Men's Club (MC) Pilot Evaluation Study Report

December 2020

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Acronyms

ANC	Antenatal care
COC	Combined oral contraceptive
CDC	Community demand creation
DFID	Department for International Development
DHIS2	District Health Information Software 2
EPHS	Essential Package of Health Services
FCDO	Foreign, Commonwealth & Development Office
FP	Family Planning
HSSP	Health Sector Strategic Plan
IPC	Interpersonal communication
IUD	Intrauterine Device
KII	Key Informative Interview
LAM	Lactational amenorrhea method
MBS	Modern birth spacing
MCs	Male Champions
MOH	Ministry of Health
MCH	Maternal and Child Health
PNC	Postnatal care
PSI	Populational Services international
Q&A	Questions and Answers
RME	Research, Monitoring and Evaluation
RMNCH	Reproductive, Maternal, Neonatal and Child Health
SAHAN	Somali Advocates for Health and Nutrition
SNA	Social Network Analysis
SHINE	Somali Health and Nutrition Program
SHDS	Somali Health and Demographic Survey
SPSS	Statistical Package of Social Science
UNICEF	United Nations Children's Fund
WRA	Women of reproductive age
WHO	World Health Organization

Acknowledgement

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The support and information provided by the Somali ministries of health (MoHs) is also greatly appreciated. Special gratitude goes to Dr. Nur Ali Mohamud (Director of Policy and Planning Department, GGS MoH), Mr. Saed M Saleban (Director of Policy, Planning and Strategic Information, Somaliland MoHD), and Idiris Hassan (Director General, Jubaland MoH).

Finally, special appreciation goes to the respondents of this evaluation including men, facility team leaders, community champions among others who shared plenty of information that was extremely useful for this exercise. Without the incisive information they provided, this evaluation would not have been possible.

Executive Summary

Women in Somalia and Somaliland have a one in 20 lifetime risk of maternal death making the maternal mortality rates in Somalia and Somaliland amongst the highest in the world. It is estimated that the maternal mortality ratio is 699 deaths per 100,000 live births (SHDS 2020). Giving birth remains one of the greatest risks in the lives of Somali women given the life-time risk of dying due to pregnancy-related causes is approximately 1 in 12 (UNICEF, 2019).

Over 70 percent of Somali women give birth at home under the care of an unskilled attendants. Little less than one-third of births are attended by skilled personnel[1]. Childhood immunization coverage (children who received all basic vaccinations) was only 10.7 percent in 2020 SHDS, only 17 percent of women received two or more modes doses of tetanus toxoid during their last pregnancy.

Somalia and Somaliland ministries of health (MoHs) and Population Services International (PSI) are implementing the demand creation for health services component of FCDO's (formerly DFID) Somali Health and Nutrition Programme (SHINE) programme dubbed SAHAN (Somali Advocates for Health and Nutrition). SAHAN is the first-ever, large-scale dedicated demand creation programme being implemented in the Somali context. SAHAN aimed to influence the use of innovative methods like human-centred design (HCD) and social network analysis (SNA) to promote behaviour change, in addition to adaptive learning and management in the Somali context.

The Men's Club, one of SAHAN's piloted interventions, sought to increase Men's knowledge on maternal and child health matters and shift men's attitudes, beliefs, and perceptions on their role in maternal child health decision and practices. It was designed around places where men regularly congregate for social activities. Somali men spend time together almost every day from 3pm to 8pm at *Khat*[2] chewing places and tea shops. In these social settings, men tend to discuss current economic and political affairs but not much is discussed regarding maternal and child health issues. To increase male involvement in maternal and child health matters, the SAHAN programme sought to get a better understanding of the current practices with regards to nutrition, birth spacing and maternal health and how men can be empowered with accurate, reliable health information within the cultural and religious context and act upon this.

The main objective of this evaluation is to determine the effects of the Men's Club intervention on men's awareness of maternal health and to document the successes and failures of the intervention. The study employed a mixed-methods approach. A quantitative survey was conducted in Awdal, Karkaar and Gedo regions, where the Men's Club was implemented. A qualitative survey was also conducted in the same regions, where beneficiaries, male champions (MCs), program teams, and MoH representatives were interviewed. Routine program data (MIS) was also analysed. The main elements in the routine programme data includes, number of Men's Club participants, number of referrals, effective referrals, number of men who reported initiating discussions with their wives and some other indicators as shown in the annex summary sheet. This is intended to track changes as the intervention goes on.

During the intervention implementation period 2,117 men's club sessions were conducted, reaching 5,852 men. 74% of these men completed all the 3 sessions required in the intervention. In addition, among those who participated in the study, 84% of them reported initiating discussions with their wives on health matters – one of the intervention's objectives. Majority of the study participants in Awdal (78%), Gedo (62%) and Karkaar (74%) regions initiated these discussions with their families. The main topics discussed included antenatal care (ANC), preparing for new baby, nutrition, birth spacing and facility delivery. 96% of the study participants reported that they were willing to continue such kind of conversations.

[1]Somalia Child Health Strategy, draft
[2] A natural stimulant used by many Somali men

"……. now you will see a lot of men discussing issues on maternal and child health which they gained from Men's club sessions……."

Male champion, Awdal region

Most of the study participants in Awdal (89%), Gedo (91%) and Karkaar (97%) regions reported that the sessions were very useful. 94% of the participants enjoyed the financial preparations for pregnancy, childbirth, and the emergency situations topics presented during the sessions. 89% among them reported that they were currently planning savings for current pregnancy. 83% also reported that they had discussed with their friends what they had learnt in the sessions.

Following the intervention, the study revealed that participating men were now more aware of the services been provided at health facilities and the importance of following up their wives' and children health and nutrition. Men also acknowledged the importance of financial preparation of new baby after they got knowledge from men's club sessions. However, it was noted that myths and misconceptions of birth spacing/family planning (FP) are higher in men than women.

It was noted that the facilitator's skills are directly proportional to the effectiveness of the session. The better the facilitation skills, the better the participation and therefore output of the sessions. So, it is advised that male champions be carefully selected in terms of communications skills, problem-solving and questioning skills as well as having them appropriately trained.

Some of the challenges faced during the men's club intervention as determined during the study include:

- Some of the participants expected to be given money or allowance for attending the session as experienced in past interventions by other agencies.
- Widespread misconception of birth spacing/family planning led to refusal by some men to participate in the sessions.
- Sometimes it was difficult to track participants for them to complete all the three men's club sessions which were held in consecutive days.
- Sometimes it was difficult to get the required minimum number of men for the sessions.

1.0 Introduction

1.1 Somalia/Somaliland context

Women in Somalia and Somaliland have a 1 in 20 lifetime risk of maternal death making the maternal mortality rates in Somalia and Somaliland amongst the highest in the world. It is estimated that the maternal mortality ratio is 699 deaths per 100,000 live births in Somalia (SHDS 2020). Giving birth remains one of the greatest risks in the lives of Somali women given the life-time risk of dying due to pregnancy related causes is approximately 1 in 12 (UNICEF, 2019).

Over 70 per-cent of Somali women give birth at home under the care of unskilled attendant, meaning a little less than one third of births are attended by skilled personnel. Childhood immunization coverage (children who received all basic vaccinations) was only 10.7 per cent in 2020 SHDS, and only 17 percent of women received two or more doses of tetanus toxoid during their last pregnancy.

A fair chance in life begins with a strong, healthy start. Unfortunately, many children in Somalia are still deprived of this with 4 in 100 of them dying during the first month of life, 8 in 100 before their first birthday, and 1 in 8 before they turn five. More than 80 percent of new-born deaths are due to prematurity, asphyxia, complications during birth, or infections such as pneumonia, diarrhoea, measles, and neonatal disorders.

Use of contraceptive methods is very low with only 7% of married women currently using any method of contraceptive while only 1% are currently using modern contraceptive methods. This is despite a high unmet need of contraceptives with 37% of currently married women wanting contraceptives according SHDS 2020.

Despite this high disease burden and extreme child mortality rates, there is a very low demand for public health services. Data from UNICEF reveals that Somali children under the age of five visit an MCH clinic every fourth year. Low government investment in health services, poor infrastructure and several socioecological factors also contribute to low access and utilization of maternal health services. Family planning which could reduce maternal and new-born mortality is highly unpopular in Somalia. Misconceptions associated with contraceptive use, religious and cultural barriers have been repeatedly identified among reasons that prevent both women and men from accessing reproductive health information and services.

The Somali society is highly patriarchal such that positions of authority are considered an exclusive entitlement of men even at the level of the family unit. Women's roles are typically in most cases confined to domestic and informal labour, while decision making, including those related to reproductive health issues is left solely to the head of the family, who is the man. Due to this longstanding tradition, young girls are taught that submission to her husband is paramount to the success of her marriage

1.2 SAHAN Program Approach

Somalia and Somaliland ministries of health (MoHs) and Population Services International (PSI) are implementing the demand creation for health services component of FCDO's (formerly DFID) Somali Health and Nutrition Programme (SHINE) programme dubbed SAHAN (Somali Advocates for Health and Nutrition). SAHAN is the first-ever, large-scale dedicated demand creation programme being implemented in the Somali context.

The SAHAN programme aimed to increase access to and utilization of reproductive, nutrition, child, and maternal health services and to promote healthy behaviour change. This was done using an adaptive, evidence-based, participatory design to better understand the persistent barriers to uptake of health services and health-seeking behaviour and develop and test innovations in demand creation that target the external factors which influence individual behaviour to improve the health of Somali women and children. SAHAN sought to influence the use of

innovative methods like human-centred design (HCD) and social network analysis (SNA) for promoting behaviour change in addition to adaptive learning and management in the Somali context.

The program approach involved several rounds of immersive research, followed by ideation, design and co-creations activities to produce prototype interventions. The prototype interventions designed were then tested and iterated until user suitability was achieved. They were then tested for scalability, desirability, and feasibility – the results of which determined if and how they will be piloted. Piloting was carried out at a modest population scale, just large enough to provide evidence to inform scalability and capture of key learnings and best practices. The Men's club intervention is one of the products of this process.

1.3 Men's Club Intervention summary

SAHAN research findings show that a Somali woman trusts her husband's wisdom and leadership; she also expects that her husband is well informed and acts for the good of the family. Even though husbands have low knowledge about health matters and harbour myths about modern birth spacing methods, the husband remains the key determinant for family health outcomes, because he is the decision-maker. Husbands have been reported to make the decisions with regards to whom, where and when their wives or children can seek medical attention.

