



SHOW

**PROJECT RESULTS AND LESSONS
LEARNED DISSEMINATION**

AGENDA

- Welcome and introduction
- Opening remarks – Global Affairs Canada
- Overview of SHOW project
- Strengthening agency and decision-making power of women and girls
- ASRHR
- GRAF approach to HSS
- Response to COVID-19 pandemic
- Q & A

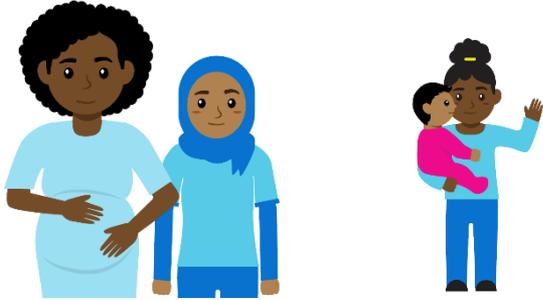


SHOW PROJECT

Increasing the quality, availability, utilization and accountability of essential MNCH/SRH services for remote and marginalized youth.

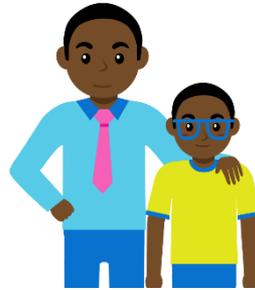


SHOW scaled-up improved health outcomes for over:



1.4 MILLION & **719,846**
Women of reproductive age
(incl. 333,354 adolescent girls) & Children under five

SHOW engaged:



1,047,091
Men and boys
(incl. 267,316 adolescent boys)

SHOW provided:



867
Communities with essential COVID-19 materials

SHOW reached:



1.4 MILLION
Canadians on global MNCH issues

IN HAITI

SHOW IMPROVED HEALTH OUTCOMES FOR:

17,727

Women of reproductive age
(incl. 4,640 adolescent girls)

18,146

Children under five

10,226

Men and boys
(incl. 2,077 adolescent boys)

SHOW WAS IMPLEMENTED IN:



SHOW WORKED IN PARTNERSHIP WITH:



MSP



MCFDF



CDS
Centres pour le Développement
et la santé



hpic Delivering
health and hope



*formerly Promundo

IN SENEGAL

SHOW IMPROVED HEALTH OUTCOMES FOR:

566,464

Women of reproductive age
(incl. 140,347 adolescent girls)

340,425

Children under five

493,697

Men and boys
(incl. 117,885 adolescent boys)

SHOW WAS IMPLEMENTED IN:



SHOW WORKED IN PARTNERSHIP WITH:



Ministère de la Santé
et de l'Action Sociale



IN GHANA

SHOW IMPROVED HEALTH OUTCOMES FOR:

178,000

Women of reproductive age
(incl. 75,547 adolescent girls)

43,191

Children under five

157,000

Men and boys
(incl. 70,707 adolescent boys)

SHOW WAS IMPLEMENTED IN:



SHOW WORKED IN PARTNERSHIP WITH:



IN NIGERIA

SHOW IMPROVED HEALTH OUTCOMES FOR:

318,000

Women of reproductive age
(incl. 59,000 adolescent girls)

248,000

Children under five

294,000

Men and boys
(incl. 61,000 adolescent boys)

SHOW WAS IMPLEMENTED IN:



SHOW WORKED IN PARTNERSHIP WITH:



IN BANGLADESH

SHOW IMPROVED HEALTH OUTCOMES FOR:

343,928

Women of reproductive age
(incl. 53,820 adolescent girls)

70,084

Children under five

92,169

Men and boys
(incl. 15,647 adolescent boys)

SHOW WAS IMPLEMENTED IN:

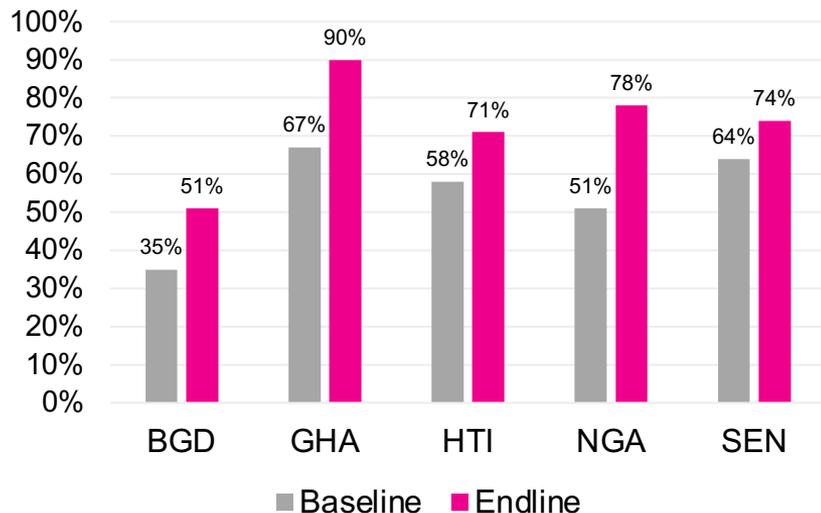


SHOW WORKED IN PARTNERSHIP WITH:

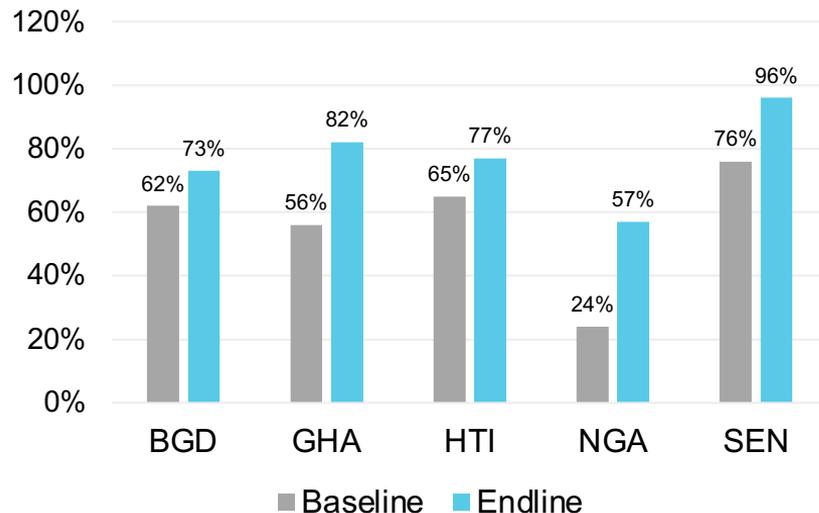


POSITIVE CHANGE IN MOTHERS RECEIVING 4+ ANTENATAL CARE VISITS AND SKILLED BIRTH ATTENDANCE

Progress from **baseline** to **endline** in % of WRA (15–49 yrs) attending antenatal care at least 4 times during their most recent pregnancy, in all five countries, with an average change of 18% points overall.

