

Canada

PLAN INTERNATIONAL CANADA SEXUAL & REPRODUCTIVE HEALTH PROGRAMMING

PROGRAM EVIDENCE FOR A GENDER TRANSFORMATIVE APPROACH

Canada's leadership on maternal, adolescent, newborn and child health, and sexual and reproductive health and rights programming has shown significant impact among women, children and adolescent girls. With the support of Global Affairs Canada since 2011, Plan International Canada has improved key health outcomes including: antenatal care, skilled birth attendant during delivery, post-natal care for mothers and their babies, empowerment of women and girls and improved knowledge and awareness of the negative impact of child early and forced marriage.

Plan International Canada addresses prevailing gender inequality and related barriers at the household, community and health system level by taking a **rights-based approach**. Plan International Canada works at three levels: **the rights-holders** (women and girls), **moral duty-bearers** (male partners, family and community members) and **primary duty-bearers** (health system) through three intersecting gender-transformative strategies that address the condition and position of women and girls. The first strategy focuses on strengthening women's and girls' agency and decision-making; the second engages men and boys across spheres (from family members to socio-cultural gate-keepers) as active partners of change; and the third strategy addresses systemic gaps by focusing on quality of care that is respectful and responsive.

Plan International Canada's first multi-country MNCH project, *Women and their Children's Health* (WATCH 2011–2015), applied a cutting-edge gender transformative approach in five countries: Bangladesh, Ethiopia, Ghana, Mali and Zimbabwe. Results from WATCH showed how gender transformative approaches can significantly impact key health outcomes, including:

- Increasing the number of births assisted by a skilled attendant from 52 to 70 percent among women below 19 years of age; and from 48 to 64 percent among women 20–49 years.
- Increasing the percentage of girls below 19 years of age who accessed antenatal care (ANC) four or more times from 42 to 62 percent; and from 44 to 62 percent among women 20–49 years.

Plan International Canada has carried forward and further reinforced its pivotal gender transformative approach in its current Global Affairs Canadafunded global health projects, including the multicountry Strengthening Health Outcomes for Women and Children (SHOW) project in Bangladesh, Nigeria, Ghana, Senegal and Haiti. SHOW has integrated an even more comprehensive approach, inclusive of sexual and reproductive health and rights, and with greater emphasis on adolescent girls. Plan International Canada has also enhanced its monitoring and measurement, employing innovative tools, including efforts to better reach and collect data on unmarried adolescents. Recent data from SHOW's mid-term evaluation is showing improvements across the project, including:

> The percentage of pregnant women attending antenatal care at least 4 times has increased from 55 to 70 percent across all project areas in all five countries.



- The percentage of **births attended by a skilled attendant in project areas increased** by an average of 9 percentage points overall from 57 to 66 percent, and 11 percentage points among adolescent mothers below 19 years of age from 57 to 68 percent.
- The percentage of **women attending post-natal care within 48 hours of the birth increased** by 15 percentage points, from 52 to 67 percent in project areas. Here too, the increase was even higher (20 percentage points) among adolescent mothers.
- **Post-partum use of contraception has increased** in 4 out of 5 countries, and the percentage of sampled health facilities deemed to be gender-responsive and adolescent-friendly increased by an average of 16 percentage points across all 5 countries.

At the core of these considerable improvements in the utilization of MNCH/SRH services is **Plan International Canada's gender transformative approach**. This is exemplified in results demonstrated related to men's attitudes and support towards MNCH/SRH services, **the empowerment of women and girls to make decisions related to MNCH and SRHR at the household and community level**. The WATCH project results demonstrated a significant improvement in **men's attitudes and support towards MNCH/SRH services**, specifically:

- 79 percent of all women stated their male partners/family members were 'very supportive' compared with 51.4 percent at baseline.
- 47 percent reported support in household chores and tasks by their male partners and some 44 percent reported accompaniment to the facility by male partners.



The Plan International Canada's study *Men Matter: Engaging men in MNCH Outcomes* carried out by the Burnett Institute (2015) further affirmed:

- Notable improvements in couple communication, shared decision-making and relationships;
- Improved nutritional intake and rest, and changes in allocation of household resources; and
- Changes in the perceived value of girl children.

Mid-term data from the SHOW project has also shown that the percentage of men who know at least two strategies to address danger signs along the MNCH/SRH continuum of care increased in Bangladesh, Ghana, Haiti and Nigeria. Qualitative data collected from participants in Fathers Clubs in Ghana, Haiti, Bangladesh and Nigeria indicate increases in care work by men, improved relationships with spouses and children, and a **reduction in conflict and violence at the household level**. This data was highlighted in the 2019 *State of the World's Fathers Report*, a globally recognized reference report for male engagement programming and research.

Given the prevailing conservative gender roles, norms and values in the countries where Plan International operates, the increased men's support in household work demonstrated in both the WATCH and SHOW projects, points to the success of both projects in contributing to more gender equitable role distribution within households and communities.

The two projects have also helped to enable significant change in the **empowerment of women/girls to make MNCH/SRHR decisions** at the household and community levels.

Examples of results from the WATCH Project:

- The proportion of **women holding influential leadership positions in community and facility health committees** was 39 percent at end line, which **almost doubled** from baseline (20 percent).
- At the household level, 83 percent of women said they felt they had the **skills and ability to make decisions** on various topics related to MNCH, and 87 percent of women mentioned that they felt they have the **ability** and capacity to make decisions at the community level, particularly in health committees.

Similarly data from the SHOW mid-term study is showing evidence of this gender transformative approach working to change prevailing gender norms and expectations at the community level:

- The percentage of **Community Health Committee leaders that are female increased** in all five countries between the baseline and the mid-term.
- The percentage of women and men who felt that **women have the opportunity to participate in community level decision-making increased** across all 5 countries with an overall increase from 35% to 43%.
- The level of support from male members of community level organizations for women's decisionmaking increased in 4 out of 5 countries with an overall increase from 46 percent to 83 percent.

Plan International Canada continues to show strong leadership in strengthening adolescent health. In the SHOW Project, Plan International Canada implemented an adolescent survey on Sexual and Reproductive Health and Rights in 2018. The survey confirmed that approximately 80 percent of male and female adolescent respondents had heard of modern contraceptive methods and in 4 of the 5 countries more than 75 percent of adolescent boys and girls indicated there was someone in their community to provide information on sexual and reproductive health and rights. Plan International Canada will continue to build on its important work reaching adolescent boys and girls and women with critical MNCH/SRH services, particularly in the most vulnerable and hard to reach areas of the countries where it works.





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