Fear of jeopardizing the relationship between a woman and her husband limits her ability to take decisions even when it affects her health in the most critical circumstances. Her ultimate submission to her husband takes superior priority; hence, she waits for his decision sometimes at the expense of her life or that of a child. It was also uncovered that most husbands do not have a plan in place for pregnancy, childbirth or any emergency situations and lack adequate knowledge, to make favourable decisions for the benefit of their families.

The WHO recommends that involvement of men during pregnancy, childbirth and after birth is imperative in supporting improved self-care for women, improving home care practices for women and new-born, and improving use of skilled care during pregnancy, childbirth and postnatal period for women and new-born.

The Men's Club sought to increase men's knowledge on maternal and child health matters and shift men's attitudes, beliefs, and perceptions on their role in maternal child health decision and practices. It was designed around places where men regularly congregate for social activities. Somali men spend time together almost every day from 3pm to 8pm at *Khat*[3] chewing places and tea shops. In these social settings, men tend to discuss current economic and political affairs but not much is discussed regarding maternal and child health issues. To increase male involvement in maternal and child health matters, the SAHAN programme sought to get a better understanding of the current practices with regards to nutrition, birth spacing and maternal health and how men can be empowered with accurate, reliable health information within the cultural and religious context and act upon this. The intervention was piloted in the following SHINE locations: -

- Awdal region (implemented by PSI)
- Gedo region (implemented by Trocaire)
- Karkar region (implemented by PSI)

Men (male champions) were identified and recruited in these areas to lead implementation of the intervention. The male champion's role and responsibilities included:

- conducting 3 session per week for 2 groups day; meeting with men in the habitat (e.g. tea shops, khat chewing places, schools, etc.) within their catchment area;
- cover all the health topics prioritized under the intervention.
- encouraging men to initiate communication with their wives on covered topics (family health and finance);
- conducting follow up visits of men who had attended sessions; and

[3] A natural stimulant used by many Somali men

- taking complete and detailed records in the intervention's register book.

Table 1: Men's Club sessions topics

Week/Session	Session 1	Session 2	Session 3
Week 1	Introduction and session agenda ▪ Family health issues ▪ Family Finances ▪ Saving money ▪ Preparing for new baby ▪ Antenatal Care ▪ Family communication ▪ Q&A	▪ Safe delivery ▪ After Pregnancy ▪ Exclusive Breastfeeding ▪ Nutrition after childbirth ▪ Immunization ▪ Family communication ▪ Q&A	▪ Benefits of birth spacing to the child and mother ▪ Risks of lack of birth spacing to child and mother ▪ Family communication ▪ Q&A
Week 2	Referral Follow up and discussions with Husbands of WRA and care givers of Cu5		
Week 3	Referral Follow up and discussions with Husbands of WRA and care givers of Cu5		

1.4 Objectives and expected outcomes of the intervention.

The objective of the intervention pilot project was to increase levels of health awareness and knowledge among men by providing awareness sessions in their natural settings. The project was expected to achieve four outcomes:

- Improve awareness and knowledge among men on health issues
- Initiate couples' conversation on health matters at the household level
- Empower men with health information to make better health decisions with their wives
- Enable men to prepare themselves financially for pregnancy, childbirth and emergency situations that may arise during this period

2.0 Objectives of the study

Objective of this study was to determine the effects of the Men's Club intervention on Men's awareness of maternal health and to document success and failure of the men's club intervention.

2.1 The Specific Objectives are to:

- To determine men's club participants' knowledge on maternal health topics as covered in men's club curriculum.
- To find out if participants of the men's club initiated conversation with their wives on health matters at the household level.
- To identify any behavioural change due to the intervention on men's decisions on maternal health issues.
- To identify if participants started any savings towards pregnancy, childbirth and emergency situations that may arise during pregnancy.
- To document the successes and failures of men's club intervention.

3.0 Methodology

This study employed a mixed methods approach: a quantitative survey (using mobile data collection to get beneficiaries views); qualitative key informant interviews (KIIs); and analysing routine program data (MIS).

3.1 Quantitative Survey

The quantitative survey was conducted in Awdal, Karkaar and Gedo regions where the men's club was implemented a cross-sectional design was employed. A sample of men who participated the men's club were interviewed using a questionnaire derived from the intervention's curriculum. The tool was shared with the SAHAN program team for their review and inputs before the tool was finalized and data collection commenced.

3.2 Sampling

A total 5,852 of men who participated in men's club were used as the sampling frame. 200 participants from each region were drawn from men's club registers, forming the study sample of 600 men. To ensure representativeness and equal chances, simple random sampling technique was employed. After sorting from smallest to largest, first 200 participants were randomly selected in each region.

3.3 Data collection

3.3.1 Survey Tool

A structured questionnaire was used to collect data. Each interview took an average of 30 minutes to complete. The tool was drafted in English and translated into Somali. Tablets were used to collect data (See annexes for a copy of the questionnaire).

3.3.2 Training of Interviewers

Data collectors were recruited and trained on:

a) Orientation to the men's Club intervention and the objectives of the survey.
b) Data quality and how the survey would be conducted (sampling, logistics)
c) Ethical considerations
d) Mobile data collection, particularly survey CTO application which PSI used for data collection
e) and practicing of the questionnaire

3.3.3 Interview Procedure

The interviews were conducted via telephone using intervention's data base. Data collection took place during daytime as per the convenience and availability of the respondents. Data collectors dialled the phone number and if the participant answered his phone, the interviewer him/herself, explained why he/she was calling, how the respondent's phone number was sourced, described the study, secured informed consent, then proceeded with the interview. If the respondent did not answer the call, the interviewer attempted three to four times on different times during data collection period. If the participants refused to be interviewed, the next participant on the list was selected. Data collectors were required to interview ten men per day. The PSI evidence team were responsible for ensuring data quality by checking completed questionnaires on the tablets. They also coordinated and supervised fieldwork and conducted random back-checks.

3.4. Cleaning and Validation

The data cleaning and validation was part of the data collection since the team was using the mobile data collection app (Survey CTO) which enabled the evidence team to review data daily. Once the data collection was completed, the raw data was exported to SPSS (statistical package of social science) for analysis and report writing.

3.5 Ethical Considerations

Informed consent was obtained from each participant before the interview by reading the consent form. Men were approached individually, given information regarding the purpose of the study, invited to participate, and reassured that opting out would not compromise the care they would receive. Only those who were willing and accepted to participate were involved. The right not to respond or refuse participation was respected. Personal privacy and cultural norms were also respected.

3.6 Qualitative Study

Key informant interviews were conducted with the male champions, the program teams, and health facility team leads, to get deeper understanding of the intervention and its impact. This was conducted in all regions where men's club was implemented. Data were analysed manually and placed into different themes in the structure of the report based on the objectives of the study, this gave evidence more strength as different sources of qualitative as well qualitative data were triangulated during report writing.

3.7 Limitations

The evaluation had no control group for reference. The need for a stronger methodological approach to determine the net effect of men's club intervention is one of the lessons learned from this pilot project, thus, any future scale up will need to plan for strong end evaluation studies. There was also no baseline study conducted at the beginning of the intervention. All men's club registers were not entered into the digital data base and could not be transported to where data collectors were doing the interviews.

4.0 Key findings:

The survey achieved a response rate of 79%. Awdal region had the highest response rate of 94.5% due to its higher proportion of total participant reached, Karkaar region had a 77% response rate, while Gedo region had the lowest response rate of 66%. In all regions, there were challenges such many respondent's telephones being switched off or not reachable. The analysis and reports of this study are based on the total completed 475interviews were (i.e., 79% of 600 sample size).

4.1 Demographic information

4.1.1 Study participants per region

The survey was conducted in Awdal, Karkaar and Gedo regions where the men's club was implemented, involving 475 participants: 189 (40%) from Awdal region (163 and 26 from Borama and Dila districts respectively); 154 (32%) from Karkaar region (138 and 16 from Qardho and Waciye respectively); and 132 (28%) from Gedo region (71 and 61 from Dollow and Luuq respectively).

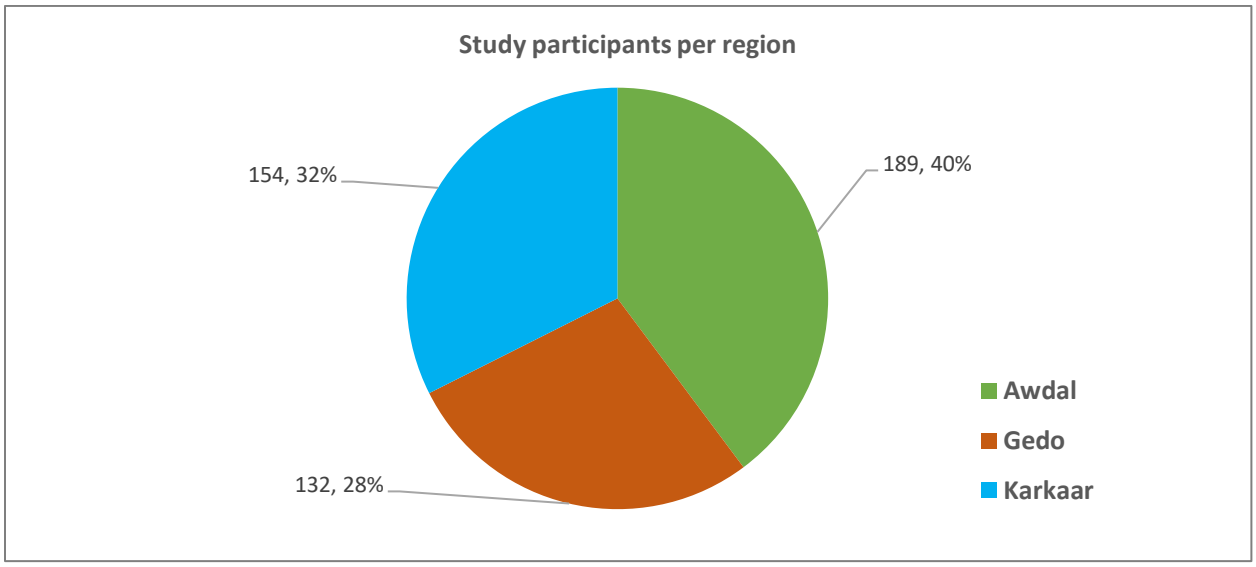

Figure 1: Number of participants per region

4.1.2 Marital Status

The target for the intervention was married men to encourage husbands and fathers to participate in the health matters of the wives and children particularly during pregnancy, childbirth and after birth. Men's club sessions were held in places where men congregate in the afternoon. In such kind of settings, all kind of men, married and unmarried, young, and old, are found. Nonetheless, 72% of the respondents were married.