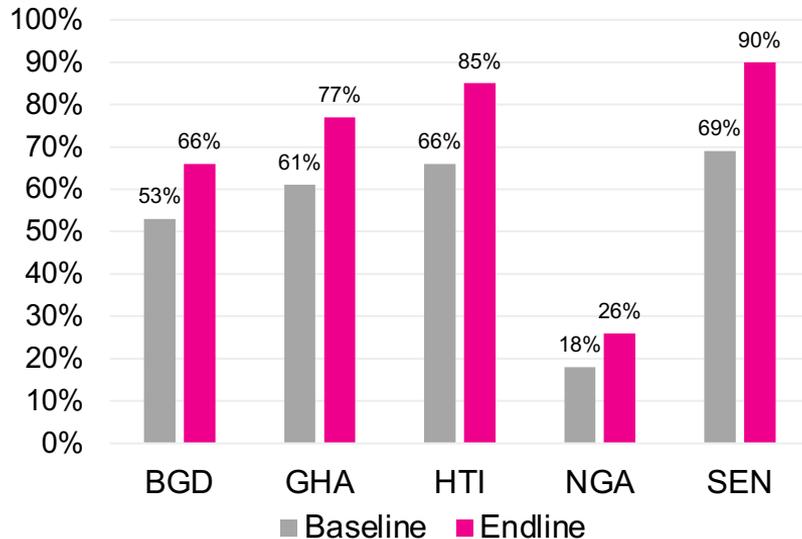


Overall average improvements of 20% points in live births attended by skilled health personnel from **baseline** to **endline** among women of reproductive age (15–49) in all five countries.

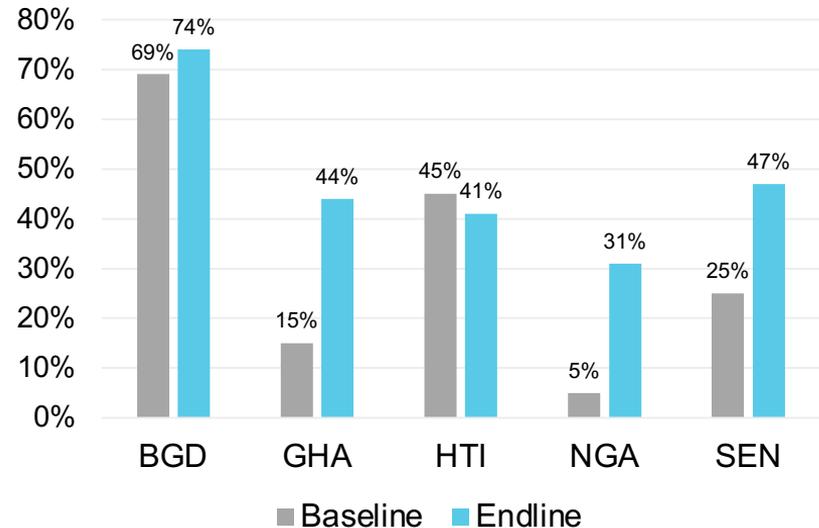


POSITIVE CHANGE IN POSTNATAL CARE SERVICE WITHIN 2 DAYS OF DELIVERY AND USE OF MODERN CONTRACEPTION

Progress from **baseline** to **endline** in % of WRA (15–49 yrs) receiving postnatal care within 48 hours during their most recent pregnancy, in all five countries.

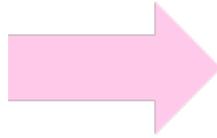


Progress from **baseline** to **endline** in % of WRA (15–49 yrs) currently using a modern form of contraception, in four out of five countries.



APPROACH TO GENDER TRANSFORMATIVE PROGRAMMING AND MEASUREMENT

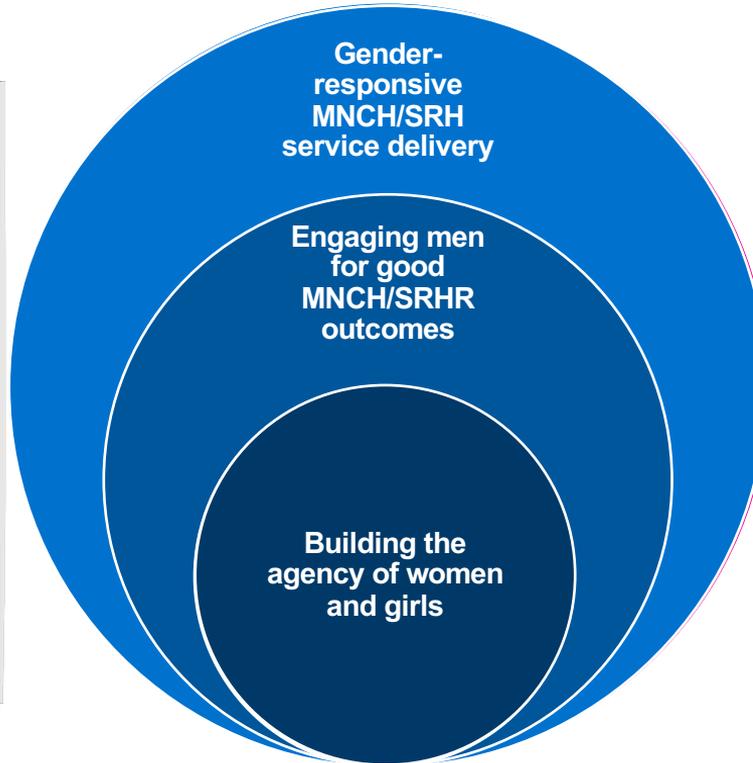
SHOW was designed with explicit intention to transform unequal gender power relations. The focus goes beyond improving the condition of women and girls to improve their social position.



- Uncover the root causes of gender inequality and exclusion and base programs on this evidence.
- Focus on empowering women and girls so that they can make their own decisions.
- Work with men and boys as active partners and beneficiaries of gender equality by addressing harmful masculinities.
- Work to change harmful social gender norms, attitudes and practices through broad awareness-raising.
- Work to improve national laws, policies, systems and services.
- Ensure all data is disaggregated by sex, age and other appropriate variables.

SHOW GENDER EQUALITY STRATEGY

- Gender responsive ado-friendly standards
- Capacity building amongst health facility staff
- Awareness-raising with officials and decision-makers
- Integration in facility refurbishment
- Integration in quality assurance: supportive supervision, management



- Men's/fathers groups
- Adolescent boys CoC/PE
- Male gender equality champions
- Male gate-keepers/ traditional and religious leaders
- Behavioral change messaging

- Increasing knowledge
- Decision-making skills
- Women's support groups
- Adolescent girl Peer Educators
- Female influencers
- Village Savings and Loans
- Community health committees



STRENGTHENING AGENCY AND DECISION-MAKING POWER OF WOMEN AND GIRLS

STRENGTHEN AGENCY OF WOMEN AND GIRLS

KEY INTERVENTIONS

INFORMATION & KNOWLEDGE

- Social and behavior change communications (SBCC) & Campaigns



STRENGTHEN WOMEN AND GIRLS' INDIVIDUAL & COLLECTIVE AGENCY

- Women's Support groups
- Engagement of adolescent girls
- Increase of female leadership in community groups
- Engaging female community leaders



SOCIAL & FINANCIAL CAPITAL

- Village Savings and Loans Associations (VSLA)/Village Savings Groups (VSGs)



GRANDMOTHERS' GROUPS IN SENEGAL

- Groups formed under SHOW
- Trained on MNCH, SRHR, GE
- Encouraged to support sons in joint decision-making with partners, and promote ANC and institutional deliveries
- Shared messaging with extended family members
- Advocated with religious and traditional leaders on women's and girls' rights
- Created opportunities for intergenerational solidarity, especially between mothers and daughters-in-law

