



Locally Led Advocacy for Male Engagement in Family Planning in Nepal

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Background

For the past two decades, positive male engagement has been increasingly recognized as critical to advancing gender equality—a prerequisite for improved health for men, women, girls, and boys. The 1994 International Conference on Population and Development marked the beginning of a paradigm shift, highlighting the significance of gender inequalities in reproductive health and family planning. This emphasis has led to an increase in gender-integrated health programming focused on positive male engagement to optimize family planning outcomes and an increase in research that offers compelling evidence that engaging men and boys can have a positive impact on increasing family planning access and use.

Despite these advances in understanding and acceptance of men's roles in family planning, recent evidence shows that more progress is needed to strengthen men's engagement in family planning programs (Hardee et al., 2017; Hook et al., 2018). Global efforts to prioritize men's engagement in family planning need to look closely at policy-level barriers and identify key advocacy actions to build support and facilitate engagement of men and boys as contraceptive users, as supportive partners for family planning, and as agents of change.

To better support male engagement in family planning, the Health Policy Plus (HP+) project—funded by the U.S. Agency for International Development (USAID)—worked with family planning champions in Nepal to garner

Box 1. Policy Enablers and Barriers to Male Engagement in Family Planning in Nepal

Policy enablers:

- Positive attitudes toward men's and boys' role in family planning among policymakers and program managers.
- Male-controlled contraceptive methods are available at health facilities and pharmacies, which is critical for effective implementation of male engagement policies that target men as family planning clients.

Policy barriers:

- Male engagement policies are not adequately translated into programs or incorporated into budgets, due in part to a lack of leadership and capacity among policymakers and program managers.
- Effective provision of male-friendly family planning services is constrained by insufficient health worker capacity and socioeconomic barriers, such as adherence to rigid gender norms and migration status.
- The evidence around men's and boys' family planning needs, gaps, and preferences is missing, and there is not a strong evidence base around what works to engage men and boys in family planning in Nepal. The lack of data across the health and education sectors limits decisionmakers' ability to design male engagement programs and services that are appropriate for their context, monitor how implementation of policies and programs affect men and boys, and track progress toward achievement of results.

evidence-based and locally driven action to strengthen male engagement in family planning policies and policy implementation. Capacity strengthening activities built on work conducted in previous years of the project during which HP+ examined policy facilitators and barriers to male engagement in family planning in [Bangladesh](#) and [Nepal](#). A summary of findings for Nepal are described in Box 1.

Approach

In December of 2021, HP+ invited 18 representatives from youth-led and youth-focused nongovernmental organizations, healthcare providers, and representatives from the private sector to participate in a virtual workshop to strengthen their knowledge and skills to advocate for male engagement in family planning. The workshop allowed participants to assess and ground truth the results of the previous policy analysis, which was then used to develop a six-month joint action plan to advocate and put pressure on the government of Nepal to honor policy and budgetary commitments for male engagement in family planning.

After reflecting on the barriers identified in the policy analysis and discussing their collective strengths (a component of the advocacy training), the group decided to focus their advocacy on increasing family planning information and services for adolescent boys in Karnali and Madhesh provinces. Box 2 summarizes the plan's objectives.

Participants implemented their joint action plan over a six-month period through in-person meetings, phone calls, and digital/web-based communication. They targeted their advocacy at the following decisionmakers:

- Municipality officials, including mayors, health section chiefs, members of social development committees, ward chairpersons, and reproductive health stakeholders
- Provincial health directors (both provinces)
- Ministry of Social Development, Health Division chiefs (both provinces)
- Permanent secretary of the Ministry of Social Development in Madhesh province

Box 2. Joint Advocacy Action Plan Objectives

- **Comprehensive sexuality education:** The Ministry of Social Development and Ministry of Finance in Karnali and Madhesh province will allocate budget to train at least 50 schoolteachers on the provision of comprehensive sexuality education in selected schools in two municipalities in each province.
 - **Service providers:** The mayor of the selected municipality will allocate funding to conduct adolescent sexual and reproductive health training, including content on male engagement in family planning, to 30 service providers in at least two municipalities in Madhesh province.
 - **Adolescent health training package:** While not a specific objective, the advocates decided to initiate discussions with the National Health Training Center and Family Welfare Division for better incorporation of male engagement content into its adolescent sexual and reproductive health training package.
- Family Welfare Division, National Health Training Center
 - USAID partners, including the provincial leads of the System Strengthening for Better Health Activity and the Suaahara good nutrition project

Through a series of discussions with decisionmakers, participants strengthened the decisionmakers' understanding of male engagement in family planning and increased awareness and support of the need for male engagement-specific activities to be included in annual municipal workplans and budgets.