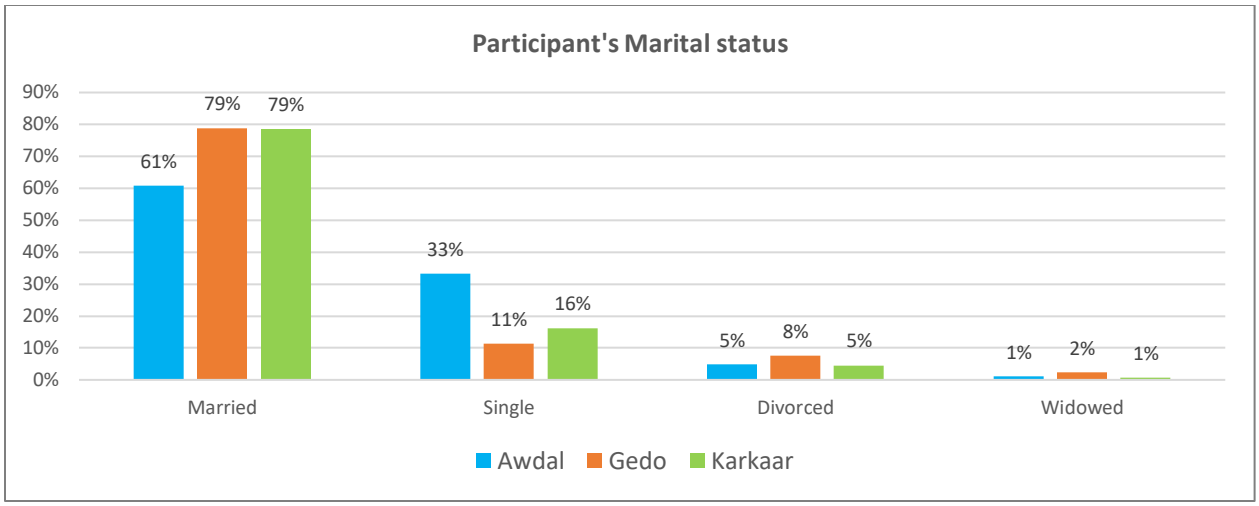

Figure 2: Marital Status

4.1.3 Age Distribution

The findings show that little over one third (37%) of the study participants were aged between 25 to 34, with 30% being 35 to 44 years old. The 15-25 years old age group were 14% and participants between 45-54 years old were also 14%. Only 5.5% of the participants were 55 years old or above.

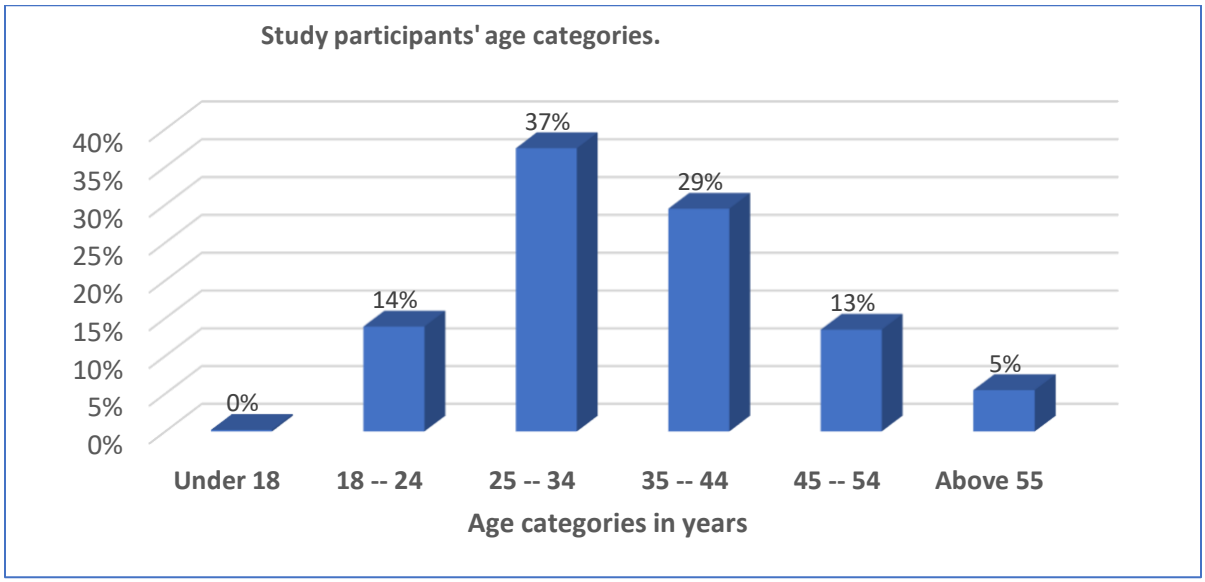

Figure 3: Age Distribution

4.1.4 Literacy level

Little less than one third (29%) of the participants were Illiterate while 16% were just able to read and write. 22% of them were had primary level of schooling, 20% were secondary level while 11% were University level.

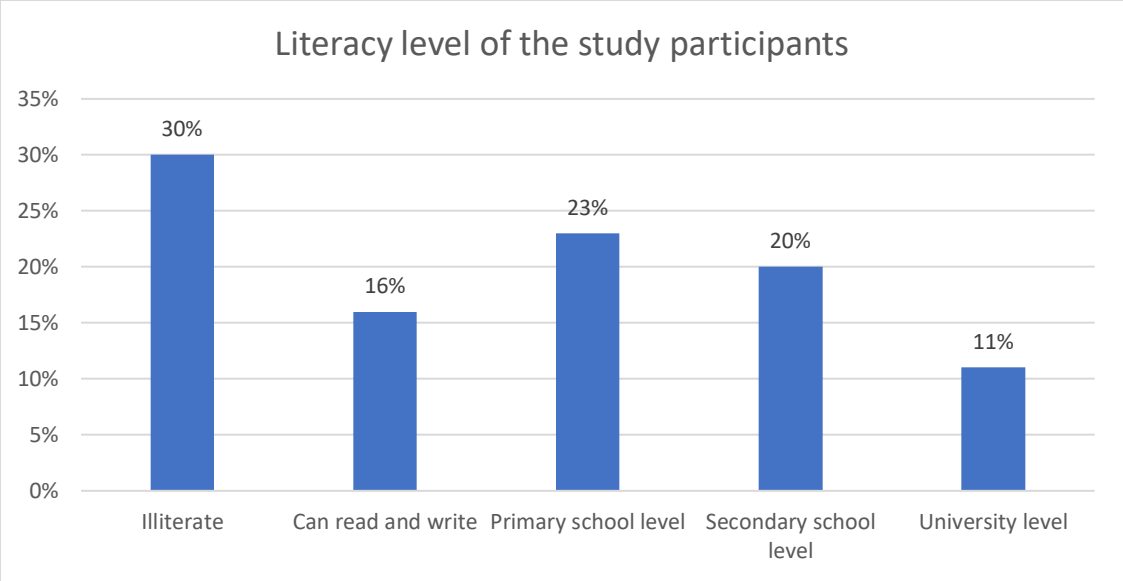

Figure 4: Literacy Level

4.1.5 Income level

Study participants in Gedo region (73%) and Karkaar region (47%) reported their level of monthly income was less than $100 per month. In Awdal more than half (54%) earned between $101 to $201 monthly. 70% of the study participants were employed, of whom 10% were carpenters, 20% construction labourers, 10% drivers, 15% having small businesses, 10% being teachers and the rest 35% doing other physical work.

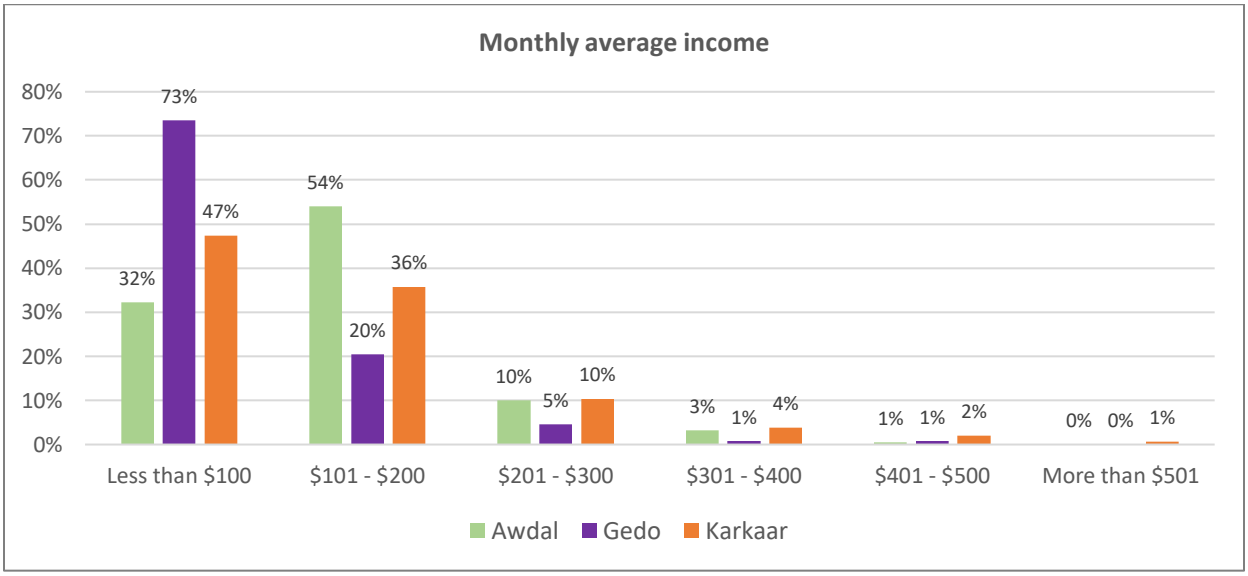

Figure 5: Monthly Income level

4.2. Men's Club Intervention Achievements

During implementation, the intervention achieved 2,117 sessions representing 94% achievement of the target sessions and reached 5,852 beneficiaries. 74% of these completed all the three required sessions. In addition, 1,406 of the participants were issued with referral cards for their wives to visit a health facility. Of these, more than half (58%) visited a health care facility. Also, more than a third (37%) of the participants were followed-up by the male champions, who encouraged them to ensure their wives visited a health facility and to initiate discussions with their wives on what they had learnt. 45% of those followed up reported that they started saving money for the new child while 84% said that they have shared topics discussed in the session with their wives.