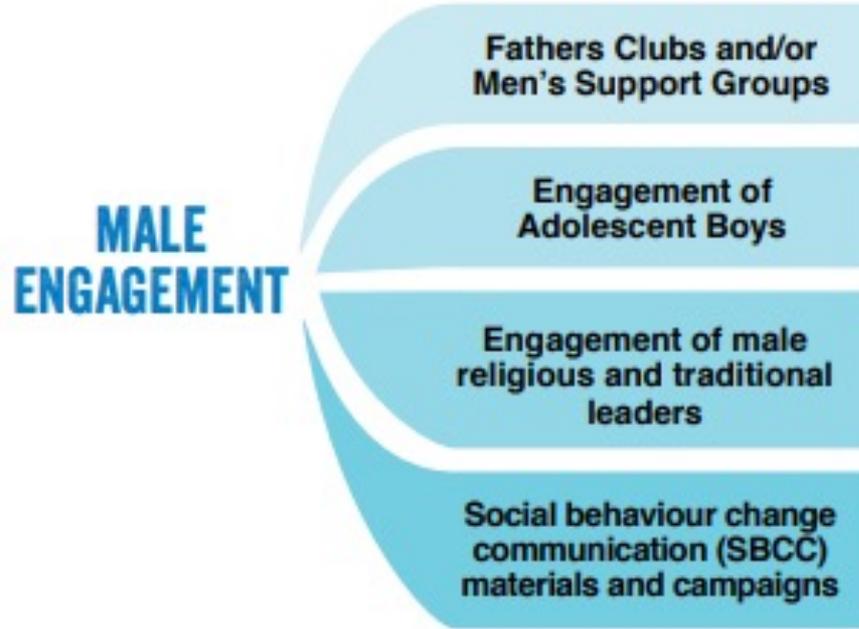


“Our traditions were to bring any pregnant woman to the healer at the first signs of pregnancy. With our participation in the grandmothers' group, we are now more aware of the dangers that these practices present. Now, in our village, as soon as a woman becomes pregnant our first reflex is the health post. Through a system of sponsorship between grandmothers and young pregnant women, we can be sure that a woman will follow all of her appointments for her prenatal and postnatal consultations. It's a fight we won here, and the midwife is very proud.”

– Grandmother from Senegal

STRENGTHEN AGENCY OF WOMEN AND GIRLS

KEY INTERVENTIONS: **ENGAGING MEN AS PARTNERS AND BENEFICIARIES OF GENDER EQUALITY**



HUSBANDS SCHOOLS IN SENEGAL

- Cornerstone of the male engagement pillar
- Groups trained to promote critical reflection and dialogue on men's role in MNCH/SRHR, family planning, caregiving, gender equality and more equitable relationships.

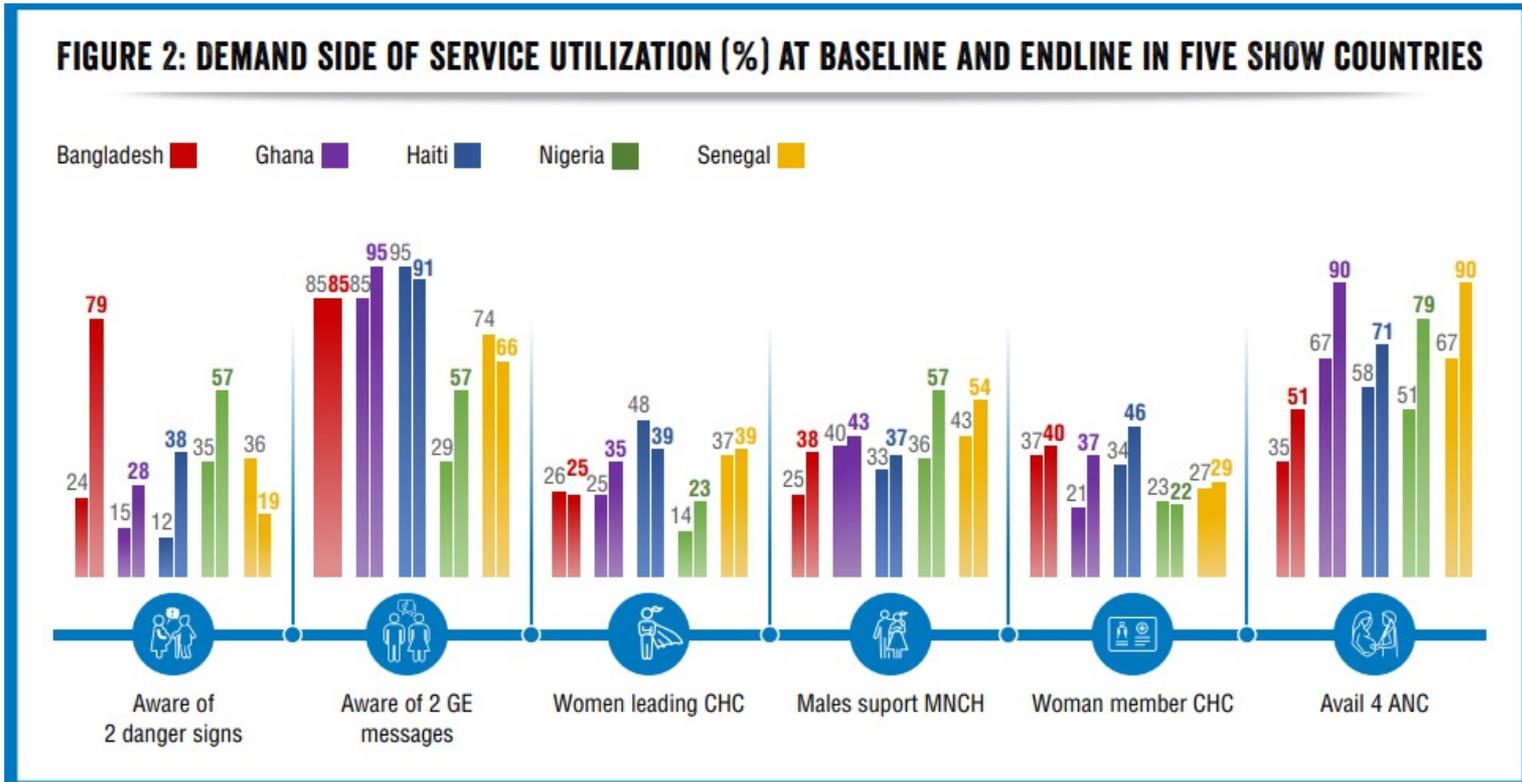


- Men's engagement in MNCH/SRH at HF-level



STRENGTHEN AGENCY OF WOMEN AND GIRLS

RESULTS ACHIEVED



STRENGTHEN AGENCY OF WOMEN AND GIRLS

LESSONS LEARNED

Long-term change

- Gender transformative change is a long-term endeavour and requires sustained multi-faceted engagement at household, community, and health facility levels.

GE outcomes and measurement

- Gender-specific outcomes and indicators are essential.
- Challenging to measure: priority to AG and women's perspectives and GE tools.

Impactful programming

- MNCH/SRHR: multiple entry points
- Female leadership networks
- Low literacy, low resource aids

Male engagement

- Engaging men & boys on positive masculinities requires interactive, deep-dive reflective learning over a longer term for effective results.





ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH

APPROACHES TO ADDRESS SRH NEEDS OF ADOLESCENTS

KEY INTERVENTIONS

Raising awareness on GE and SRHR, increasing decision-making power, and improving utilization of GRAF SRH services

- A **peer-to-peer education** approach for both in-school and out-of-school adolescents
 - Engaging adolescents in **life skills training**
 - **Building the capacity** in leadership, facilitation skills, and the ability to be positive role models in promoting GE/ASRHR practices
- **Champions of change**
 - Promoting behavioral change among adolescent girls and boys on SRHR and GE

5,964 community role models & adolescent peer educators trained

970 adolescent boys and girls in youth clubs trained/oriented (GHA, BGD, NGA only)

“The SHOW project has built our capacities through the adolescent club meetings. We can voice our views at any decision-making meeting.”

