



MCSP Nigeria Technical Brief

Gender

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Goal

MCSP works to improve the delivery of gender-sensitive, respectful care, and to ensure equitable access to reproductive, maternal, child and adolescent health (RMNCAH) services by addressing gender-related barriers to delivering high-quality care across Kogi and Ebonyi States in Nigeria.

Program Approaches and Strategies

- Strengthening providers’ ability to deliver gender-sensitive, respectful care:** As of June 2018, MCSP trained 30 core facilitators and over 1,000 health providers on the globally-recognized Health Workers for Change (HWFC) curriculum. HWFC uses social behavior change strategies and a participatory approach to address gender inequities, discriminatory attitudes and barriers to delivering high quality care. HWFC helps providers build empathy with clients, expand communication skills, and identify ways facilities can better support employees and create inclusive working environments for women. HWFC helps providers reflect on why they became health workers, harmful gender attitudes, and how clients see the providers. The curriculum also teaches providers to recognize unmet needs, to uncover quality of care challenges within their immediate workplace (e.g., patient mistreatment) and to identify concrete solutions through action plans. Prior to HWFC, many providers were late to work, had poor communication skills with clients, displayed a lack of empathy, and abandoned patients in need of care to administrative staff.
- Engaging men in health-seeking, reproductive healthcare, and childcare:** Traditional norms around masculinity often prevent men in Nigeria from seeking healthcare or supporting their female partner’s health needs. This reduces women’s ability to use family planning (FP), attend antenatal care (ANC) visits, to deliver safely in a facility, and to care for sick children. MCSP built the capacity of 101 pre-and in-service providers as facilitators on male engagement in March 2018, who are cascading the learnings to other health providers in their facilities. MCSP also provided privacy screens in delivery and postnatal wards in 10 key facilities to ensure facilities are both female and male-friendly.

To help providers engage men as clients, supportive companions of their female partners, and agents of change for gender equality, MCSP Nigeria developed and disseminated illustrated male engagement job aids, posters, and pamphlets that show how men can participate in FP, ANC, safe delivery and health care for children.
- Teaching providers to care for survivors of gender-based violence (GBV):** GBV, particularly sexual assault and intimate partner violence, can cause serious impacts on women’s health, such as death, disability, miscarriage, stillbirth, HIV and other STIs, depression and substance abuse. In Kogi and Ebonyi states at baseline, despite high rates, GBV survivors received no information,



Male birth companion celebrates the birth of his child with his wife. Karen Kasmauski, MCSP Nigeria, Feb 2018

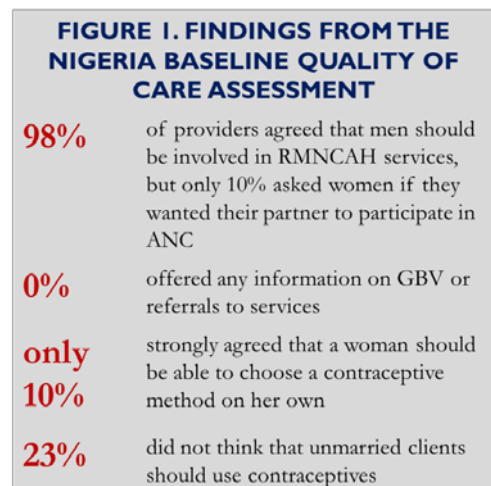


services, or referrals beyond the treatment of acute injuries. MCSP subsequently trained 101 providers in GBV first-line support and basic clinical care, and the trained facilitators are cascading the learnings to other providers. This will help ensure that GBV survivors receive compassionate counseling, safety planning, prevention of HIV and pregnancy from sexual assault, referrals for long-term care, and other services.

- **Improving Respectful Maternity Care:** MCSP used components of the 2014 Respectful Maternity Care Toolkit developed by the White Ribbon Alliance Nigeria in its competency-based training approach. Across the project sites, providers were trained to 1) mitigate mistreatment of women during facility-based care, 2) introduce the rights-based approach for health service delivery into the mainstream and 3) provide client-centered care.
- **Mentorship and Quality Assurance:** To ensure that gains in knowledge and skills by providers are sustained and applied over time, MCSP introduced a quality assurance tool called Gender Sensitive Service Delivery Standards. The standards are being used by 90 MCSP quality improvement facilities to:
 - Understand and apply the key components of respectful, gender-sensitive care (such as respecting clients privacy and autonomy, ensuring facilities have necessary equipment and infrastructure, and putting policies and procedures in place for male engagement and family inclusiveness);
 - Measure progress in a way that allows for comparison across facilities and from baseline;
 - Identify performance gaps that need to be reduced or eliminated in service delivery, and;
 - Recognize progress and achievements; and,
 - Create action plans for quality improvement.
- **Gender Assessments:**
 - **Quality of Care Baseline Assessment:** In April-June 2016, at the start of this work, MCSP conducted a facility-based assessment to examine gender-related knowledge, attitudes, and practices amongst providers. An endline assessment will be conducted in late 2018 to determine the impact of MCSP’s gender and GBV interventions.
 - **GBV Assessment:** To inform the country’s response to GBV, MCSP conducted a GBV Service Mapping and Provider Knowledge Assessment in July 2017 that assessed the availability of GBV services and evaluated providers’ knowledge and attitudes toward GBV service provision. The assessment was conducted through visits to 57 facilities and interviews with 141 providers.
 - **Baseline Assessment for Pre-service Education (PSE) Institutions:** In November 2016, MCSP conducted a baseline assessment of 9 PSE institutions in order to improve the quality and gender-responsiveness of the training, assess the availability of gender education in the institutions, and assess the availability of GBV services at the PSE practicum sites.