Table 2 Summary of the intervention achievement in all the three regions.

Description	
Number of sessions conducted	2,117
Proportion of target sessions conducted	94%
Total number of participants reached	5,852
Proportion of target participants reached	98%
Total number of participants who attended all the three sessions	4,313
Proportion of participants who completed all sessions	74%
Total number of referral cards issued	1,406
Total number of effective referral referrals	821
Proportion of effective referral referrals	58%
Number of men who reported that they had started saving for expected new-born	984
Number of men who reported to have started discussions with their wives after the sessions	1,823
Proportion of men who reported to have started discussions with their wives after the sessions	84%

4.3 Men's club sessions

4.3.1 Session venue

Sessions were designed to be held around a place where men regularly congregate for social activities. Findings show that 56% of the sessions were held at tea shops, while the rest were *khat* chewing shops/areas, kiosks, and garages.

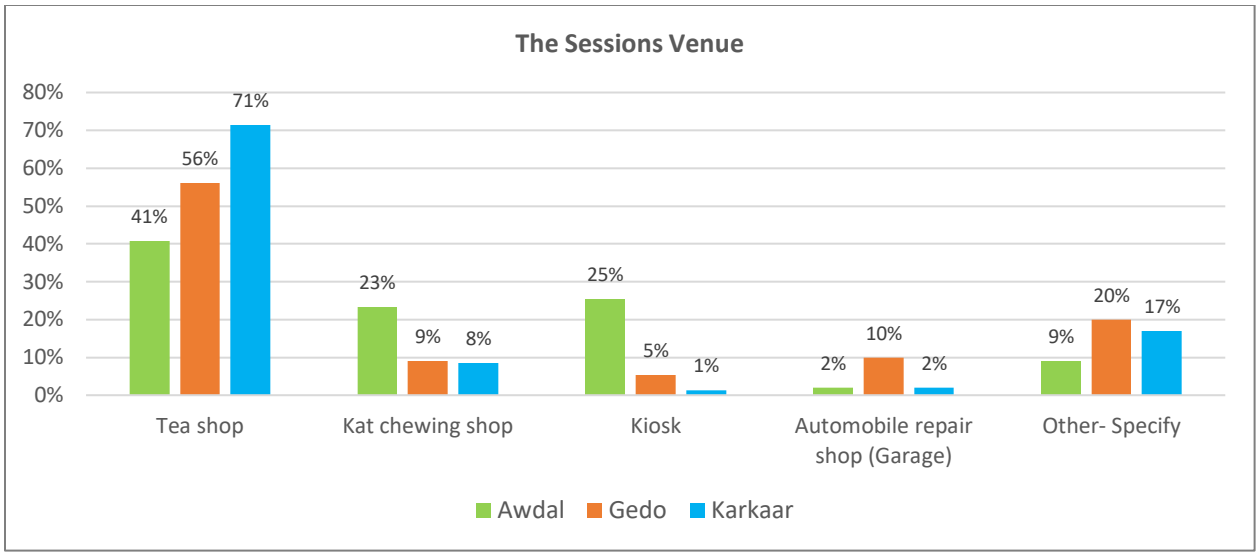

Figure 6: The session venue

4.3.2 Rating of the men's club sessions

The study found that most of the participants (92%) satisfied with the men's club (89% in Awdal, 91% in Gedo and 97% in Karkaar). They reported that the sessions were very useful to them. Further, 73% of them reported that they liked men's club because of the family health issues discussed. Participants were also with the session duration with 87% of them stating that it was enough and convenient time as men work in the morning.

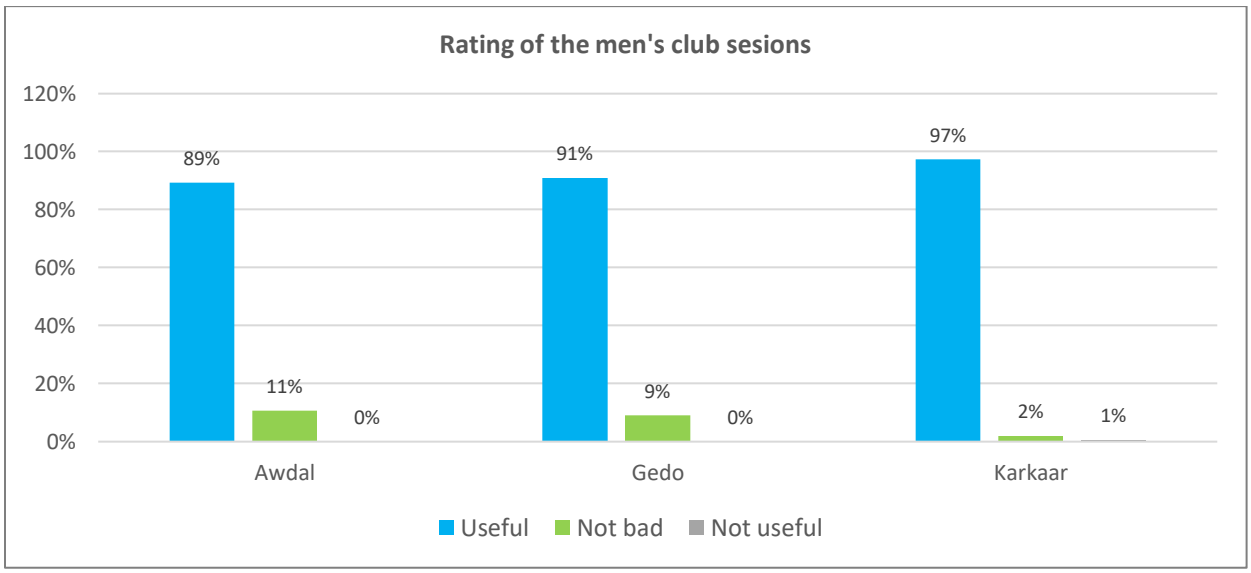

Figure 7: Rating of the men's club sessions

The facilitator's skills seemed to be directly proportionate to the effectiveness of the sessions. The better the facilitation skills reported, the better the participation and therefore output of the sessions. 91% of the participants rated the facilitators (male champions) as being excellent and well-prepared.

> *"… these lectures and discussions led me to be a kinder person than before, aware of my family issues, discussing with and observing my wife if there are any danger signs during pregnancy…"*
>
> *Session participant, Karkaar region*

"…. men's club was an effective intervention. It supported the other maternal and child health interventions and efforts targeting mothers and children and contributed to solving some of the problems that mothers face from their husbands such as lack of preparations, low awareness, and the instances where some men took erratic decisions that led to serious complications and health problems to mothers…."

Facility team leader, Awdal region

"….. this intervention was very useful and made a great behaviour change to the men who attended the sessions. For instance, some them indicated that after when they attended the men's club, they visited a health centre with their wives for the first time…."

Male champion, Karkaar region

The findings also showed that 86% of the participants liked the choice of venue as it was a good and appropriate for them. On being asked to recommend other venues for the sessions, some suggested: special centres for men's awareness sessions (23%), hotels (14%), and health centers (10%). 75% of the respondents also reported that the venue owners were happy to have these sessions and discussions at their business premises.

"….. owners (of tea shops, khat chewing areas etc) welcomed us in a good manner because they were financially benefiting from the sessions. We sometimes provided tea and water to all the participants, and the owner was getting money from it…."

Male champion, Gedo region

"…. the owners (of tea shops, khat chewing areas etc) were happy to have these discussions. Sometimes some of them joined us and listened to the discussions…."

Male champion, Karkaar region

4.4 Effects of the Men's Club intervention

The effect of the men's club intervention was measured through awareness and knowledge gained from the sessions among men on family health issues. Health services utilization attributed to the intervention was also sought. The findings are based on analysis of the quantitative data and routine monitoring data.

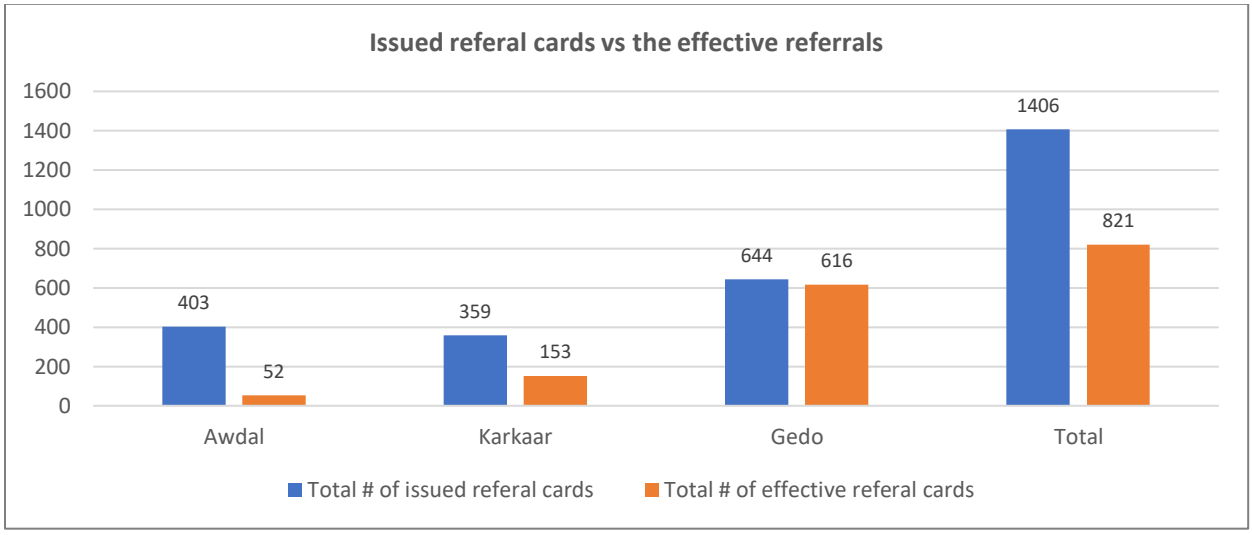

Figure 8: Issued cards vs effective referrals

1,406 men were issued with referral cards for their wives to visit a health facility. Among them, 58% visited a health facility and accessed health services. Interestingly, the study found that 84% of the 185 men whose wives

visited a health facility after referral reported to have accompanied with their wives to the health facility. This shows that the intervention had influenced the men who participated, helping them understand the importance of visiting the health facility and that they had started encouraging their wives them. This finding is supported by health facility team leaders who reported that they saw men coming to the health facility with their wives for first time following the intervention.