– Adolescent girl, Tafi Agome, Ghana, FGD



APPROACHES TO ADDRESS SRH NEEDS OF ADOLESCENTS

KEY INTERVENTIONS

- **Adolescent Village Saving & Loan Associations**
 - Enhance economic autonomy and decision-making power
- **Mass awareness campaigns** including international days such as the SRH day celebrations, International Day of the Girl, TfD shows, durbars
- Meaningful participation in **Community Health Committees (CHCs)**
- **Adolescent friendly spaces/youth corners** to reduce access barriers
 - furnished and equipped with space for consultation with providers, IEC materials, AV aids etc.

“At that time, when I attended the discussion [in the club], I gained experience on how not to get pregnant or on the trap of temptation.”

– Adolescent girl, Ziguinchor-Senegal, FGD

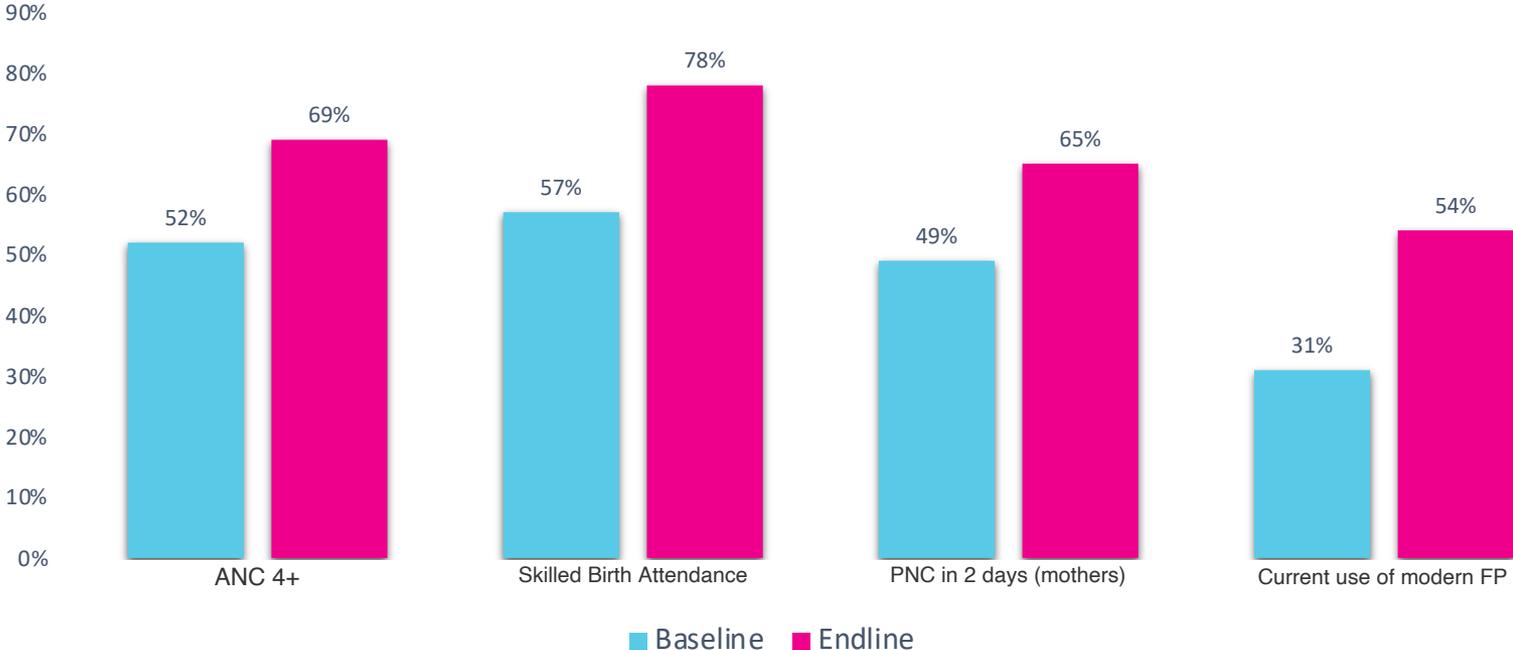
“Pregnant adolescents are always reluctant to come to the health centre. They feel uncomfortable in front of their classmates and especially because the other parents insist on reminding them of the precocity of their pregnancy. They are stigmatized and constantly feel ashamed.”

– ASCP supervisor, Capotille-Haiti, KII

ADDRESSING SRH NEEDS OF ADOLESCENTS

RESULTS ACHIEVED

SHOW Overall Results - Adolescents 15–19



FOCUSING ON SRH NEEDS OF ADOLESCENTS

RESULTS ACHIEVED

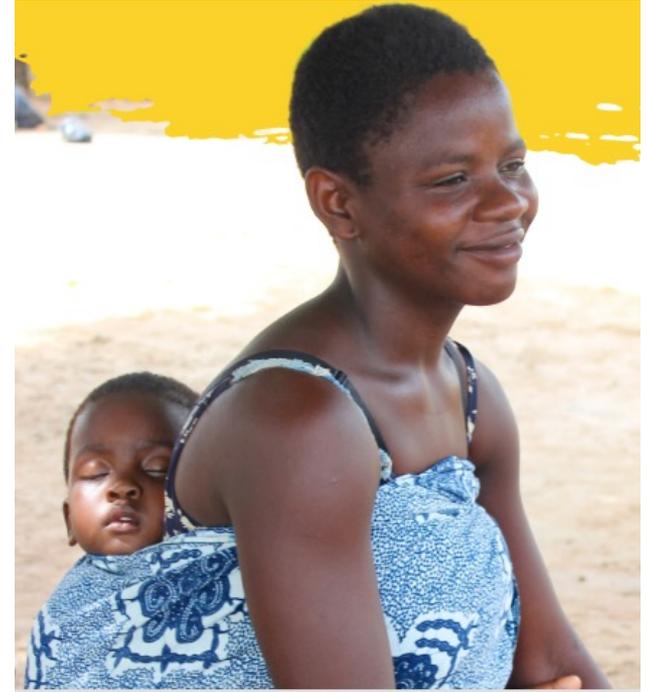
Worked with adolescents on positive pregnancy experience and child spacing:

In **Ghana**, all coverage indicators showed notable increase:

- SBA doubled, increasing from 47% to 86%, with similar achievement for PNC, 38% to 78%.
- ANC increased by 30% (60% to 86%).
- Likewise, satisfaction with GRAF referrals went up for adolescents from 61% to 90%.



6 OUT OF 10 ADOLESCENT GIRLS
(61%) sought modern contraceptives
by endline – 5x more than at baseline (12%)!



FOCUSING ON SRH NEEDS OF ADOLESCENTS

RESULTS ACHIEVED

A similar scenario occurred in **Nigeria** with improvement in ANC and SBA:

- ANC utilization by adolescents increased from 50% to 81%
- SBA for adolescents went up from 23% to 61%

USE OF MODERN FP
by adolescents in Nigeria
grew from 4% at BL to
28% AT ENDLINE

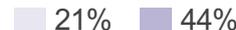


Senegal showed a remarkable increase in SBA, use of modern FP methods and satisfaction with GRAF referrals:

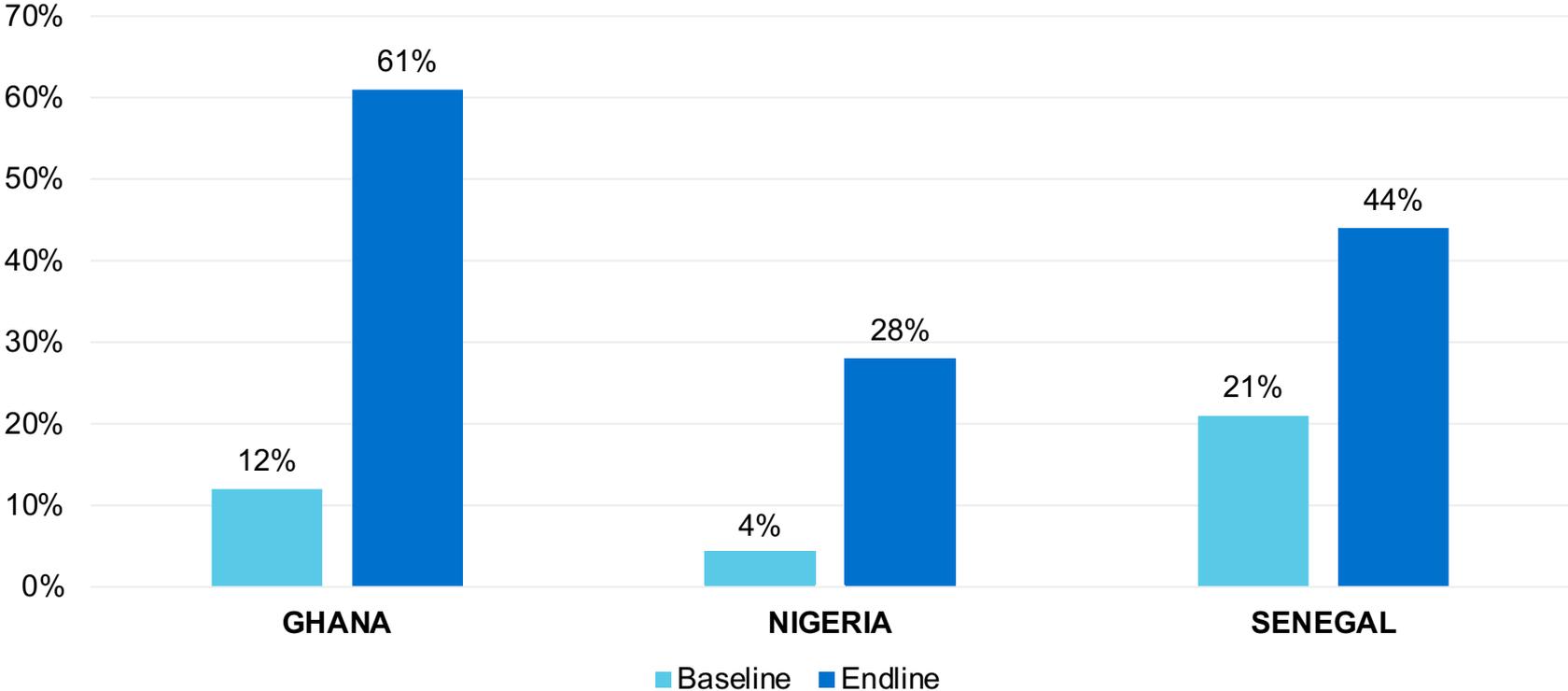
- SBA for adolescents increased from 78% to 96%

Similar results were noted amongst the adolescents in all five countries (visible but less remarkable).

MODERN FP USE
DOUBLED
IN SENEGAL



USE OF MODERN FAMILY PLANNING METHODS AMONG ADOLESCENTS



YOUTH AT THE CENTRE OF CHANGE

What factors made you decide to join peer education group and talk about gender equality, male engagement and ASRHR?

APPROACHES TO ADDRESSING SRH NEEDS OF ADOLESCENTS

LESSONS LEARNED

- **Adolescents are key stakeholders in health and gender equality programs:** Peer-to-peer education and counseling among adolescents highly contributed to the improvement in demand-related indicators among young girls, with overall remarkable improvement in service utilization
- **Intergenerational dialogue improves self-efficacy among youth, brings harmony between generations, and paves the way for healthful behaviors,** improves the SRH knowledge of adolescents, builds their own and others' confidence in their agency, and stimulates health system strengthening through their involvement and leadership.
- **Adolescents need differentiated and targeted approaches to improve their health seeking and health service utilization behaviors**
- Sustained operationalization of new additions to the health system, like **Adolescent Health Corners**, requires effective advocacy at the state and local level and strong community ownership to improve the system's commitment and the community's involvement and oversight of that intervention.

“Nowadays, we can say that women are starting to take things into their own hands. I have met women who are sufficiently independent to support their choice of planning method. I know men who have had vasectomies under the influence of their wives. All this is because of a broad process of awareness-raising at the community level. And the SHOW project can be proud to have contributed to that.”

– Community leader,
Fort Liberte-Haiti, KII



GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

KEY INTERVENTION

- Comprehensive Health Facility Assessment
 - To assess **availability** of gender-responsive and adolescent-friendly MNCH/SRH services (including referrals)
 - Facility **readiness** to provide GRAF services
- Assessed a total of **868 PHC facilities**
- Develop **participatory investment plan**
- **Refurbish** health facilities, including provision of HCWM facilities and adolescent corners
- Strengthen **referral system** through provision of ambulances, trainings (HCP, CHWs & drivers) and development of referral protocols.



GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

KEY INTERVENTION

- **Train health care providers** on various MNCH/SRH themes, IPC/HCWM and GRAF service delivery and referral
- **Equip health facilities** with essential MNCH/SRH equipment, supplies and job aids (guidelines, protocols)
- **Strengthen HMIS** to produce complete, timely and quality data for evidence-based decision making
- Strengthen joint **supportive supervision, coaching and mentoring**
- Strengthen **health system governance and accountability** mechanism
- Review/update various government **health worker training manuals and tools** and integrate GRAF



GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

INNOVATIVE APPROACH

MATERNAL AWARENESS AND REFERRAL TRACKING SYSTEM (MART)

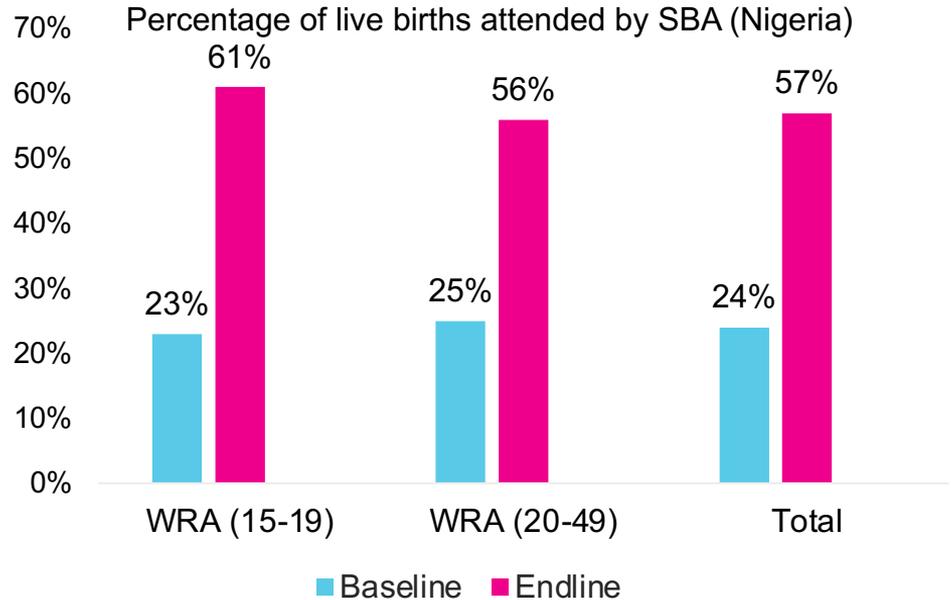
Dual purpose:

- Raising awareness on MNCH/SRH, GE, nutrition through SMS/IVR
- Strengthening referral system (easing timely sharing of patient information and follow-ups between sending and receiving facilities)



HEALTH SYSTEM STRENGTHENING SHOW NIGERIA (SOKOTO)

- Health workers struggled with the requisite skills to provide GRAF health care services to women and adolescents
- Modification of MLSS and FP training content led by MoH
 - Incorporating essential elements on providing SRH services that are age and gender specific
 - Including global standards on ANC, managing complications in pregnancy and childbirth
 - Expanded recommendations on contraceptives for adolescent girls and young women
- Potential for 36 states using the modified training manuals for capacity building of HWs
- Certification of 488 CHEWS as SBAs under task shifting policy
- Referral policy – adoption for state PHC



ADOLESCENT HEALTH CORNERS

- Aligned with national health policy
- Developed state operational guidelines on adolescent and youth friendly health care services
- Adopted global quality standards package for adolescent friendly health services
- Established adolescent health Corners in PHCs
- Set up confidential and private spaces
- Trained staff (male and female)
- Distributed IEC materials
- Complimented by peer-to-peer education at the community level – content reviewed and manual approved by MoH and religious leaders



GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

RESULTS ACHIEVED

TRAINED
6,622 CHWs
(4,014 female and
1,286 male)

TRAINED
**2,891 FACILITY-BASED
HEALTH SERVICE PROVIDERS**
(985 female and 608 male)

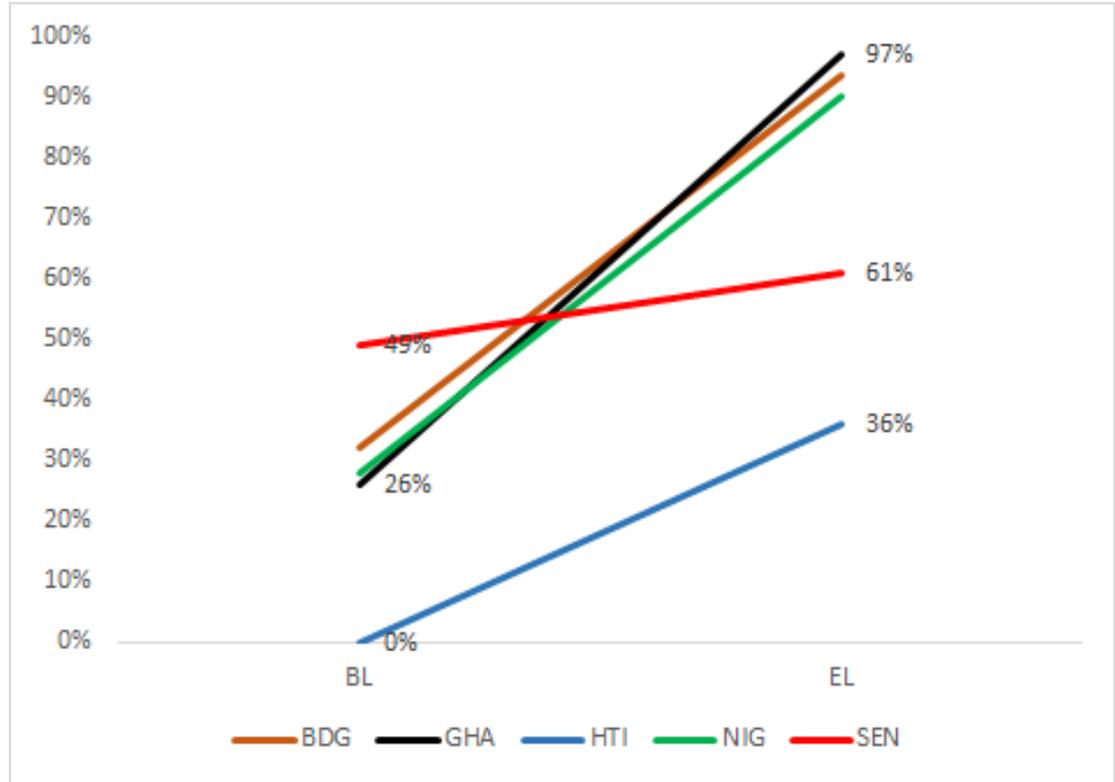
TRAINED
1,315 CHCs
(with 10,198 members)

REFURBISHED
206 PHC UNITS
to provide GRAF MNCH/SRH services

PROVIDED
406 PHC FACILITIES
with essential MNCH/SRH equipment and supplies

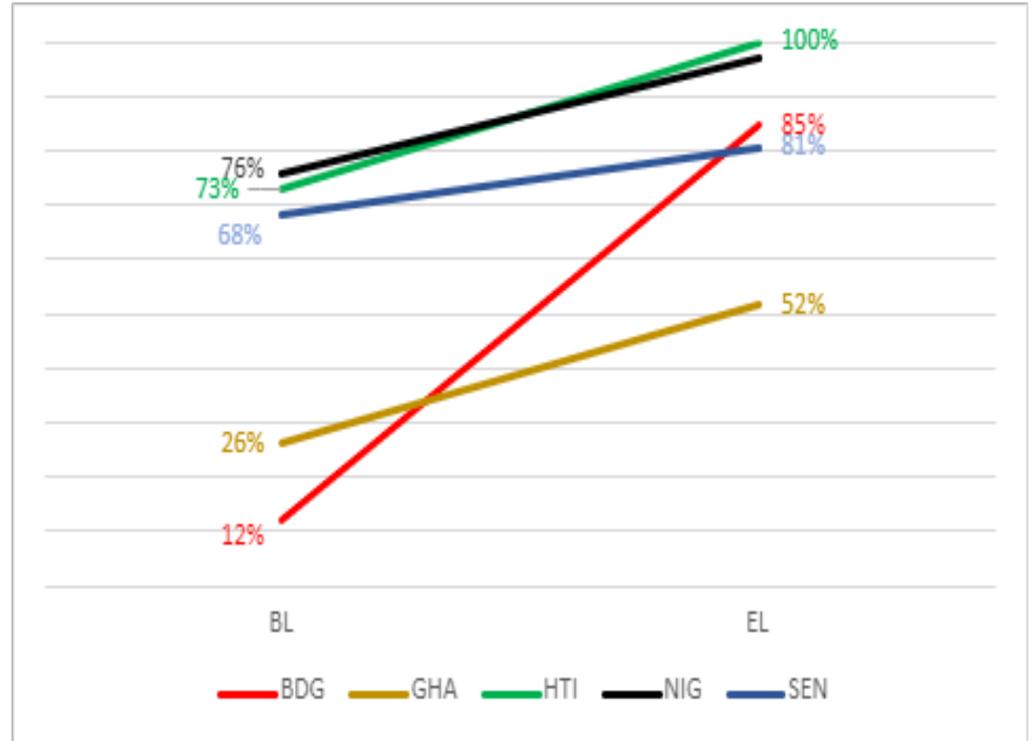
MORE HEALTH FACILITIES ARE PROVIDING GRAF MNCH/SRHH SERVICES

“The health care staff was quite courteous, friendly. We had a good reception, good service and the staff was competent”.
- Male Partner, Capotille-Haiti, FGD



MORE HEALTH FACILITIES WITH ENVIRONMENTALLY SAFE WASTE DISPOSAL MECHANISMS

- Sharp boxes
- Color coded bins
- Incinerator
- Placenta pit
- Septic tank
- Infection prevention and control protocol
- Sterilization equipment



GRAF APPROACH TO HEALTH SYSTEM STRENGTHENING

LESSONS LEARNED

- **Comprehensive Health Facility Assessment** for evidence-based decision making (investment planning).
- **Women's membership and leadership in Community Health Committees** plays a critical role in improving quality and responsiveness of health services.
- **Engaging local- and national- level government** from project design to closure enhances buy-in and sustainability of project initiatives and results.
- **Joint planning and delivery of health care worker training** with the MoH for better integration of gender-responsive and adolescent-friendly components into government training material.
- Sharing **age- and sex-disaggregated data** with the government supports the development of evidence-based, gender-responsive and adolescent-friendly health policy and services
- Use of **ICT-based referral system** for better communication between different levels of health facilities for timely service delivery and patient follow-up.
- Bringing a **positive shift to health workers' attitudes** toward providing GRAF health care is critical; modification of training materials and capitalizing on the government's **task-shifting and task-sharing policies** provides an opportunity to bring this essential change to the system.



