

Agenda

9:00-9:05 am	Welcome & Presenter Introduction	Niyati Shah, USAID
9:05-9:10 am	Overview of MCSP and MCSP Gender Strategy	Myra Betron, MCSP
9:10-9:20 am	Promoting Gender Sensitive Services	Chioma Oduenyi, MCSP
9:20-9 :30	Engaging Men	Joya Banerjee, MCSP
9:30-9:35 am	Key Lessons and Unfinished Agenda	Myra Betron, MCSP
9:35-9:55 am	Question and Answer Session	Lory Meoli, USAID
9:55-10:00 am	Closing remarks	Lory Meoli, USAID



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

Gender-Responsive Approaches to Reproductive, Maternal, Newborn, Child and Adolescent Health

Myra Betron, Chioma Oduenyi and Joya Banerjee

October 2, 2019



About the Maternal and Child Survival Program

The Maternal and Child Survival Program (MCSP) is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 25 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The objectives of the program are to:

- Support countries to increase coverage and utilization of evidence-based, RMNCH interventions at the household, community and health facility levels.
- Close innovation gaps to improve health outcomes.
- Foster effective policymaking, program learning and accountability.



Project Statement on Gender Equality

Gender inequality, in particular a **women's lack of agency and empowerment and limited engagement of men and boys**, inhibits the ability to effectively understand, access and utilize RNMCAH prevention and care services.

Women's and girls' lack of agency is perpetuated and manifested through their common experience of **gender-based violence**, lack of education, access to information and social networks and autonomy in decision-making.

Men, on the other hand, are deemed decision-makers, but are not educated and actively engaged by their partners, providers or communities in RNMCAH.