Key Results and Findings

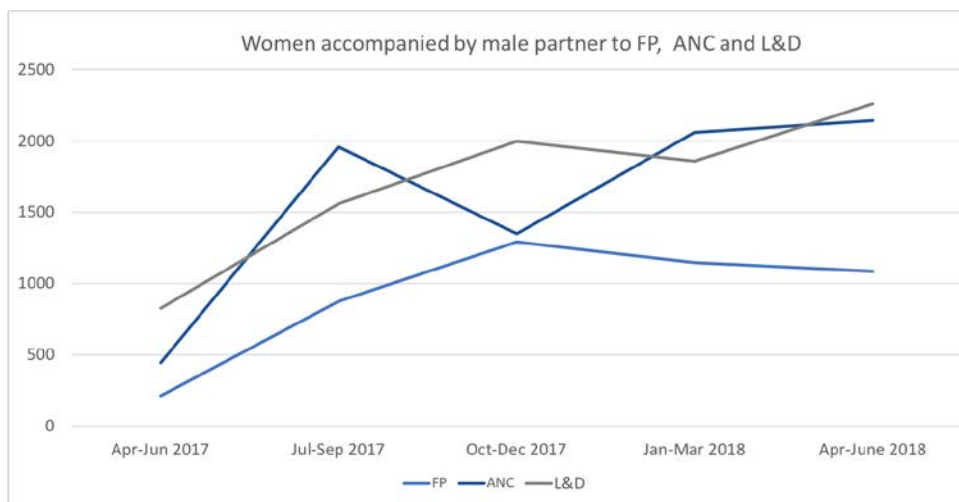
- **Quality of Care Assessment Findings:** The assessment uncovered inequitable gender attitudes amongst providers (Figure 1), including the widespread belief that reproductive health is “women’s business” only, and victim-blaming of GBV survivors. MCSP’s gender activities were designed to address these attitudes, particularly by engaging men; improving provider knowledge and practices around gender, autonomy and consent; and training providers to offer GBV information and services.
- **GBV Rapid Assessment Findings:** The assessment uncovered a limited understanding of—and infrastructure for—GBV prevention and care. Most health providers never received training on GBV, and limited their care to treating physical injuries. In response to these findings, MCSP Nigeria began the GBV trainings discussed above, and developed and distributed the GBV Referral Directories to all MCSP-supported facilities to ensure providers knew where to refer clients for nearby post-GBV care.
- **Baseline Assessment for Pre-service Education (PSE) Institutions:** Findings showed limited gender awareness and gender education in the schools, and no GBV services were offered at the practicum sites. In response, MCSP



trained 120 PSE Tutors and Preceptors on gender, human rights and GBV, including HWFC approaches. MCSP is also advocating for the establishment of GBV services within the school’s practice sites.

- **Health Workers for Change:** MCSP Nigeria received excellent feedback from providers, clients and the Federal and State Ministries of Health in Kogi and Ebonyi States on the curriculum. Outcomes include:
 - Improved provider attitudes, interpersonal communication and empathy with clients;
 - Improved patient privacy and confidentiality in health facilities;
 - Expanded hours for emergency maternity care through additional security staff at facilities, adjusted duty rosters, and overnight accommodation for midwives;
 - Infrastructure improvements: clear signage, ventilation, handwashing stations, reconstructed labor wards, and privacy screens in 10 key facilities allowing companions to attend births.
- **Male Engagement:** Male participation in FP, ANC and L&D increased by nearly 4 times in one year, from 1,483 men accompanying their female partners to FP, ANC and L&D in June 2017 to 5,487 in June 2018:¹

Figure 2: Number of women accompanied by a male partner to RMNCAH services



Recommendations

- Policies and programs that aim to enhance the quality of care for women, infants and children in Nigeria must support providers to change their own attitudes and improve their interactions with clients. The HWFC approach should be scaled up in Nigeria and considered for adaptation in other countries facing similar problems.
- The health sector’s response to GBV requires strengthening post-GBV care across health facilities and pre-service education practicum sites. Health providers should receive training to offer GBV first-line support and basic clinical care at all facility levels. GBV training in Nigeria must include significant personal values clarification exercises to overcome the widespread belief that violence against women is normal, deserved, not the business of health providers, and/or a personal matter to be dealt with in the home.
- Male Engagement Initiatives should be supported for better health outcomes for mothers, children and healthier families. These could include making health facilities more male-friendly; improving visual privacy in labor and post natal wards; building provider capacity to appropriately and effectively engage men; and adapting policies and standard operating procedures to include men. Current male engagement interventions can be improved by increasing the emphasis on joint decision-making that supports women’s autonomy and agency.

¹ Between October 2017 and early 2018, there was a general strike in Kogi State that seriously reduced the availability of health providers. Also, in Ebonyi State, a similar strike affected the Federal University Teaching Hospital Abakaliki, which usually has the highest patronage for ANC and other services. This explains the dip in male participation in ANC attendance in Figure 2.