> *"… it (men's club) has changed men's behaviours as you will see these days a lot of men who are accompanying their wives as they come to deliver and for other maternal visits to health facilities…"*
>
> *Male champion, Awdal region*
>
> *"… men are now more aware about the services been provided at health facilities and the importance of following up their wives' health and nutrition during this time..."*
>
> *Health and Communication Manager, program team*

> *"…. this kind of awareness program was new in the community and it was difficult and rare to meet men accompanying their wives to the health facilities but during the men's club, we met a lot of men accompanying and caring for their wives at the health facilities while others were referring them using the cards…."*
>
> *Health Facility Team Lead, Awdal region*

77% of the interviewed men whose wives had visited a health facility (185) reported that this was their first time.

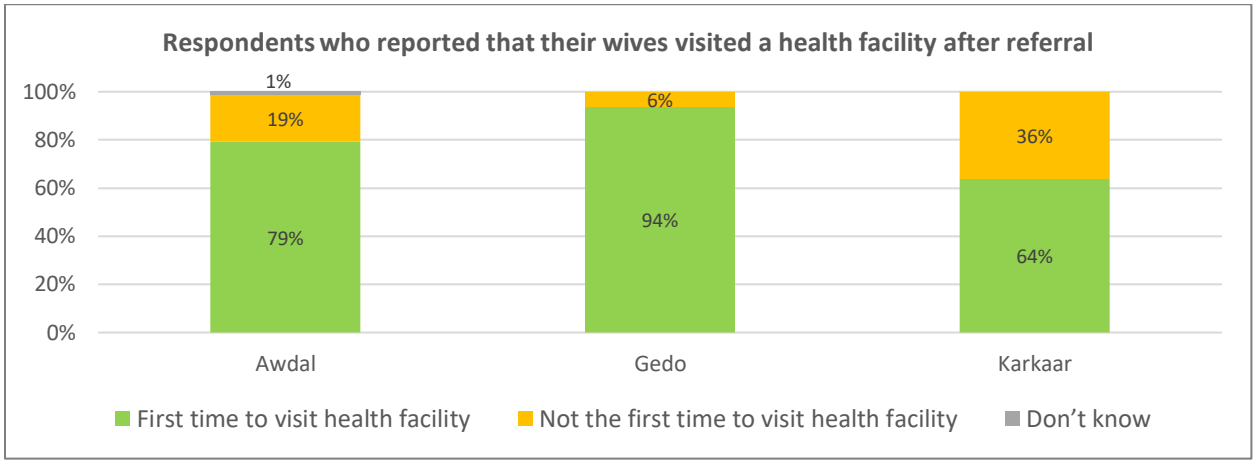

Figure 9: Respondents who reported that their wives visited a health facility after referral

4.4.1 Family communication

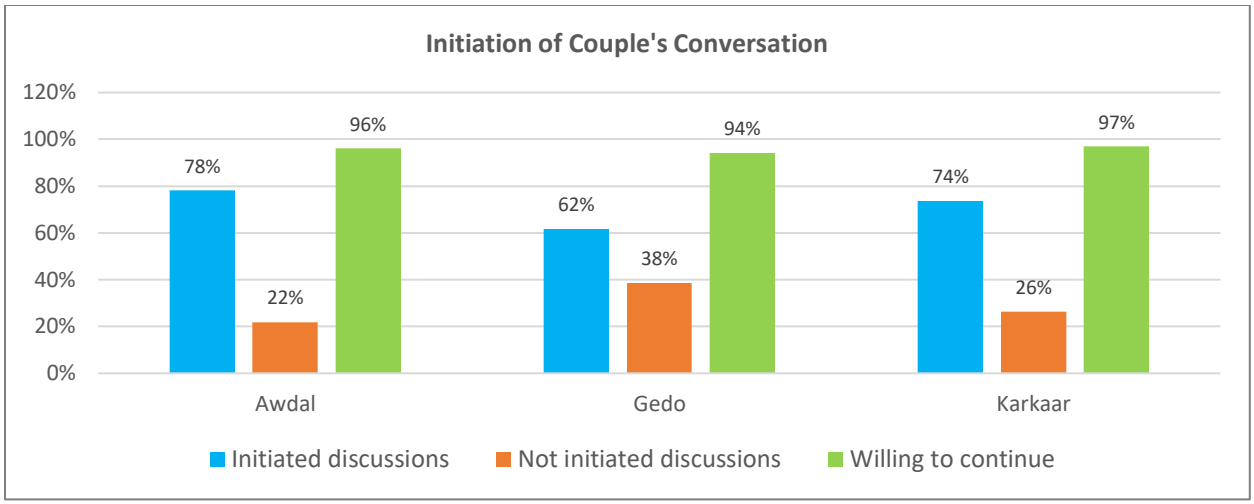

Figure 10: Initiation of couples' conversation

One of the outcomes of the intervention was for men to initiate conversation on health matters at the household level. Study participants in Awdal (78%), Gedo (62%) and Karkaar (74%) regions reported that they initiated the discussions with their families.

> *"…. now you will see a lot of men who are discussing maternal and child health topics which they gained from men's club sessions…."*
>
> *Male champion, Awdal region*

> *"…the program raised awareness and knowledge of men towards the family health issues and made them informed of their responsibilities, and understood the preparations needed of new-born baby. One of the main achievements that the program had was that men started discussions with their wives…"*
>
> *Male champion, Karkaar region*

4.4.2 Men's financial preparations for a baby and emergency situations

The study determined that 94% of the participants liked the financial preparations for pregnancy, childbirth, and the emergency situations presented during the sessions. 89% among these reported that they were currently preparing financially and 83% of them also reported that they had discussed with their friends what they had learnt in the men's club.

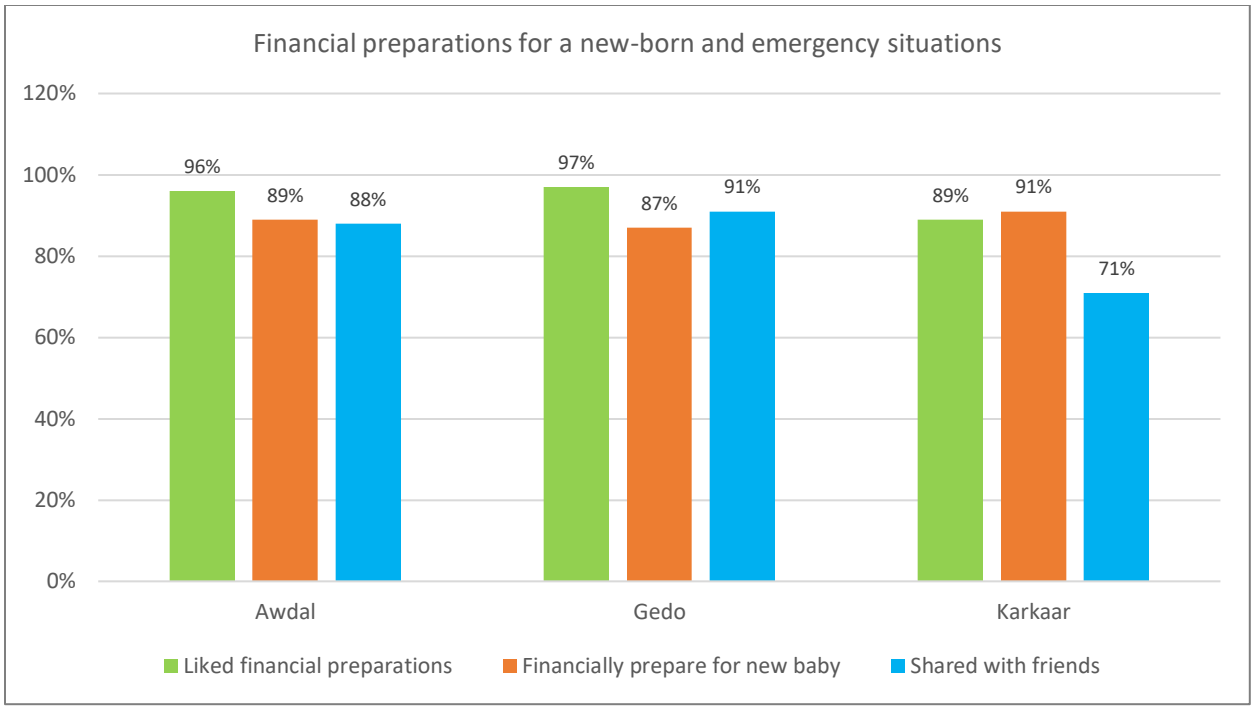

Figure 11: Financial preparation for a new-born baby and emergency situations

4.5 Men's Knowledge from Men's Club Intervention

4.5.1 Things that expectant mothers need for giving birth

On being asked the things that expectant mothers need to prepare for giving birth, the most common responses mentioned were, saving money for the unpredictable conditions (63%), arranging transportations to the health facility (50%), and determine the place of delivery (38%).

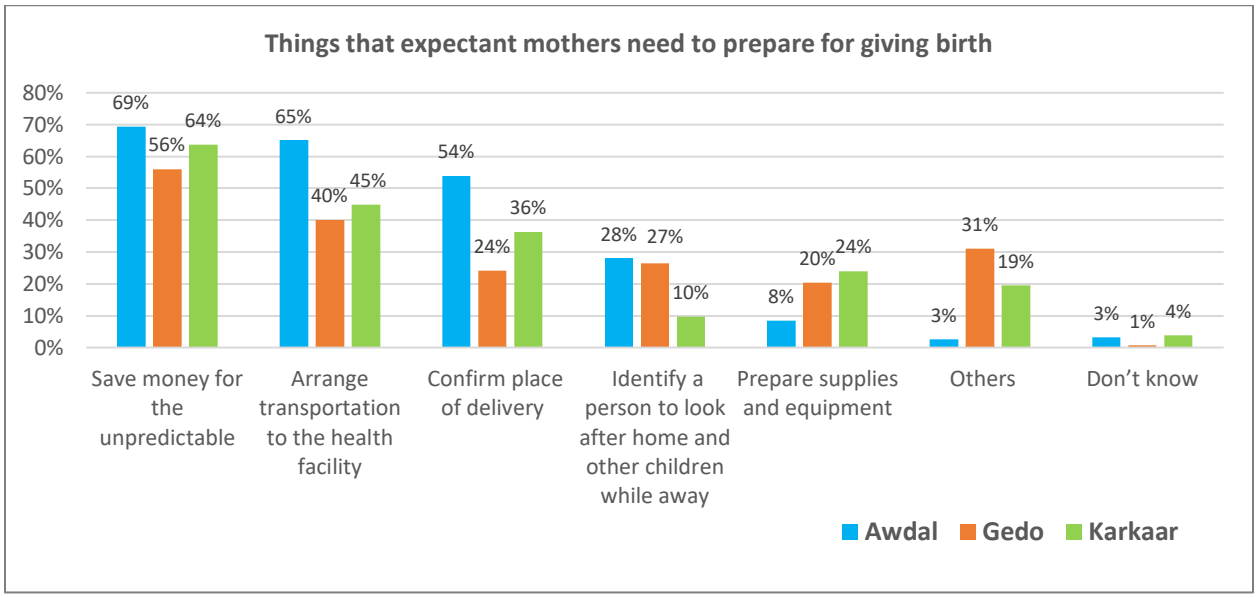

Figure 12: Things that expectant mothers need to prepare for giving birth

4.5.2 The danger signs in pregnancy

The study participants were asked of the key danger signs in pregnancy requiring mothers to immediately go to the nearest health facility. The most common responses mentioned were: a bloody, sticky discharge from the vagina (44%); painful uterine contractions increasing in duration, frequency, and intensity with the passage of time (41%); and feeling the baby has dropped lower (35%).