Gender Equality Strategies

Gender-sensitive, respectful service delivery

- Quality assurance standards, capacity building and gender in health policies

Male Engagement and Equitable Couple Decision-Making

- Capacity building of providers, job aids, community outreach and dialogues

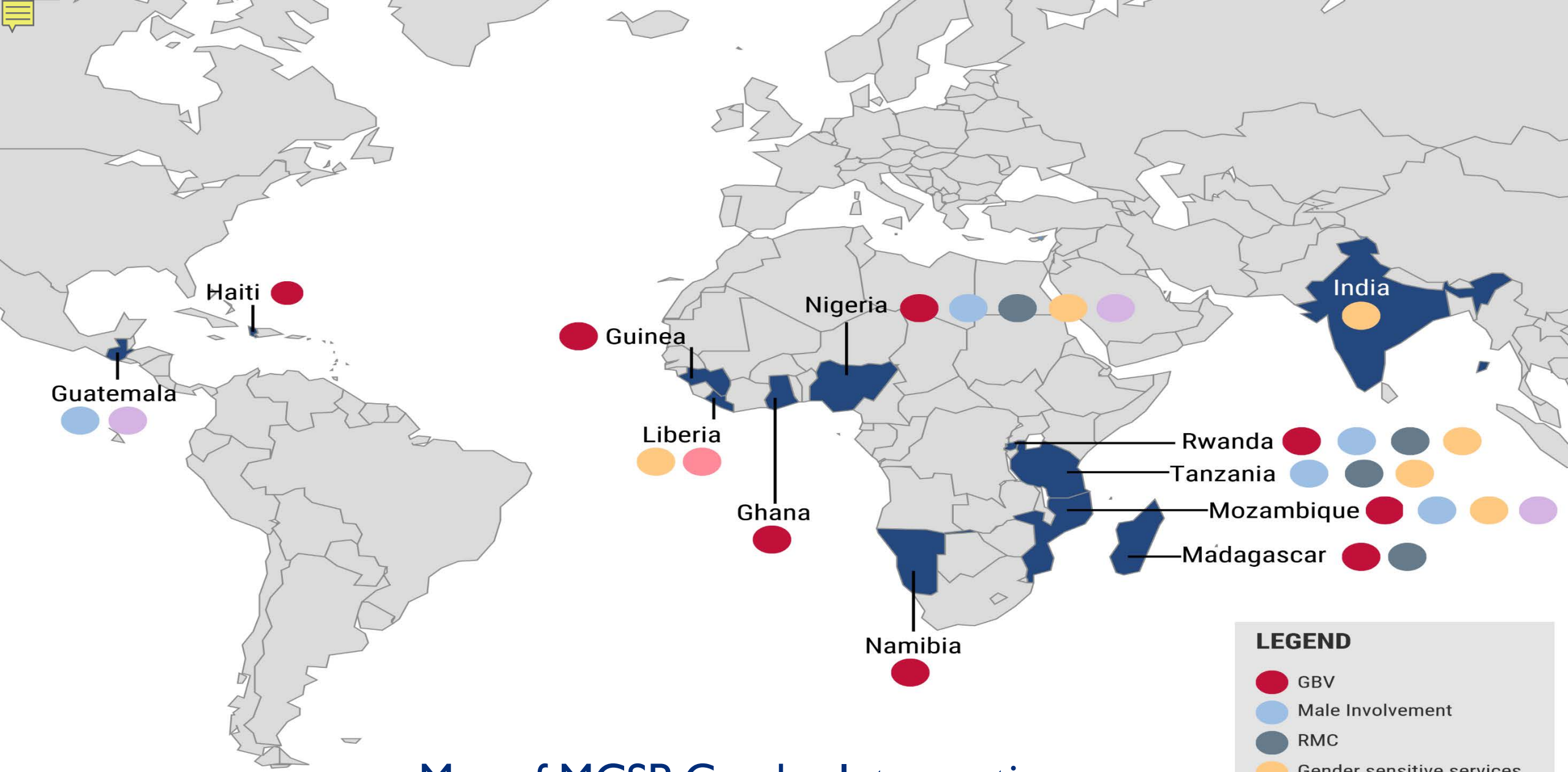
Gender-Based Violence Services

- Quality assurance standards, capacity building of health workers and community outreach

Gender Equity/ Women's Empowerment

- Life skills, economic empowerment, gender challenges and inequities in HRH

Gender and Health Policies



Map of MCSP Gender Interventions

LEGEND

- GBV
- Male Involvement
- RMC
- Gender sensitive services
- Gender and health policy
- Gender and HRH

