

**ICAP Collaborative PMTCT and Pediatric HIV Strategic Planning Workshop  
In Partnership with Tygerberg Children's Hospital, South Africa and S2S**

Title:	<b>Men, Men, Men: An entry point into family-centered services</b>
Country	South Africa
Host Name/Title:	Dr A. Letebele, Clinical Advisor
Session Goal:	To share interventions that increases the number of men actively involved and engaged in their partner's and child's HIV related health care.
Learning Objectives:	<ol style="list-style-type: none"> <li>1. Strategize and develop best practices to increase male involvement in the family centered care approach</li> <li>2. Counsel and recruit men to play an active role in their partners' and child's HIV related Health Care.</li> <li>3. Identify and implement support structures to initiate and sustain male involvement in care and treatment programs</li> <li>4. Develop and implement criteria to evaluate strategies employed in increasing male involvement in family – focused services.</li> </ol>
Instructional Method(s):	<ul style="list-style-type: none"> <li>• Interactive brain storming session with free discussion at the end of each sub-section</li> </ul>
Session Description :	<p><b>0-10 minutes:</b> Host gives the topic , guidelines, timelines and probing questions for deliberations</p> <p>Questions for consideration</p> <ul style="list-style-type: none"> <li>• <b>11-25 minutes:</b> Can men be used as an entry point into (HIV –related) family centred health services?</li> <li>• <b>26-40 minutes:</b> What would be the best /practical approaches to recruitment and increasing the number of men actively involved and engaged in this family focused care?</li> <li>• <b>41-55 minutes:</b> What are the challenges? Or anticipated barriers to implementing such approaches &amp; strategies?</li> <li>• <b>56-70 minutes:</b> How can such a program be best monitored and evaluated? How often should the evaluation be done?</li> </ul> <p><b>71 – 90 minutes:</b> Host summarizes session and closes</p>

**Session Notes and Summary**

**Session name:** Men, Men, Men: An entry point into family-centered services

**Note taker name:** Nancy Briggs

**Major Discussion Points and/or Conclusions:**

1. Men can be used as an entry point into family-centered services but few men will be found in ANC, STI ART, AMB, EID OPD and IPD.
2. Men can be found in the community: places of work, social gatherings, bars, horse races, places of worship and markets both as vendors and as customers and programs much conduct outreach services.

3. Men need to understand their role and the importance they play in the success of family centered care. This can be accomplished with men being sensitized by community leaders, their mothers.

4. Health care workers and facilities must become more sensitive to male involvement by involving men in the planning of health services through Community Conversation Enhancement (CCE) where the community discusses health issues and identifies activities that would engage more men, designing programs that integrate services, develop materials that target men and creating an environment where men feel welcomed.

#### **Remaining Questions/Parking Lot Items:**

Challenges facing programs that would like to have more male involvement are:

- Lack of resources and staff
- Lack of specific interventions targeting men at clinics
- Cultural beliefs, attitudes and perceptions around the role of male involvement
- Traditional healer approach versus that of the health care facility
- Men are less likely to accept HIV testing and for those who do accept, they are less likely to disclose their status.

#### **Agreed Upon Next Steps:**

- Programs should develop a multifaceted approach to engaging men.
- Conduct focus groups and ask men how programs can be more responsive to them in engaging their families
- Hire male peer educators
- Generally employ more men in health care facilities
- Create a special section in clinics for men
- Create Family Centered clinics where the whole family care be seen together
- Train health workers on couples and family café
- Create incentives for families that are seen together by giving them priority in the clinics
- Create male support groups
- Create linkages with programs that provide services for men and develop linkages
- Have family events which can serve to demystify male involvement in clinics

**Other Comments:** M&E should become involved by developing mechanisms for monitoring family centered involvement, i.e. registers that link partners, family members and identify whether they attended clinic together with quarterly and annual monitoring.