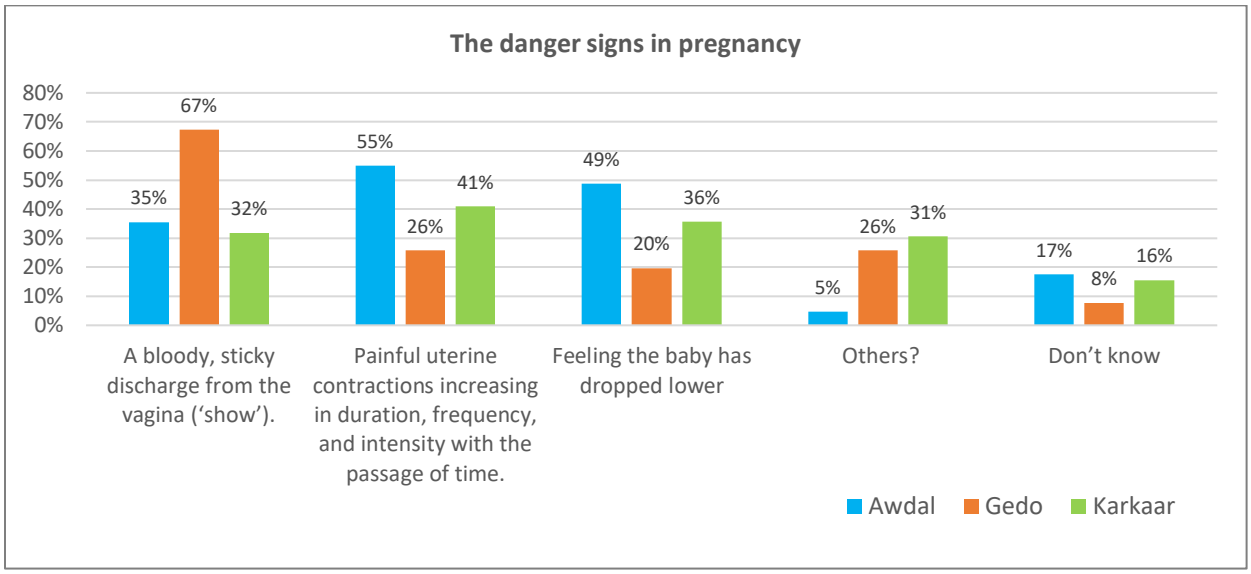

Figure 13: The danger signs of pregnancy.

4.6 Birth spacing

55% of the respondents said that it is important to space two consecutive childbirths by more than a year. Less than half (43%) had knowledge on modern birth spacing. Short-term acting contraceptive methods were most common methods cited by respondents (51% for pills and 40% for injectable), while 21% and 7% of them also had knowledge of Implant and IUD respectively, as long-term acting methods. Among those respondents who had knowledge of modern birth spacing, approximately 10% reported that they have used it, with pills being the most common used (17%).

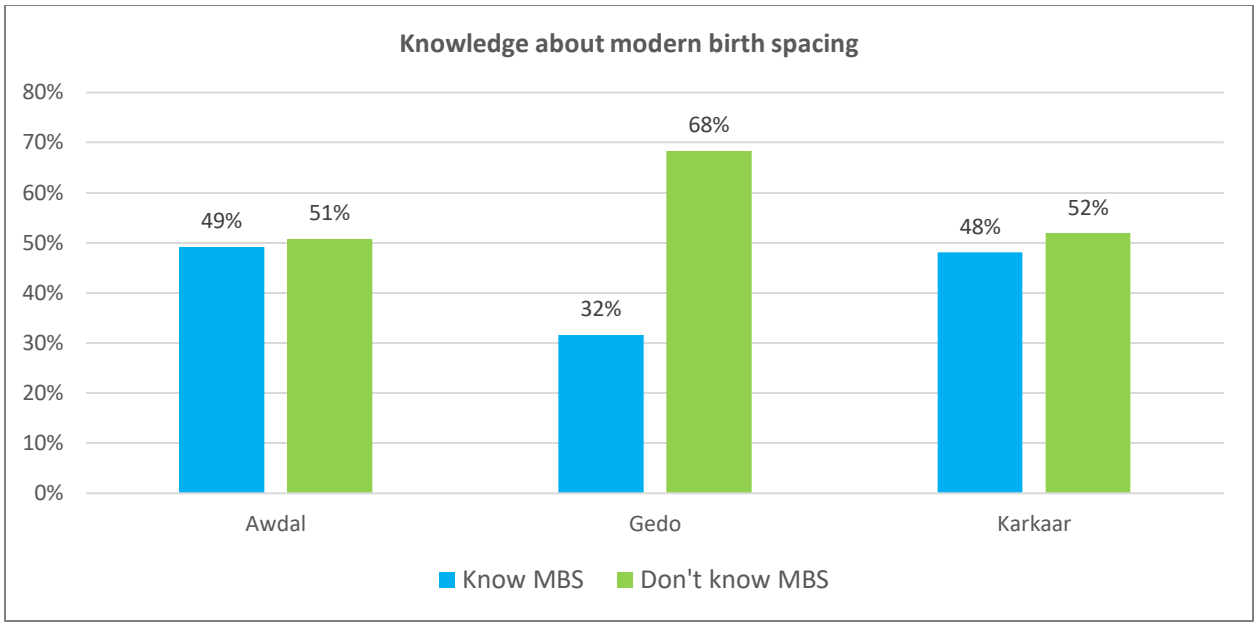

Figure 14: Knowledge about modern birth spacing

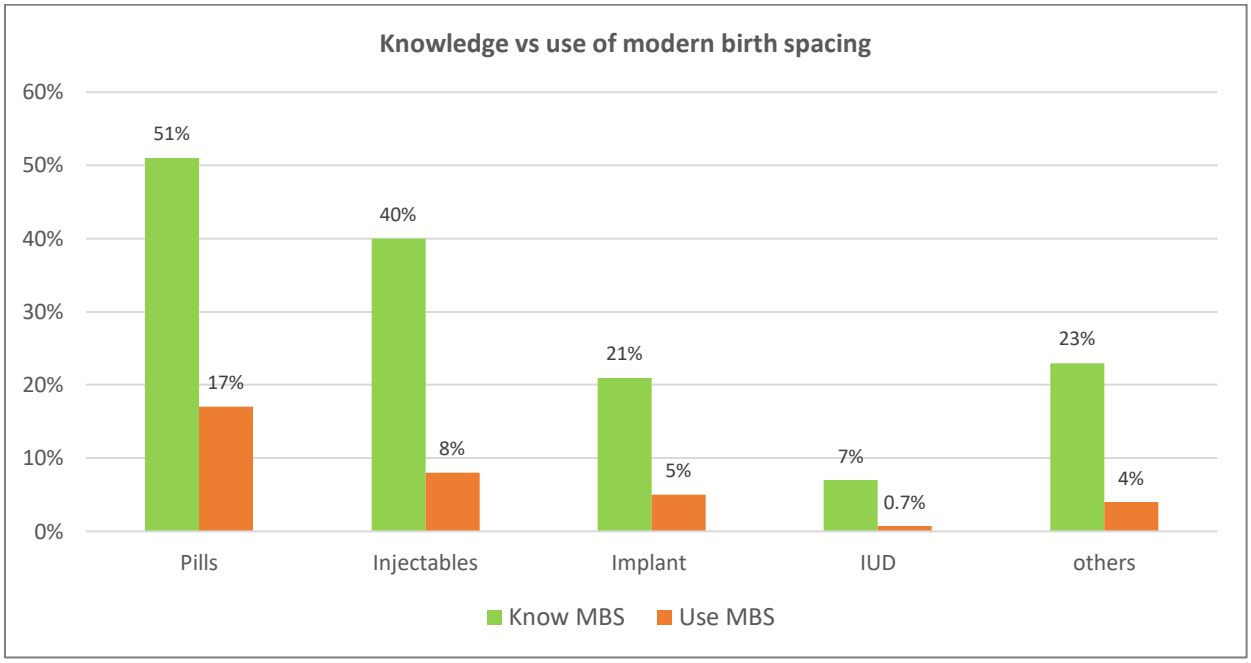

Figure 15: Knowledge vs use of modern birth spacing.

