “ask” (or desired policy change) that will encourage men’s engagement in MNCH/SRH? Your policy ask should be clear and concise – the target of your advocacy should easily understand the change you want them to create.

3. Which individual(s) or institutions will you target with your advocacy (as identified in Step 2 Worksheet)? These individuals or institutions should have the power to make the changes you seek.

4. Which individuals or organizations can be allies in advocating for this issue? Are there influential actors in government who support this issue? Are other organizations or groups currently conducting advocacy in support of your issue? When you work with other organizations that have similar goals and interests, you can speak with a stronger voice.

<p>5. Are there any risks or potential negative consequences in advocating for this issue? These could be negative consequences for your organization (e.g. pushback), or risks that could undermine women’s health and rights. For each risk identified, develop a mitigation strategy – ways of addressing or lessening the potential consequences, or strategies that can remove the risk entirely.</p>	
<p>6. What evidence, or types of messages, will be most effective at convincing these individuals and institutions to make the desired change? This includes not only the desired policy change, but the rationale: why the policy should be changed, and why the target audience should be invested in this change. You can refer to the guiding questions on developing advocacy messages, located above in Step 4.</p>	

Lessons Learned in Advocating for Policy Changes to Support Men’s Engagement in MNCH/SRH

MenCare: a global fatherhood campaign (www.men-care.org), co-coordinated by Promundo, has partners in more than 30 countries promoting men’s involvement as equitable, non-violent and supportive fathers and partners. MenCare partners conduct advocacy at the international, regional, national and local levels to advance male engagement in support of gender equality and improving the health of women, children and men themselves. Here we present a few of the lessons learned by MenCare partners when planning, implementing and monitoring their advocacy initiatives.

- ✓ **Invest in and diversify allies in government** – Allies in government institutions – people who support your work and have the ability to influence those in power – are important resources when advocating for policy change. It’s important to foster these relationships to help you put the issue on the policy agenda. The experiences of MenCare partners, from Rwanda to Brazil, highlight the challenges of investing in, relying on, or only working with a single individual within a key institution. Unexpected changes in government or staff turnover can suddenly jeopardize any progress you have made. Consider how changes in personnel (within your own organization or key partners and institutions) might affect your advocacy opportunities. **Identify multiple potential allies within and across key institutions.** Ask your allies to introduce you to colleagues within their institution, and work with them to build a network of allies. Ensure that multiple individuals within a single department, division or ministry know your organization and its priorities. This can limit the risk that your efforts will be undermined due to the loss of a single ally.

- ✓ **Create coalitions** – Policy advocacy is often more effective when you develop advocacy networks, alliances or coalitions – groups of organizations and individuals working together to achieve common changes in policy, positions or programming. Multiple organizations operating with a single voice are more likely to be heard or to have influence than a single organization. This can help to mobilize broader support behind a proposed policy change and raise the visibility of your advocacy efforts. MenCare partners have created new coalitions or joined existing umbrellas or networks. In Brazil, the *Comite Vida* (Life Committee), a multi-sectoral platform bringing together stakeholders within Rio de Janeiro, offered an important space for mobilizing support for policy changes related to men’s engagement in MNCH/SRH. **There is often added value to working with partners from different sectors, such as health, gender, or early childhood development. National or local-level technical working groups on MNCH, SRH, or family planning are also important entry-points through which to mobilize support for a policy change.**

- ✓ **Create opportunities for synergy** – Your advocacy initiatives should not operate separately from the interventions you implement within health facilities or in the community. MenCare partners have had success in leveraging their work with men and couples to inform and strengthen their policy advocacy. In Rwanda, MenCare partners advocating to remove barriers to men’s participation in ante-natal care and delivery invited men from their fathers’ groups to participate in a training of health providers. The training, organized together with the Ministry of Health, provided an unusual opportunity for health providers and policy-makers to hear men’s and women’s own experiences. This created an important dialogue on the challenges men faced when attempting to be more involved and led to concrete commitments from health officials. Opportunities like this can help your advocacy to move beyond abstract concepts and highlight the reality of men’s and women’s experiences within the health system. Community campaigns can also be an important opportunity to mobilize community members in support of your proposed policy change - remember, elected officials are accountable to the demands of their constituents. Plan International opportunities for overlap or synergy between your project activities.

- ✓ **Establish mechanisms for follow-up** – MenCare partners have also learned through experience how important it is to establish clear mechanisms or plans for how you will follow-up with policy- and decision-makers who make decisions or commitments in support of your policy change. For example, during a one-on-one meeting, a ministry or health department official might commit to make changes in the ante-natal care SOPs, or to put a particular issue on the agenda at the next planning meeting. If no one follows-up or reminds the individual of his or her commitment, it’s likely to fall through the cracks. When conducting advocacy, it’s useful to have a log or record of these moments – what was said, by whom, and when – and then decide when and who in your organization will follow-up. Set clear timelines and remind individuals of what they committed to do. By keeping track of these events internally, you also improve your ability to monitor progress and track subtle changes in the policy environment over time.

STEP 5: PLAN AND DEPLOY THE ADVOCACY STRATEGY

Determine the strategy for accessing and influencing the targets, to reach the country-specific advocacy goal and objective(s) you set in Steps 1-4. Policy advocacy can be conducted through one-on-one / face-to-face meetings, policy briefings, or also by working with secondary actors, such as the media, the public, or others who have a direct influence on policy-makers. Combining multiple strategies can help to ensure a successful, holistic approach. With the goal and objectives in mind, determine the best strategies to achieve them.