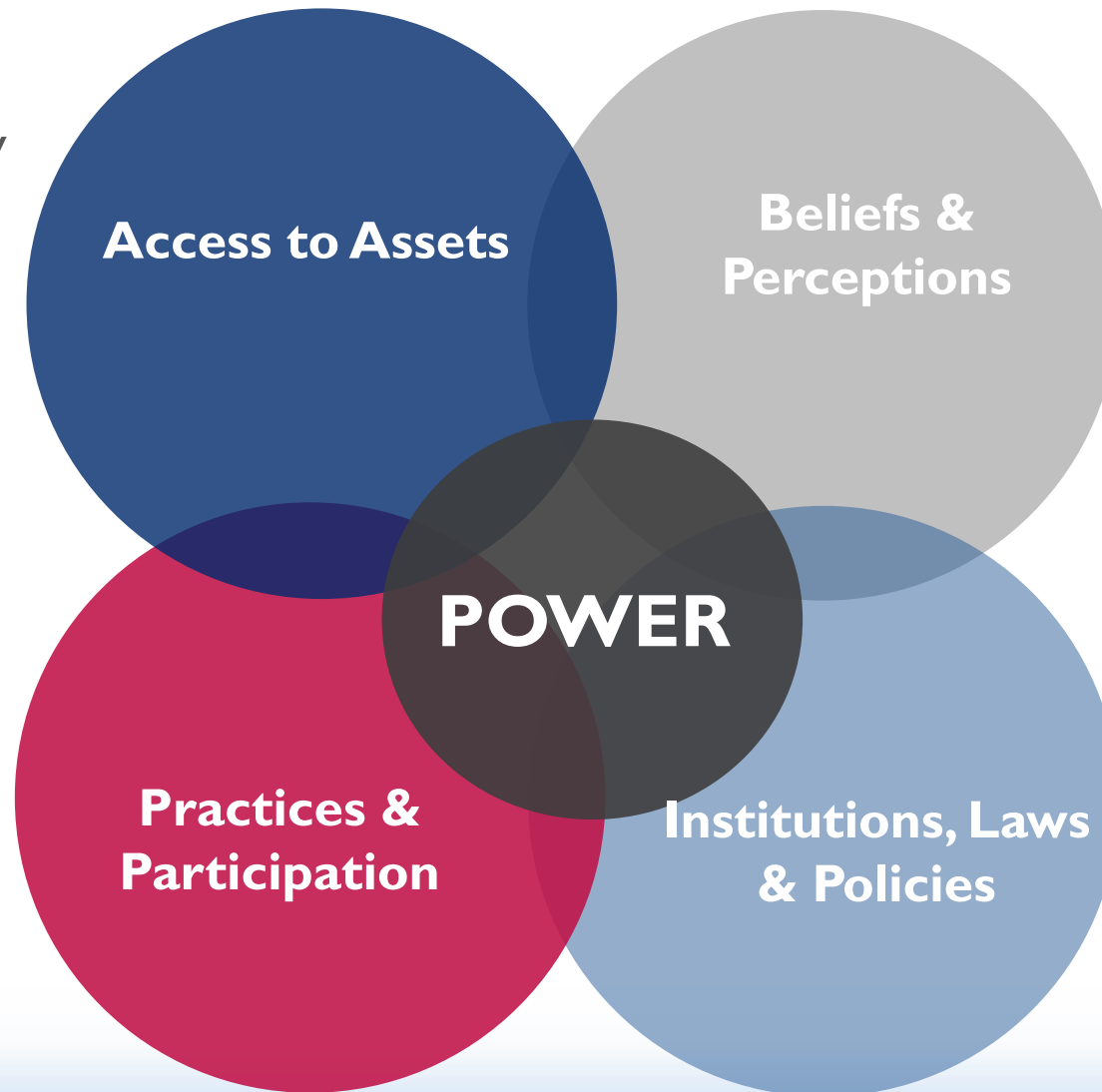


Promoting Gender-Sensitive Services

Gender Analysis of Determinants of Mistreatment during Childbirth

- Lack of info on rights
- Lack of resources to pay fees
- Midwives lack of access to pre/in-service education

- Women lack voice and empowerment as clients
- Midwives lack mobility and the ability and agency to challenge male colleagues



- Normalization of mistreatment
- Be chaste, be quiet - norms/stigma related to women's behavior
- Discriminatory attitudes towards women's abilities as health workers
- Violence against women in and outside of facilities
- Lack of resources for quality maternity care
- Lack of gender-sensitive and rights-based policies



Findings of Tanzania Baseline Gender Assessment July 2017

On **98 health facilities** (33 hospitals, 35 health centers, and 30 dispensaries):

- 81 facilities (83%) reported that clients and companions were treated with respect
- 20 facilities (20%) had a written client service charter with a policy on sexual harassment
- 20 facilities (20%) detained clients for failure to pay
- In 17 facilities' providers demanded gifts, favors, bribes, or sexual acts in exchange for services
- Percentage of health facilities with a room dedicated for confidential client counseling ranged from 53% (16/30 dispensaries) to 79% (26/33 hospitals)
- Some 50% (15/30 dispensaries) to 82% (27/33 hospitals) required consent from a spouse or family member for services, such as all surgeries and long-term and permanent family planning methods