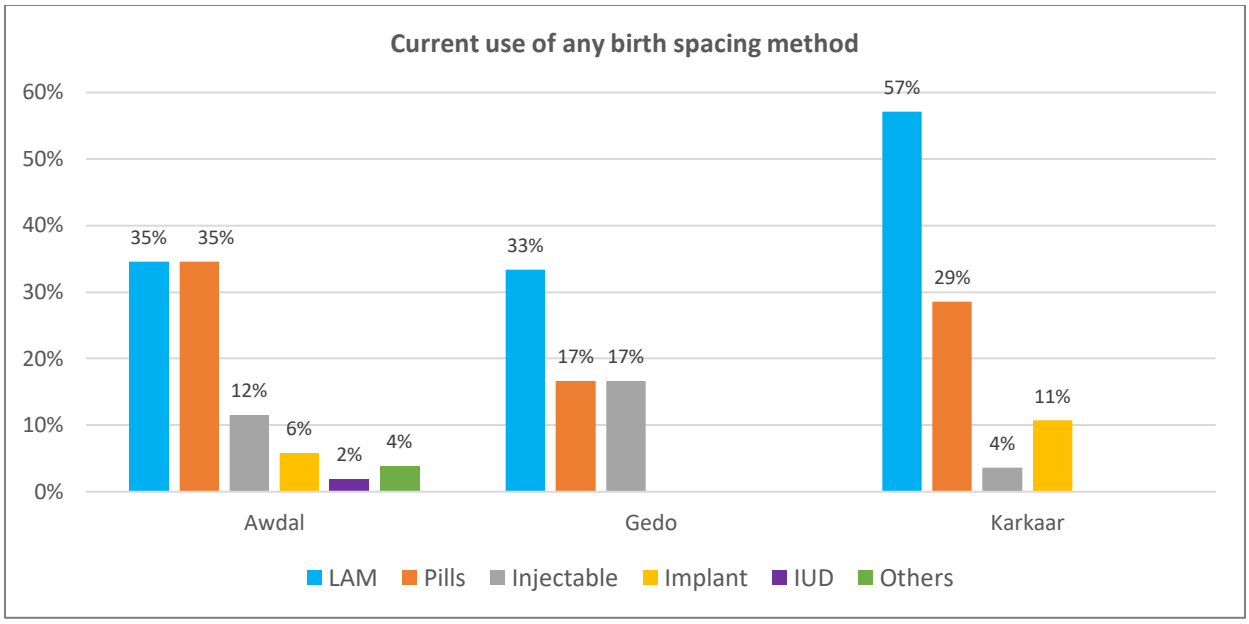

Figure16: Participant's current use of MBS.

35% of the respondents reported that they were currently using a method of birth spacing, 54% of whom reported to using traditional methods, mostly lactational amenorrhea method (LAM). This was supported by what was reported by the male champions that most of the participants were not aware of the importance of birth spacing, particularly the modern birth spacing methods. They reporter that misconceptions related to socio-cultural issues including lack of adequate information and religious beliefs were rife. Below quotes for key informant interviews illustrate the men's understandings about birth spacing.

> *"……Family planning was one of the challenges we faced during men's club sessions because the men did not have full understanding about family planning…."*
>
> *Male Champion, Awdal region*

> *"…… before attending men's club sessions there were a lot of men who believed that if their women used one of the birth spacing methods, they would no longer be able to give birth. However, we taught them different birth spacing methods and their side effects. Now there are families who are planning to start using birth spacing methods in Borama …"*
>
> *Male Champion, Awdal region.*

5.0 Challenges Conclusion and Recommendations:

5.1 Challenges

5.1.1 Program challenges

- Some of the participants expected to be given money or allowance for attending the session as experienced in past interventions by other agencies.
- Widespread misconception of birth spacing/family planning led to refusal by some men to participate in the sessions.
- Sometimes it was difficult to track participants for them to complete all the three men's club sessions which were held in consecutive days.
- Sometimes it was difficult to get the required minimum number of men for the sessions.

5.7.2 Study challenges

- It was challenging to reach participants for the telephone interviews. Several of the call did not go through as phones were off or were unreachable. The data collection team had to do several attempts to reach the desired sample size. A lot of time was consumed by these many attempts.
- Data collectors run out of the lists as they called all the phones in the provided list, hence could not interview 200 men per region.

5.2 Lessons learnt

- Men who attended the sessions are now more aware of the services been provided at the health facilities and the importance of follow up their wife's health and nutrition during this time.
- Men have started to show more appreciation of the journey of pregnancy and the preparation needed for their wives during this period.
- Men started accompanying their wives after understanding importance of health facility visits and importance of their roles.
- Men acknowledged importance and started of the financial preparation for expected new-born after gaining knowledge from the men's club sessions.
- Men have higher myths and misconceptions on birth spacing/family planning.

5.3 Conclusions

The study demonstrated that Men's Club intervention was effective in reaching its goals as it was designed: The effect of the men's club intervention was measured through awareness and knowledge gained from the sessions among men on family health issues. Health services utilization attributed to the intervention was also sought.

- It increased the awareness and knowledge of men on maternal and child health.
- Men initiated couples' conversation on health matters at the household level (72% of the study respondents reported to have initiated discussions about the health issues with their families.
- Men's club intervention enabled pregnant women of the men who participated session to visit health facility due to the referral card from her husband.
- Men became more involved in his wife's health, majority (58%) of the men who received referral card for his wife gave it to her and significant men even accompanied their wives to the health facility as some of the men reported at the same time health facility team lead also confirmed that they came with their wives.
- Men became more aware and more deliberately started family finance preparations of the mother's health during pregnancy, childbirth, and emergency situations.

5.4 Recommendations

The below recommendations were provided by study participants including the beneficiaries, health facility team leaders and the male champions (facilitators). Some recommendations were also provided based on the study findings:

- Future scale up of the intervention was recommended as all involved felt that it had been effective and appreciated.
- It was noted that the facilitator (male champion) skills were directly proportional to the effectiveness of the session. Emphasis is therefore recommended in the selection of male champions looking at communications skills, problem solving skills and acceptance within the community. This should be coupled with comprehensive training as designed in the intervention.
- There is need to strengthen the follow-up and referral systems of the intervention to increase the effective number of referrals.
- Almost all the key informants of the male champions recommended the program should provide and cover the refreshments/drinks like the tea during the sessions.
- Review incentives for the male champions as they complained that the current amount of $100 per month was little.
- Increase number of maternal and child health topics discussed during the sessions to increase men's knowledge on them based on SRHR policy of the country.
- Health facilities should give more encouragement for men who accompanied his wife to get services.

6.0 Annexes

6.1 Overall Men's club achievement in per region

1	Session participants	Awdal	Karkaar	Gedo	Total
1.1	# of sessions conducted	1309	304	504	2117
1.6	Target sessions per month	711	288	1260	2259
1.7	% of target sessions conducted	184%	106%	40%	94%
1.2	Total # of participants in the intervention	3408	1041	1403	5852
1.3	Total # of participants attended all the three sessions	2300	813	1200	4313
1.4	Total # of participants attended two sessions	815	149	121	1085
1.5	Total # of participants attended only one session	293	79	82	454
1.6	Target participants	1872	768	3360	6000
1.7	% of target participants reached	182%	136%	42%	98%
1.8	% of participants completed attending all sessions	67%	78%	86%	74%
2	**Referral Cards**				
2.1	Total # of issued referal cards	403	359	644	1406
2.2	Total # of effective referal cards	52	153	616	821
2.3	% of effective referral cards	13%	43%	96%	58%
3	***MC Follow Ups***				
3.1	*# of follow ups in this month*	486	422	1255	2163
3.2	# of men started family saving for newborn preparation	222	344	418	984
3.3	% of men started family saving for newborn preparation	46%	82%	33%	45%
3.4	# of men started disscusions with their wives after the sessions	416	366	1041	1823
3.5	% of men started discussions with their wives after the sessions	86%	87%	83%	84%

6.2 Data collection tools

6.2.1 Quantitative Questionnaire for Men's Club beneficiaries

Question	Options	Skip
Demographic Information		
1. Region	• Awdal • Gedo • Karkaar	
2. City	1. Borama 2. Dilla 3. Dollow 4. Luuq 5. Belethawa	
3. Site/Village	(Site)	
4. Age	(Age)	
5. Employment Status	1. Employed 2. Not employed 3. Don't know	
6. If employed, what is your work?	1. Small personal business 2. Teacher 3. Employed as salesperson 4. Coolie 5. Driver 6. Watchman 7. Plumber 8. Carpenter 9. Cook 10. Waiter 11. Soldier 12. Other-specify	
7. Income level per month	Write the income per month in USD	
8. Respondent level of Education	1. None 2. Can read and write 3. Primary School 4. Secondary School 5. University Level 6. No response	
9. Marital Status	1. Married 2. Divorced 3. Widowed 4. Single	
10. Number of current wives	1. 0 2. 1 3. 2 4. 3 5. 4	
Obstetric characteristics of your wife (If married only)		
11. Number of children	a) Under 5 _____ b) Over 5 _____	

12. Parity		Leave it blank if he doesn't have this info
13. Gravidity		
14. Number of deliveries in home		
15. Number of deliveries in the health facility		
16. Number of miscarriages		
17. Number of still birth		
18. Current status of your wife	1. Breastfeeding 2. Pregnant 3. None	
19. Number of times of ANC visits during last pregnancy of your wife?	1. 0 2. 1 3. 2 4. 3 5. 4+ 6. Don't know	Ask if his wife is breastfeeding
MEN'S CLUB Sessions		
20. MEN'S CLUB session participation: Have you attended any Men's Club Session?	1. Yes 2. No	
21. How many times have you attended MEN'S CLUB session?	1. 1 time 2. 2 times 3. 3 times 3. 4+ times	
22. How did you hear about MEN'S CLUB?	1. Male Champion 2. Health worker 3. Friend 4. Family member 5. Others (Specify	
23. Where did the session take place? (**Session venue**)	1. Tea shop 2. Kat chewing shop 3. Kiosk 4. Other- Specify	
24. How was the venue owner's attitude towards the session?	1. Happy 2. Not happy 3. Don't know	
25. Tell us about the venue's environment	1) Good place 2) With some disturbance 3) Other-specify	
26. If you would suggest a better place "Session venue" for Men's Club, where would you suggest?		
27. What did you think of the MEN'S CLUB sessions?	1. Useful 2. Not bad 3. Not useful	
28. What did you think of the session's duration?	1. Convenient time 2. Too long 3. Too short	
29. How was facilitation of the sessions?	1. Excellent 2. Good 3. Not bad	

	4. Bad	
30. How was the session facilitator?	1. Excellent 2. Good 3. Not bad 4. Bad	
31. What did you like most about MEN'S CLUB?	1. Family health issues 2. Family Finances 3. Saving money 4. Preparing for new baby 5. Antenatal Care 6. Family communication 7. Safe delivery 8. After Pregnancy 9. Exclusive Breastfeeding 10. Nutrition after childbirth 11. Immunization 12. Benefits of birth spacing to the child and mother 13. Risks of lack of birth spacing to child and mother 14. Family communication 15. Referral card 16. Q&A	
1. What did you like least about MEN'S CLUB?	1. Family health issues 2. Family Finances 3. Saving money 4. Preparing for new baby 5. Antenatal Care 6. Family communication 7. Safe delivery 8. After Pregnancy 9. Exclusive Breastfeeding 10. Nutrition after childbirth 11. Immunization 12. Benefits of birth spacing to the child and mother 13. Risks of lack of birth spacing to child and mother 14. Family communication 15. Referral card 16. Q&A	
Awareness and knowledge among men on health issues – Knowledge and behavioral changes		
33. What are the most important things that you have learnt from Men's Club?	1. Family health issues 2. Family Finances 3. Saving money 4. Preparing for new baby 5. Antenatal Care 6. Family communication 7. Safe delivery	