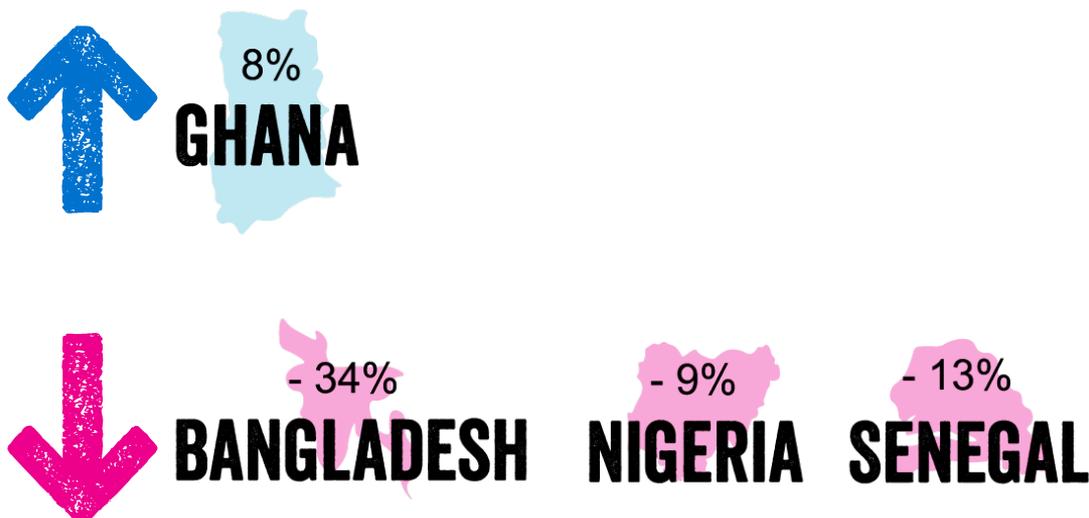


COVID-19 RESPONSE: LEARNING FROM GHANA

RESPONSE TO COVID-19 PANDEMIC

- Analysis of HMIS data covering March to August 2020 (COVID) vs March to August 2019 (pre-COVID) as comparison
- Tracked five indicators: ANC, PNC, FP, Skilled Delivery and Immunization.
- Service utilization from all SHOW supported health facilities.
- Highlights:
 - Bangladesh showed the highest decline and Ghana showed a stable & steady increase in utilization without being affected by the pandemic.
- Further investigated contrasting cases of Bangladesh and Ghana, including KIIs, literature reviews and documented key lessons.

% CHANGE IN TOTAL MNCH/SRH SERVICE UTILIZATION (6 MONTHS PRE COVID AND SIMILAR PERIOD DURING COVID-19)

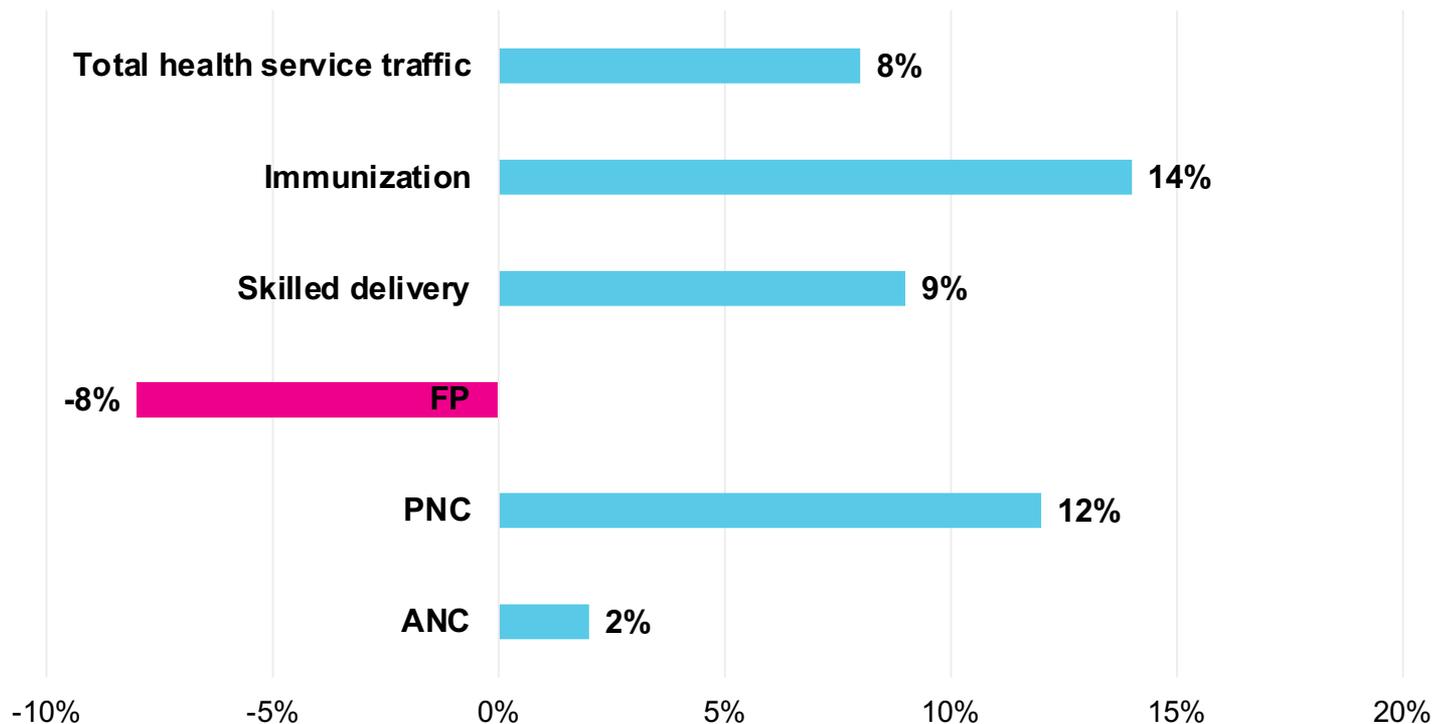


HEALTH SYSTEM CHALLENGES WITH COVID-19 PANDEMIC

- **Lack of accurate information** on the pandemic; “it affects only certain groups of people”
- **Stigmatization** of people suspected to be infected with the virus
- **Lack of trust in the health system**, considered source of infection
- **Lack of sufficient and proper use of PPE** at the community and health facilities
- Widespread COVID-19 vaccine related **myths and misconceptions**



% change in MNCH/SRH service utilization pre vs during COVID-19 - Ghana SHOW supported health facilities



KEY INTERVENTIONS

- **Developed and disseminated SBCC materials** on COVID-19 prevention, GE, UPCW, MNCH/SRHR, SGBV and vaccine myths and misconceptions
- **Established/strengthened community groups** for community mobilization and education
- **Procured & distributed PPE, IPC materials, WASH facilities, MNCH/SRH equipment, supplies and dignity kits** to health facilities and community
- **Accelerate UPCW programming** with the goal of promoting equitable sharing of care responsibilities and gender equality - a step towards improving the management of daily care work at home, where women and girls, in comparison to men and boys, spend more time in UPCW.