Tanzania Gender and Respectful Care Strategy

- Integration of gender standards into clinical QI tools
- Facilitating on-the-job workshops on gender and respectful care:
 - Why am I a Health Worker
 - Social construction of gender
 - Gender-based inequalities and the status of women
 - The linkages between gender and mistreatment
 - Promoting mutual accountability: rights and responsibilities of health providers and clients during child birth
 - Articulating woman-centered quality of care
 - Engaging men in RMNCAH
- Client charters for respectful care
- Community score cards and local advocacy



Key findings From Nigeria QoC Gender Analysis

- The majority of service providers have not received any training on gender, human rights and dignity
- The majority of service providers do not believe a woman should be able to choose a family planning method on her own
- 23% did not believe unmarried people should use family planning
- Providers agreed men should be a part of RMNCAH, but fewer than 10% of providers encouraged women to bring them for services
- Lack of privacy and capacity of service providers to engage men
- No GBV services in the health facilities and no knowledge of how to adequately respond to GBV by health workers

Health Workers for Change Workshops - MCSP Nigeria

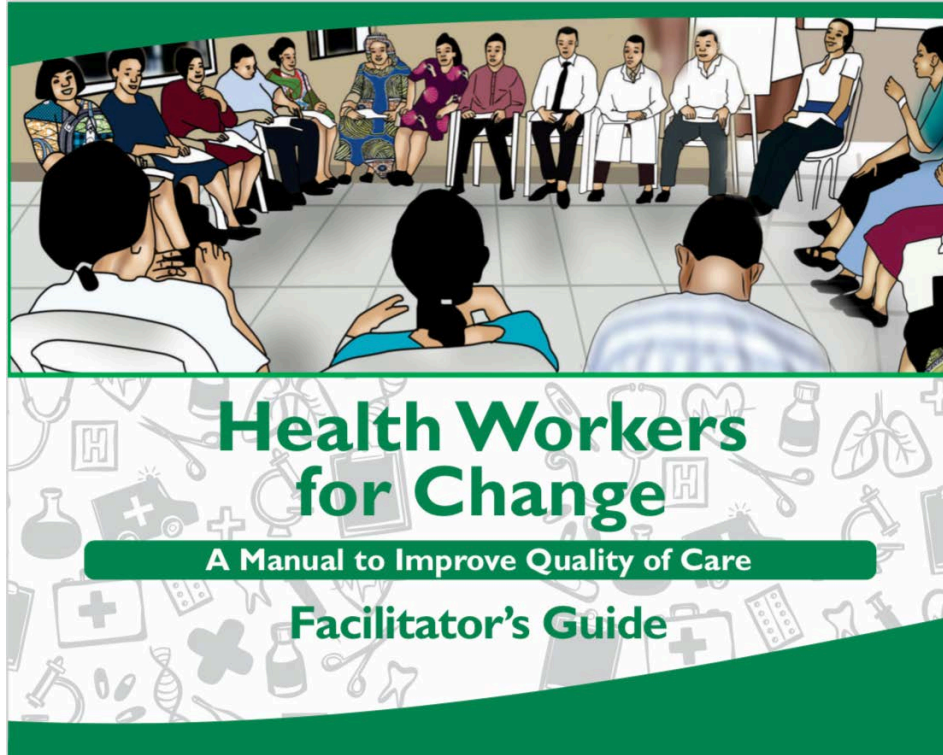


Photo: MCSP Adaptation of HWFC for Kogi and Eboyi States

- Developed in South Africa in 1994 by African women, tested and scaled in five countries (Zambia, Senegal, Mozambique, Uganda, Kenya)
- Six independent 2hr workshop series covering:
 - Why am I a health worker?
 - How do our clients see us?
 - Unmet needs
 - Women's status in the society
 - Overcoming obstacles at work
 - Solutions
- **Participatory Approach:** Discussions, role plays, dramas, story-telling, poems, experiences sharing and syndicate groups

Health Workers for Change Workshops - MCSP Nigeria



“It was a new experience for me. The training was able to bring out the truth from the inside. Most of the workers, including myself, found out that there were services that we were actually doing wrong, that we were adding more to the problems that we had, and there were problems at work that we could take care of ourselves. So it was quite meaningful.”