Plan out and execute a strategy to meet with the local, national, regional or international target groups (from ministries, to public institutions, to government officials) and state the case: 1) why you are passionate/background; 2) why the policy change is important (citing data, stories, and evidence); 3) a clear ask (what policy should be passed or amended, by whom, by when); 4) what will be the likely outcome or result of making the policy change (what benefits will it bring or goals will it help to achieve?).

This implementation plan can be impacted by:

- **Access:** where stakeholders can be reached most directly and in the greatest numbers;
- **Efficacy:** whether a one-on-one meeting or high level dialogue, or another activity will be most successful for conveying the priority issue around men's engagement in MNCH/SRH;
- **Feasibility:** how extensive the implementation plan can be based on the budget, human resources, partnerships;
- **Impact:** how effectively the implementation/outreach can be linked to programmatic and communications activities to contribute to long-term goals.

Use the Step 5 Worksheet and the instructions below, to help you define your advocacy strategy:

A. ACTIVITY: What will be the most effective inroad to achieving the desired goal? These may include:

- Face-to-face meetings and/or high level dialogue sessions
- Communications and media outreach
- Activities to develop partnerships, coalitions, alliances
- Creating guidelines, research and publications
- Working directly with communities in social mobilization strategies (like campaigns or SBCC messages)

B. TARGET: Which individuals or institutions should be targeted by the action? Consider these questions when selecting the target for the activity:

- What is my level of access to this target?
- If access is low, can I begin by influencing those secondary targets that may have an impact?
- If access is high, can I set up a direct meeting, or invite the target to a policy briefing or event?
- Which other individuals, or organizational representatives might be beneficial partners in this process, who could have sway over the decision- or policy-maker? What is their value added?

C. TIMEFRAME: When will this activity happen? Certain activities may occur over an extended timeframe.

D. IMPACT: What impact will the activity have? How does it contribute to the larger goal? Each activity should be in service of the broader goal.

E. RESOURCES: What resources are required? These might be human, financial or material resources, such as backgrounders, power points, fact sheets, evidence from relevant/other contents etc.? And what format is best suited to the target?

F. RESPONSIBLE: Think about who is responsible for creating the material, connecting with relevant partners, making arrangements for this activity, managing the budget, etc.

G. MONITORING: How will the outcomes of the activity be tracked and measured? Use indicators here, as identified in Step 3. Define if for example, an activity can be measured by:

- An attendance monitoring sheet
- A survey that's given to participants
- An SMS survey
- A focus group following or during an event
- One-on-one interviews

Step 5 Worksheet: Plan and deploy the advocacy strategy

Directions: Use the worksheet below to complete your advocacy strategy and identify the actions that will be taken to implement it. For each activity, decide the timeframe for implementation, who will be responsible, the resources required, and how each activity will be monitored and evaluated. Identify as many activities as needed and add additional rows.

Advocacy issue or policy 'ask' (identified in Step 4 Worksheet)

Advocacy objective(s) (identified in Step 3 Worksheet)

Objective 1:

Objective 2:

Potential partners or allies (identified in Step 4 worksheet)

Partner 1

Partner 4

Partner 2

Partner 5

Partner 3

Partner 6

Risks and mitigation strategies (identified in Step 3 Worksheet)

Potential risk	Level of risk (low/med/high)	Mitigation plan

Activity What will you do to help you reach your objective?	Target Who will you target with this activity?	Timing When will the activity happen?	Responsible What individuals or organizations are responsible? At what level?	Resources What human, material or financial resources are needed?	Impact How will this activity contribute to your advocacy objectives?	M&E How will you track the activity and evaluate effectiveness?

STEP 6: ASSESS AND FOLLOW UP

Policy advocacy is not a one-time only event. It requires long-term relationship building, education, and follow-up. After conducting each activity identified in your strategy (Step 5 Worksheet), you will need to assess whether any follow-up is needed. For example: Is a thank you note needed? Did you agree to provide more information or resources? Did a policy or decision-maker make a commitment that requires follow-up? Each activity may require follow-up actions – with your advocacy targets or allies. For this reason, you should consider the advocacy strategy to be a ‘living’ document that is constantly updated or revised.

While implementing your advocacy strategy, you also need to schedule specific moments to assess *where you are* and *where you’ve come from*, and readjust your strategies and messaging as needed:

- Are there any changes in the policy environment (positive or negative) that could provide opportunities or present barriers to your efforts?
 - For example, is there a new policy or law under review?
- Is there new evidence or information to support your advocacy efforts?
 - For example, do findings from the new Demographic Health Survey support the need for male engagement?
- Are there new or additional targets for your advocacy actions?
 - For example, has there been a change of government?
- Are there new partners or allies with whom you can collaborate or engage?
 - For example, are there any organizations, networks or coalitions that are showing interest or support for your issue?
- Are our advocacy actions creating resistance or pushback?
 - For example, are other organizations or key leaders organizing against your issue?

These questions can help you to assess whether different or additional strategies may be needed to further your objectives. After assessing the initial impact, you should continue to dialogue with key constituencies and targets, invest in ongoing measurement, and build partnerships. Identify key roadblocks or successes during the first phase that can be addressed or amplified during the next, and continue to link these communications strategies to a broader programmatic and advocacy agenda. It’s not just about executing one activity, it’s about identifying ongoing opportunities to build relationships, identify “champions” within the government who can move the issue forward.

ⁱ See: Comrie-Thomson L, Mavhu W, Makungu C, Nahar Q, Khan R, Davis J, Luchters S, Hamdani S, and Stillo E. (2015) Men Matter: Engaging Men in MNCH Outcomes. Toronto, Canada: Plan Canada. Page 10.