In partnership with Canada

PLAN INTERNATIONAL

STRENGTHENING HEALTH OUTCOMES FOR WOMEN AND CHILDREN

Lessons from Haiti

IMPROVING THE HEALTH OF WOMEN AND ADOLESCENT GIRLS, WITH A FOCUS ON GENDER EQUALITY, IN AN EVOLVING SOCIO-POLITICAL SITUATION.

Experiences from Haiti

THE PROJECT

Populations, especially women adolescents and young girls, face the worst of health and social conditions in a disaster-prone and politically unstable environment, and thus need the highest levels of attention. The *Strengthening Health Outcomes for Women and Children* (SHOW) project[i] in Haiti is an example of working for the health and well-being of women and adolescent girls in such unstable circumstances, with a focus on gender equality and empowerment.

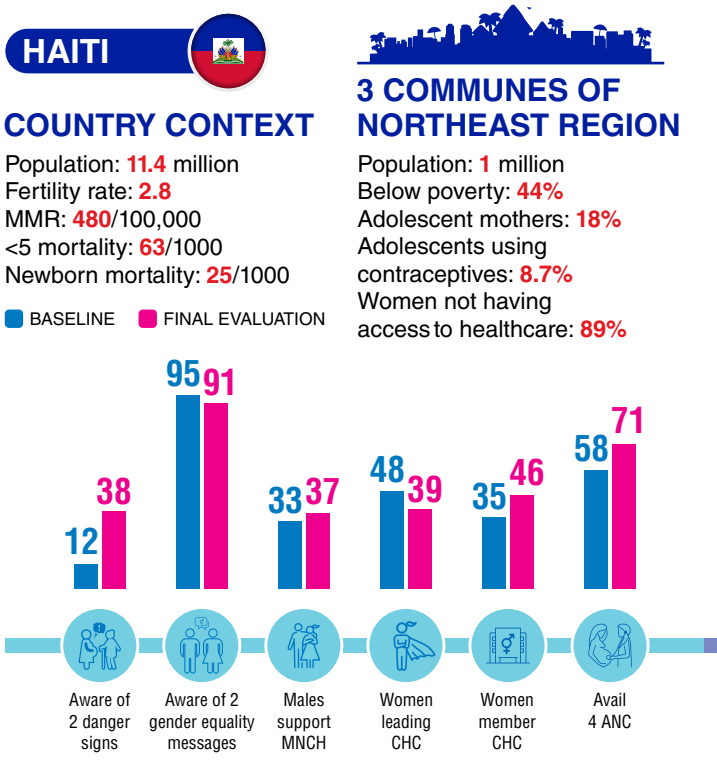
The SHOW project is a gender-transformative initiative aimed at increasing the quality, availability, utilization and accountability of essential Maternal, Newborn and Child Health/Sexual and Reproductive Health (MNCH/SRH) services to reduce maternal and child mortality amongst marginalized and vulnerable women, specifically adolescent girls, and their children in targeted regions across five countries (Bangladesh, Ghana, Haiti, Nigeria and Senegal).

With support from Global Affairs Canada (GAC)[ii], Plan International Canada worked in partnership with Plan Country Office, the Government of Haiti, and Local Non-Governmental Organization (LNGO) partners to deliver the SHOW project between January 30, 2016 and September 30, 2022. In August 2020 and March 2021, the SHOW project received two Costed Extensions (CE) from GAC focused on the Coronavirus Disease 2019 (COVID-19) response in Bangladesh, Senegal, Ghana and Nigeria.

In Haiti, the SHOW project was implemented in three communes in the Northeast Region of the country: Fort-Liberté, Ouanaminthe and Capotille. The regions where SHOW was implemented were among the most vulnerable to poor healthcare according to the Mortality, Morbidity and Service Utilization Survey (EMMUS-V) of 2016-17, the most recent survey conducted prior to the start of the project.

The project started with a comprehensive situation analysis, which comprised a desk review and consultations with stakeholders, a baseline survey of households and health facilities, and a qualitative exploration of gender-related issues in the overall health and social environment. Informed by this situation analysis, the project adopted gender-transformative rights-based approaches[iii], to build the foundations of Gender Responsive, Adolescent Friendly (GRAF) health care in underserved regions of the country with higher rates of poverty. The project aimed to bring this change by enhancing access to, and raising awareness surrounding Maternal, Newborn, and Child Health/Sexual and Reproductive Health and Rights (MNCH/SRHR), including family planning. Aligned with the United Nation's *Every Woman Every Child Global Strategy for Women's, Children's, and Adolescent's Health* to push toward the achievement of Sustainable