– Mrs. Chibueze Chetachi, Azunramuora Primary Health Centre, Ebonyi State

Outcomes:

- Trained 30 core facilitators and 1,000 providers
- Adapted the curriculum for Kogi and Ebonyi States
- Improved interpersonal communication and empathy with clients
- Improved provider punctuality and commitment to work
- Improved privacy during medical examinations and labor
- Hired additional cleaning and security staff, adjusted duty rosters and provided accommodation to midwives to offer after-hour services
- **Infrastructure improvements:** clear signage, fans for ventilation, handwashing stations, reconstructed and built new labor wards to allow for supportive companions to have space to attend L&D and waiting room televisions



Engaging Men

Photo: Karen Kasmauski/MCSP

Male Engagement Activities in Nigeria

- SBCC workshop with providers- July 2017 to develop initial content for male engagement BCC messages
- Developed job aid, posters and pamphlet to help providers counsel couples and engage men
- Pre-tested ME materials with providers and clients in March 2018 and incorporated findings
- Improving male friendliness (e.g. privacy curtains to allow supportive companions in the delivery room)
- March 2018 conducted Male Engagement Training of Facilitators Workshop

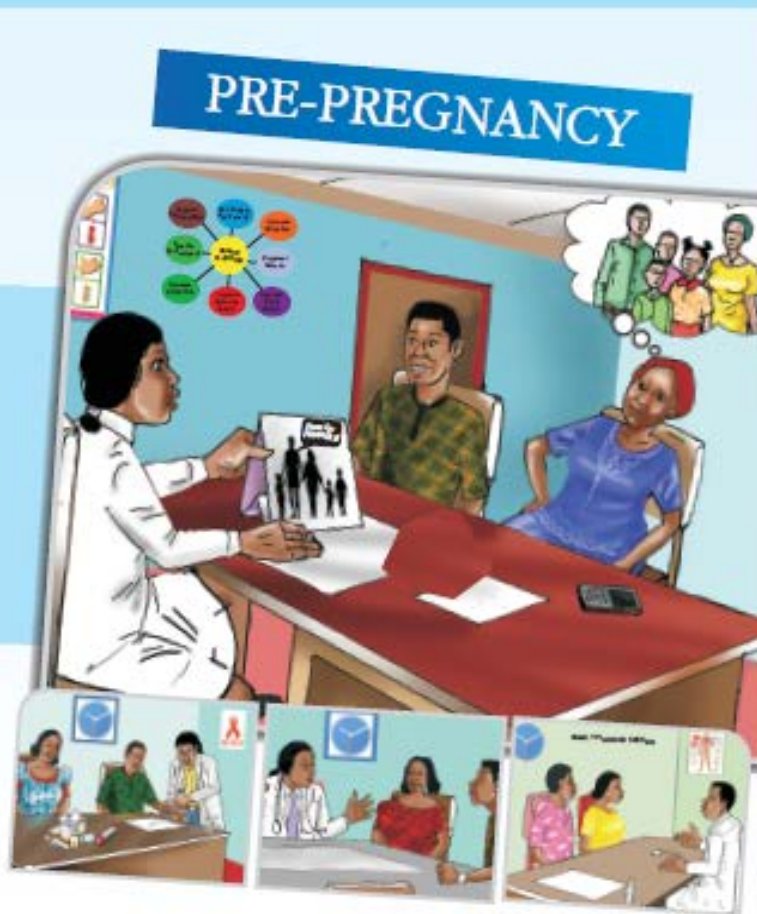


MALE ENGAGEMENT IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH (RMNCAH)

STAGE 1

PRE-PREGNANCY

“Consider options for starting a family and plan carefully by visiting a health facility together with your partner to learn more about family planning”.