KEY INTERVENTIONS (continued)

- **Trained the most vulnerable members of VSLA groups in IGA** including production of **liquid soap** for hand washing, **reusable sanitary pads**, **reusable face masks**, etc., and provided with material support.
- **Trained health workers** on COVID-19 case management and vaccine, case management of SGBV, MHPSS, IPC, HCWM, case detection and referral.
- **Trained CETS operators** on the provision of safe, hygienic and GRAF referrals



LESSONS LEARNED

- Providing **PPE and other infection prevention supplies** to health workers and health facilities boosts the confidence of health workers for better performance, which translates into better health outcomes for clients.
- **The use of SBCC materials with pictorial illustrations** on COVID-19 prevention and vaccination made it easier for the community to relate to the topics and helped demystify COVID-19



LESSONS LEARNED (continued)

- **Decentralized and agile health system governance** allows health facilities to respond quickly to health system shocks including COVID-19
- **Strong political commitment** from the office of the president and MoH strengthens trust in the community which is critical for pandemic control
- Inclusion of essential MNCH services in the **national premium free health insurance** supports utilization of MNCH services even during financial hardship



RESPONSE TO COVID-19 PANDEMIC

RESULTS ACHIEVED (PT.1)

- ✓ **603** health care workers and **2,424** CHWs trained
- ✓ **774** facilities and public spaces provided with hygiene supplies
- ✓ **238** health facilities provided with COVID-19 supplies and equipment
- ✓ **8,450** (7,555M, 895F) local leaders, adolescent boys and girls reached with direct awareness creation
- ✓ **6,872** behavioural change communication and mobilization events conducted for target populations
- ✓ **11,441** tracked public engagements through social media influencers in Canada

| Total CE COVID-19 Response Direct Reach = 1,382,067 | | | | |
|--|---------|--|-------------------------|---------|
| Adolescent girls (15-19) | 132,850 | | Adolescent boys (15-19) | 78,532 |
| Women (20-49) | 540,392 | | Men | 283,752 |
| Girls <5 | 170,453 | | Boys <5 | 176,088 |
| Total CE COVID-19 Response Estimated Indirect Reach = 671,453 | | | | |

RESPONSE TO COVID-19 PANDEMIC

RESULTS ACHIEVED (PT.2)

1. Changes in male knowledge, attitudes and behaviors

- Greater involvement in care work within the household.
- Community-level commitments and advocacy for sharing care work.

2. Changes in female knowledge, attitudes and behaviors

- Greater confidence for joint decision-making, negotiating sharing of care work and assertive communication.
- Intra-family and community-level solidarity among women.

3. Sustainability

- Link between burden of care work and women's and girls' health & quality of interpersonal relations recognized.

"Since yesterday my wife went to Dakar to visit her parents and it is me who prepares the meals for the children. So as 'Fathers Club' members, we are very supportive of our spouses. It is now natural for me to go and fetch water or wash the dishes or sweep up, etc."

MAN, SANSAMBA

"Change is happening in our house. My brothers used to spend all their time elsewhere; now they are there to deal with any problems the children have at school or at parent meetings and in case of illness."

WOMAN, KEDOUGOU



RESPONSE TO COVID-19 PANDEMIC

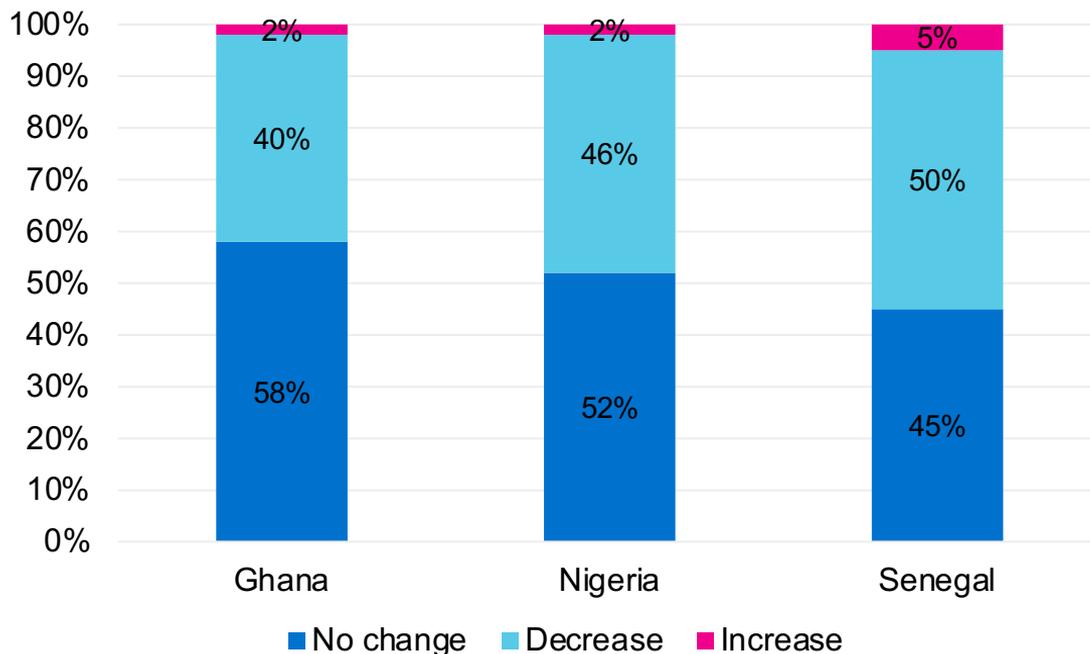
IMPACT OF COVID-19 ON HH INCOME

SHOW ENDLINE EVALUATION IN GHANA, NIGERIA AND SENEGAL INCLUDED VARIOUS DATA THAT SHOWED THE EXPERIENCES OF WRA AND THEIR MALE PARTNERS DURING COVID-19.

- HH INCOME DECLINED SIGNIFICANTLY IN SENEGAL (50%), NIGERIA (46%) AND GHANA (40%) AS A RESULT OF THE PANDEMIC.

- THE DECREASE IN HH INCOME CORRELATED WITH MALE SUPPORT IN MNCH SERVICES.

% of WRA who reported change in HH income due to COVID-19



RESOURCES

- SHOW six-part multimedia [series](#)
- SHOW Lessons Learned Series, [Five countries consolidated](#), [Bangladesh](#), [Ghana](#), [Haiti](#), [Nigeria](#) and [Senegal](#).
- Compendium of Promising Practices in Gender Transformative Health Programming, [English](#) and [French](#)
- Care Work, Social Norms & Gender Roles: A Qualitative Study Assessing Shifts in Knowledge and Awareness among Women, Adolescent Girls, Men and Boys: Chapeau report ([English](#) & [French](#) , Bangladesh ([English](#) , Ghana ([English](#)), Nigeria ([English](#)) and Senegal ([English](#) & [French](#)).
- SHOW project final evaluation summary report [English](#) and [French](#)
- Responding to the needs of the Adolescents through gender responsive adolescent health services. [English](#) and [French](#)
- The power of public engagement ([English](#))
- Working with Religious Leaders in Nigeria [English](#)
- Community Health Committees: What enables them to flourish and support Gender Responsive and Adolescent Friendly health services? [English](#) and [French](#)



THANK YOU