	8. After Pregnancy 9. Exclusive Breastfeeding 10. Nutrition after childbirth 11. Immunization 12. Benefits of birth spacing to the child and mother 13. Risks of lack of birth spacing to child and mother 14. Family communication 15. Referral card 16. Q&A	
34. What are the things that expectant mothers need to prepare for giving birth? (**Can choose more than one answer**)	1. Save money for the unpredictable 2. Arrange transportation to the health facility 3. Confirm place of delivery 4. Prepare for emergency situations 5. Identify a person to look after home and other children while away 6. Prepare supplies and equipment 7. Others 8. Don't know	
35. What are the key danger signs of pregnancy that mothers need to immediately go to the nearest health facility? (**Can choose more than one answer**)	1. A bloody, sticky discharge from the vagina ('show'). 2. Painful uterine contractions increasing in duration, frequency, and intensity with the passage of time. 3. Feeling the baby has dropped lower AKA lightening this might cause a change in the shape of the abdomen because the baby starts moving lower as he/she gets ready to come out. This change can happen anywhere from a few weeks to a few hours before labor begins. 4. cushions your baby in the uterus. 5. Others 6. Don't know	
36. What do you believe about child vaccination?	1. Useful 2. Not useful 3. Bad	
37. Are your children immunized?	1. Yes 2. No 3. I don't know	
38. If no, why?		

39. How long is necessary to wait for next childbirth after delivery? (**Birth Spacing**)	1. 9 months 2. One year 3. Two years 4. 3 years 5. 4+ years 6. Others 7. Don't know	
40. Did you know modern birth spacing?	1. Yes 2. No	
41. Which method did you know?	1. Pills 2. Injectable 3. Implant 4. IUD 5. Others	
42. How did you learn about modern birth spacing?	1. Health facility 2. Health worker 3. Friends 4. Sheiks 5. Others	
43. did you space your children?	1. Yes 2. No	
44. If yes? How long?		
45. What did you use to help you space children?	1. LAM 2. With drawl 3. Abstinence 4. Pills 5. Injectable 6. Implant 7. IUD 8. Others	
46. If not MBS, ask why not?		
47. Do you currently use any method? As those whose wife's are not pregnant	1. Yes 2. No	
48. If yes, which method did you use?	1. LAM 2. With drawl 3. Abstinence 4. Pills 5. Injectable 6. Implant 7. IUD 8. Others	
49. If not MBS. Ask why not?		
50. Do you want to use MBS in the future?		
51. If no, why?		
52. How long have you been using MBS?	1. Less than a month 2. 1-3 months 3. 4-6 months 4. 7-9 months 5. 10-12 months	

	6. More than a year	
53. Why did you choose MBS?	1. I learn its importance from men's club 2. My friends motivated me to use 3. My wife motivated me 4. Sheikh 5. Health worker 6. Others	
54. Did you discuss MBS with your wife?	1. Yes 2. No	
55. When did you discuss MBS with your wife?	1. Before we start using it 2. After starting it 3. Always 4. Others	
56. Do you discuss birth spacing with your friends?	1. Yes 2. No	
57. If yes, how?		
58. Which methods did you discuss?	1. LAM 2. With drawl 3. Abstinence 4. Pills 5. Injectable 6. Implant 7. IUD 8. Others	
59. Did you recommend to your friends to use MBS?	1. Yes 2. No	
60. If no, why?		
Couples' Conversation after Men's Club Sessions on health topics at household level		
61. how did you see that husband discusses health issues with his wife?	1. Good 2. Not bad 3. Bad	
62. Did you start discussion with your wife after the session?	1. Yes 2. No	
62. Which health topics did you discuss?	1. ANC 2. PNC 3. Nutrition 4. Vaccination 5. FP 6. Facility Deliver 7. Preparing for new childbirth 8. Others specify	
63. How was your wife's attitude towards the discussions?	1. She appreciated it 2. She was not happy with the discussion 3. No attitude changes 4. Other-specify 5. Cannot explain	
64. If discussed FP, which methods	1. LAM	

	2. With drawl 3. Abstinence 4. Pills 5. Injectable 6. Implant 7. IUD 8. Others	
65. Did you agree on one method to use?	1. Yes 2. No	
66. Which method did you agree?	1. LAM 2. With drawl 3. Abstinence 4. Pills 5. Injectable 6. Implant 7. IUD 8. Others	
67. If not MBS, why?		
68. Did you recommend others to discuss health issues their family with their wife?	1. Yes 2. No	
69. If no, why not?		
70. Will you continue to discuss health issues with your wife?	1. Yes 2. No	
71. If no, why?		
Empower men with health information to make better health decisions with their wives – Men's Decision-making behaviors on health issues.		
72. Did you receive a referral card for your wife after the session?	1. Yes 2. No	
73. Did you refer your wife to a health facility?	1. Yes 2. No	
74. Did your wife visit the health facility after getting the referral card?	1. Yes 2. No 3. Don't know	
75. If she did not visit the health facility, what was the reason?	1. Health facility was closed 2. Curfew at night 3. Facility far away 4. No transportation 5. Cannot afford transport 6. Health care providers are not welcoming us 7. The card is lost 8. She does want to go there 9. Other reason (_____) 10. Don't know	
76. If your wife visited health facility with the referral card, Was it the first time for your wife to visit a health facility?	a) Yes b) No c) Don't know	
77. What was the reason of your wife's visit to the health facility?	1. ANC 2. PNC	

	3. Nutrition 4. Vaccination 5. Pneumonia 6. Diarrhea 7. Delivery 8. Other-specify 9. Don't know	
78. Did your wife receive a service at the health facility?	a) Yes b) No c) Don't know	
79. Did you accompany your wife to the health facility?	• Yes • No	
80. How do think about accompanying your wife to the health facility?	• Normal • Abnormal	
81. If abnormal, why it is abnormal to accompany your wife to the health facility?		
82. Do you like your wife to be connected to a health facility?	1. Yes 2. No	
83. If No, why?		
Financial preparation for childbirth and emergency situations		
84. Do you financially prepare for a new childbirth and emergency situations?	1. Yes 2. No	
85. If yes, did you used to make such financial preparations before the men's club session?	1. Yes 2. No	
86. If No, why don't you prepare for new childbirth and emergency situations		
87. What are the importance of financial preparation of child birth?		
88. How did you see financial preparation of your wife giving birth?	1. I liked 2. Not bad 3. Useful 4. Didn't like 5. Not useful	
89. Did you share childbirth financial preparation to your friends?	1. Yes 2. No	
90. Why did you share it?		
91. Why not shared it?		
Recommendations and attitude on MC		
92. Rate Men's Club sessions	1. Poor 2. Fair 3. Good 4. Excellent	
93. Do you think that Men's Club has made any change to your health attitude?	1. Yes 2. No	
94. If yes, what has changed about you?	1. Maternal knowledge change 2. Learned to save money for pregnancy and emergency situations	

	3. Started discussing maternal health issues with my wife 4. Started connecting my wife to a health facility 5. Other-specify 6. No change	
95. Will you recommend others to attend men's club sessions?	1. Yes 2. No	
96. Have you ever recommended someone to attend Men's Club sessions?	1. Yes 2. No	
97. Are you interested in attending such sessions again?	1. Yes 2. No	
98. Would you recommend continuation of men's club program in the future?	1. Yes 2. No	

6.2.2 Quantitative Assessment Guides

6.2.2.1 KII guide for Male champion (facilitators) teams:

Questions	Responses
1. What is Men's Club? describe it?	
2. Please explain how you used to conduct the Men's club sessions?	
3. Do you see any change to men during Men's Club Intervention? How can you attribute these changes to MCI?	
4. Do you think that Men's Club Intervention is improving men's behaviors?	
5. Do you think that Men's Sessions are improving men's health knowledge?	
6. Which health topics did you discuss and explain with the target audience? In your opinion, what have been the Men's Club Intervention biggest achievements so far? Why do you think so? Can you give examples?	
7. Would you say that the MCI has done well or not so well in achieving its goals? Why do you think so?	
8. How well do you think that men initiate the discussion on family planning?	
9. Do you think that some of the project's activities could be successfully carried out in other communities or with more people in here? Which activities? Why do you think so?	
10. To what extent do you think that men understood the promotion of family health? Can you give examples?	
11. What are the main challenges you have encountered during the project implementation? How did you solve it?	
12. How was the target audience reaction to the men's club?	
13. How was session venue and duration?	
14. How was the reaction of the venue owner?	
15. What did men's club did well?	
16. What did men's club did not do well?	
17. What was the collaboration between you, the facility team leader, and the program team? (explain briefly) What are your recommendations on men's club?	

6.2.2.2 KII guide for the program team

Questions	Responses
1. What did the program really do well?	

2. What is men's club take away achievements?	
3. What did the men's club program really do not do well? Weaknesses?	
4. What are the challenges you faced during the program? From. (Facilitator and team leaders, Community/traditionally, any other areas) How did you handle these challenges.?	
5. How could the program address the identified challenges?	
6. What could the program even do better? Any recommendations?	

6.2.2.3 KII guide for the Facility team leads

	Questions	Answers
1.	What do you know about Men's club? Explain?	
2.	How do you gauge Men's club? Has there been any change to services utilization of the facility during Men's club implementation? How can you attribute these changes to Men's club?	
3.	Do you think that Men's club is improving mothers' behavior regarding ANC and facility delivery? Probe more	
4.	What was the collaboration between you, the male champions, and the program team? (explain briefly)	
5.	What are the benefits and effects of the program to the men, mothers, and population in your site? Probe more.	
6.	What did the men's club program really do well?	
7.	What did the men's club program really do not do well?	
8.	What do you think will happen when Men's club intervention stops? does it effect on ANC, facility delivery? How?	
9.	What are your recommendations in improvement of Men's club?	
10.	Did men accompany his wife came to the health facility? If yes, please tell more about it? how was men's reaction in the facility visit?	
11.	Did women come to the facility after her husband gave her referral card? If yes, how did you know that?	