Male Engagement Nigeria Communication Materials

Organized along five stages of RMNCH continuum of care:

- Stage 1: Pre-pregnancy
- Stage 2: Pregnancy
- Stage 3: Labour and Delivery
- Stage 4: Post-natal care (PNC)
- Stage 5: Infancy and Childhood

As a result of these interventions, male participation increased by nearly four times in 1 year, from **1,483 men** accompanying their female partners to **FP, ANC, and labor and delivery** in June 2017 to **5,487** in June 2018.



Installation of Privacy Screens

Improves privacy and allows men/ supportive companions to be present during L&D and Post-natal period



Postnatal care ward



Labour ward

Federal University Teaching Hospital, Abakaliki (FETHA)



Male Engagement in Mozambican Communities

- Trained 7,683 CHWs to conduct community dialogues in 758 communities
- Dialogues used role play, song, dance and discussion to address harmful gender norms and prevent GBV, especially during pregnancy
- Encouraged men to:
 - support uptake of family planning
 - participate in antenatal care visits
 - create joint birth plans with their partners
 - support pregnant partners by sharing household labor and ensuring a nutritious diet
 - caring for children
- Developed a MOH-endorsed birth plan pamphlet and helped over 36,000 couples to develop birth plans in which they chose a facility where to deliver, arranged transport, saved money, and identified a birth companion
- KPC Baseline study showed that when men participated in BPCR, poor women were 28% more likely to deliver in a facility

Facility Level Capacity Building in Mozambique

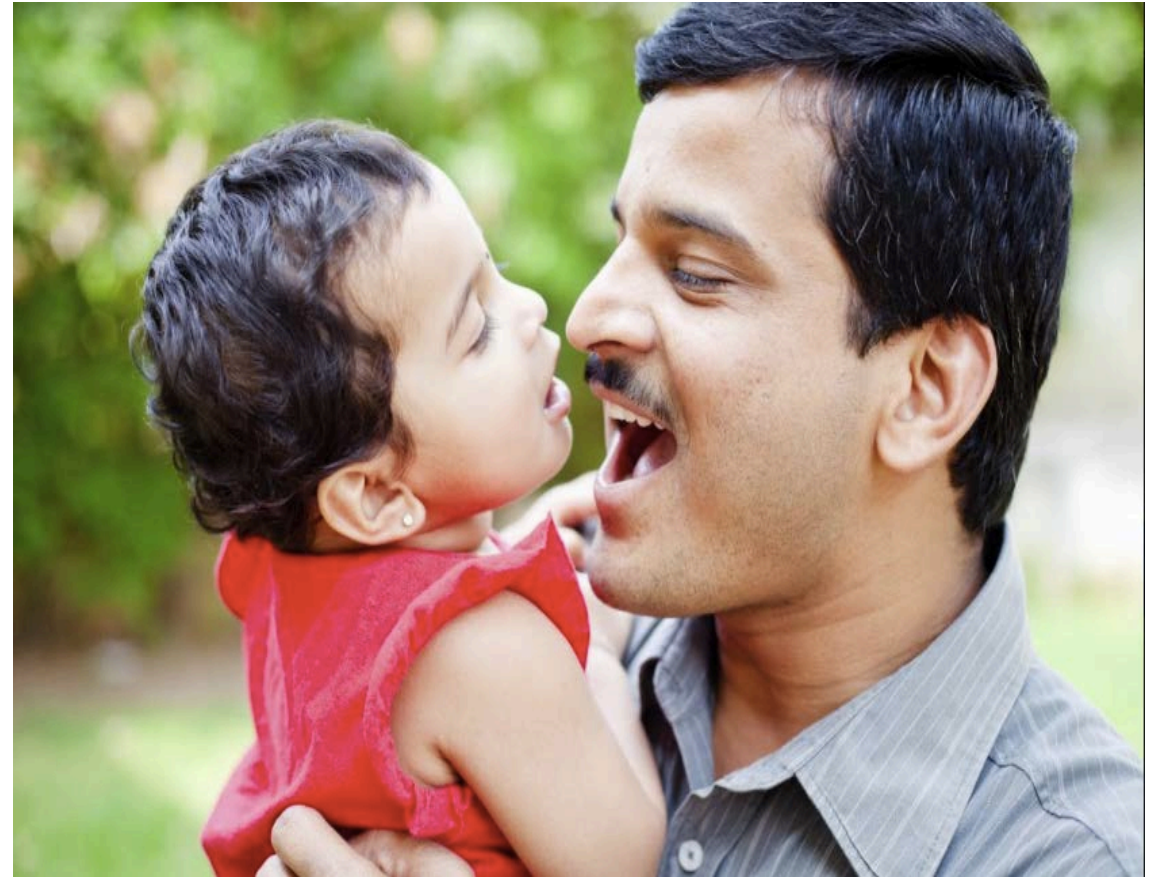
- Trained 1,358 providers and managers in 86 facilities on gender-sensitive care:
 - respecting women's dignity, privacy, and autonomy
 - ensuring providers know how to counsel men and couples
 - ensuring equal opportunities for pay, promotion and training, regardless of gender
- Influenced facility's policies to ensure that men can participate in all ANC visits, delivery and postpartum consultations (when women desire their participation)
- The percentage of men who participated in at least one ANC visit **increased from 55% at baseline (72% in Nampula and 8% in Sofala) in 2014 to 75% (92% in Nampula and 23% in Sofala) in quarter 3 of Year 3 (April-June 2018).**
- Contributed to MOH's Male Engagement Standards for RMNCAH services