Results

The participants found that their advocacy efforts came at an opportune time as the subnational governments were in the initial stages of developing their annual operational plans and budgets. The decisionmakers showed a positive response to

advocacy efforts with significant interest in male engagement in family planning. Advocacy efforts resulted in verbal commitments by decisionmakers to include male engagement activities in their annual budgets and workplans (see Box 3).

The municipal plans were finalized in July 2022. Unfortunately, HP+'s review of the annual plans showed activities for male engagement in family planning were not explicitly included in the plans or budgets for the targeted municipalities within Karnali and Madhesh. Follow-up meetings with decisionmakers in each municipality indicated that provinces and municipalities have very little or no

allocation of internal resources for family planning and adolescent health programming. Almost all family planning funds were received from federal grants, which did not specifically include male engagement activities. Specific funds from the municipalities were instead prioritized for family planning and adolescent health; reproductive health morbidity management; safe motherhood; water, sanitation, and hygiene; and nutrition programs, as these were seen as critical to meet population needs.

Despite not allocating funding, decisionmakers identified other opportunities to strengthen male engagement. In one municipality, the mayor and a local radio station have partnered to conduct a media awareness campaign on male engagement in family planning. This collaboration was facilitated by one of the advocates. In Karnali, decisionmakers are planning to include topics related to male engagement in the provincial and municipal orientations on adolescent sexual and reproductive health. Participants include the focal points for family planning and adolescent reproductive health and representatives from hospitals, civil society organizations, and the provincial education office. In addition, several of the advocates worked to increase male engagement activities in their organizations' programs. For example, one organization trained health workers on male engagement in family planning.

Box 3. Verbal Commitments at the Municipal Level

Karnali Province:

- Conducting youth awareness and youth mobilization campaign within at least one district of the province, financed by the Ministry of Social Development
- Allocating budget to train health workers within school health programs to provide orientation to students about male engagement in family planning
- Coordinating with the education sector to train teachers on male engagement in family planning while providing training of comprehensive sexuality education

Madhesh Province:

- Training health workers on male engagement in family planning
- Conducting community awareness and mobilization for male engagement in family planning, for example, to identify and train youth champions to promote male engagement in family planning for in- and out-of-school adolescent boys and young men
- Strengthening adolescent-friendly health services to improve male-friendly services

National Health Training Center and Family Welfare Division:

- Moving to update their co-counseling curriculum, showing interest in better incorporating male engagement

Lessons Learned and Recommendations

Strengthen relationships, trust, and cohesion: Policy change does not result from the efforts of one person or one organization. For joint advocacy to be successful, advocates need to have continued communication and close coordination to achieve their shared goal. This is even more critical when advocates come from diverse backgrounds and come from different geographic regions, which was the case for this activity. Program implementers should ensure that workshops and follow-up activities find ways to strengthen relationships, trust, cohesion, and shared vision among participants. Creating time and space for advocates to get to know each other and build a community



Creating time and space for advocates to get to know each other and build a community can lead to stronger collaboration.

as a cohort can lead to stronger collaboration and engagement throughout the life of the project.

Use strong evidence to support the advocacy ask:

Advocates found that male engagement in family planning was a relatively new concept to the decisionmakers at the municipal level. This required advocates to focus efforts to strengthen decisionmakers' understanding of male engagement and its critical importance in family planning in their communities, supporting a mindset shift on how decisionmakers respond to family planning activities. In this context, using evidence that showcases how male engagement closely reflects community needs for family planning is especially important to persuade decisionmakers to support their advocacy objectives. Evidence helped to give credibility to the ask and assuage decisionmaker concerns.

Pair advocacy with technical assistance on male engagement:

Because male engagement in family planning was not well understood by decisionmakers, additional support is needed to

strengthen their capacity to implement activities in their municipalities. Advocates should complement their advocacy efforts with technical assistance for male engagement within the municipal government. Decisionmakers need support not only in identifying the right activities and approaches, but also support to better understand and feel confident in *how* to incorporate these approaches effectively and implement them efficiently.

Increase advocacy at the federal level:

Funding for family planning and adolescent health programs continues to be very limited at the municipal level, with the majority of funding being supported by federal grants. As such, additional focus should be placed on male engagement in family planning advocacy with national-level stakeholders to ensure guidance on male engagement is included in federal grants for family planning and adolescent health. Advocacy efforts should include strengthening policy dialogue between federal, provincial, and municipal decisionmakers to align priorities and budgets and to update policy guidelines for male engagement in Nepal.

References

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Health Policy Plus (HP+) is a seven-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, ThinkWell, and the White Ribbon Alliance for Safe Motherhood.

This publication was produced for review by the U.S. Agency for International Development. It was prepared by HP+. The information provided in this document is not official U.S. Government information and does not necessarily reflect the views or positions of the U.S. Agency for International Development or the U.S. Government.

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