Photo: Kate Holt/ MCSP Mozambique

IGWG Male Engagement Taskforce

- Co-chaired USAID-funded taskforce (supported by multiple offices in Global Health, including PRH and OHA)
- MCSP represented MNCH
- Task force grew from being inactive in 2016 to >200 members in 2019
- Hosted three meetings for the gender community to facilitate exchange on the state of the art on male engagement programming
- Developed male engagement do's and don'ts in consultation with taskforce



Institutionalization of Gender Efforts

- **Mozambique:**
 - Development of the second National Gender Strategy for the Health Sector, 2018-2023
 - The project contributed to male engagement standards for RMNCAH services with the Ministry of Health
- **Nigeria:**
 - MCSP supported the MOH to develop the country's first Gender and Health Policy
 - MCSP also helped integrate gender into the 2017-2022 Ebonyi and Kogi States Strategic Health Development Plan
- **Tanzania:** Integrated gender standards into the clinical quality improvement tools; gender and RMNCAH guidelines.



Key Reflections and Future Opportunities

Achievements

- Gender integration reached **12 countries** with varied approaches, including **gender sensitive-respectful care, gender-based violence services, male engagement, gender and HRH**
- MCSP contributed to the development of **key tools to operationalize gender** in RMNCAH at the policy, facility and community levels

Future Opportunities

- Continued learning on engaging men in support of accelerator behaviors while maintaining women's agency
- Greater investments needed in approaches that **challenge harmful gender norms at scale**
- Additional resources would allow for scale and evaluation to allow attribution to high impact behaviors



Key Resources

- Technical Brief: Gender
- Journal Article: Addressing Mistreatment in Maternity Care
- Posters: Male Engagement in Nigeria
- Resource Package: Male Engagement in RMNCH
- Study report: Engaging Men for Effective Family Planning in Togo
- Technical Brief: Gender-sensitive Care in Nigeria
- Technical Brief: Gender Norms and Health Outcomes in Mozambique
- Facilitator's Guide: Gender-Responsive Sensitive Teaching Methods
- E-learning modules: Gender-Based Violence in Ghana and Madagascar

For more information, please visit

www.mcsprogram.org/our-work/gender

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

facebook.com/MCSPglobal

twitter.com/MCSPglobal