FIGURE 1: THREE PILLARS OF THE SHOW PROJECT AND THEIR OUTCOMES IN HAITI

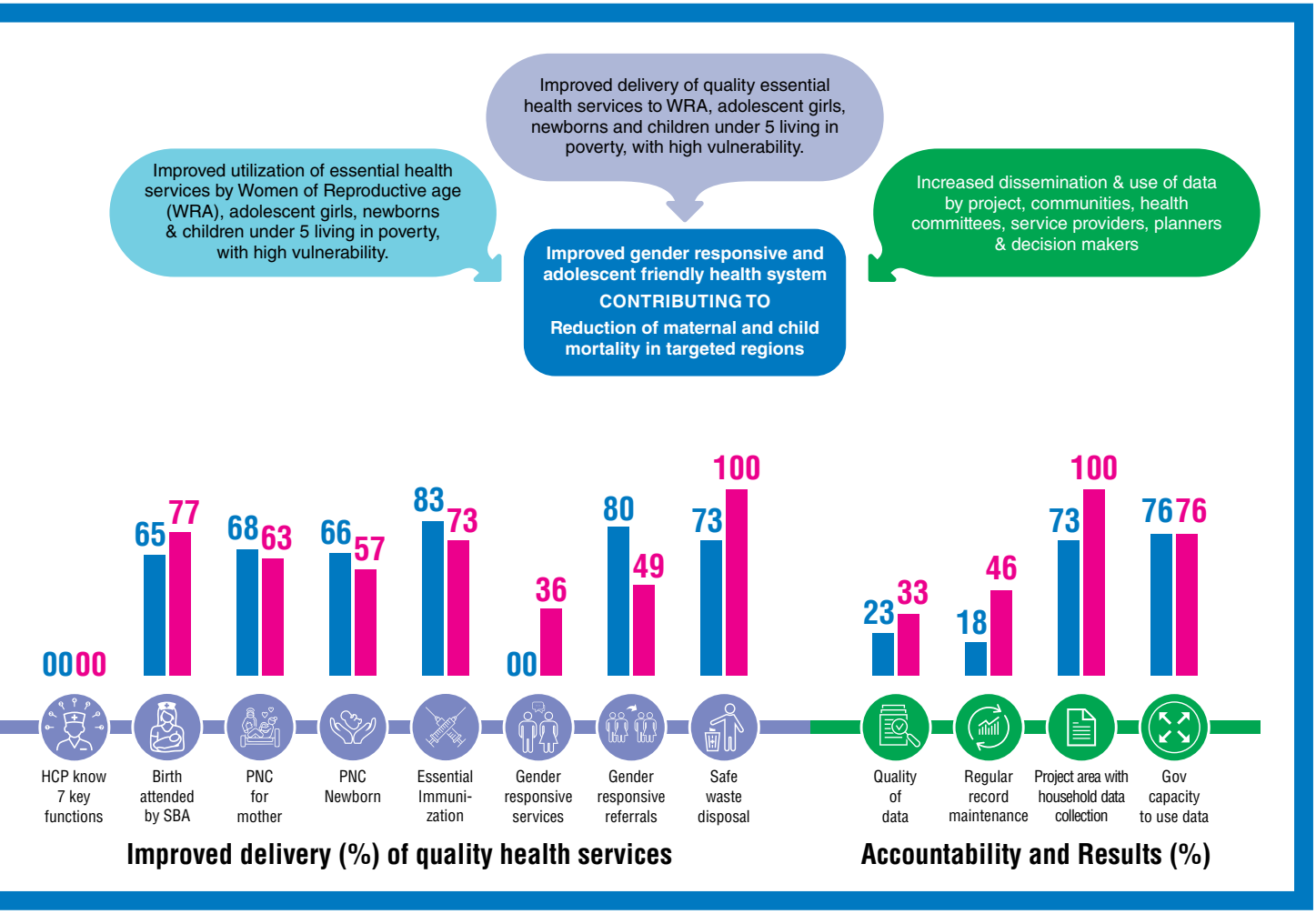


Development Goals 3 (health & wellbeing) and 5 (gender equality), the project worked on three parallel streams:

1. Building the individual and collective agency of women and adolescent girls by enhancing their decision-making power in the household, community, and health committees and engaging men as partners and beneficiaries of gender equality in the continuum of MNCH/SRHR care.
2. Health Systems Strengthening to improve the availability, accessibility, quality, and gender- and adolescent- responsiveness of MNCH/SRHR services.
3. Accountability of health services to the communities they serve, particularly women and adolescent girls, by improving data collection, analysis, data sharing, and its utilization in decision-making.

The SHOW evaluations[iv] conducted at baseline and end line present a mixed picture (Figure 1) where knowledge, attitudes and practices mostly improved while some of the service-related indicators declined over time. Notably, the knowledge about two danger signs, men's support for MNCH and women's membership in Community Health Committees (CHC) improved. Women's availing of four ANC visits and having a Skilled Birth Attendant (SBA) for delivery also improved over time. The indicators related to community-based and gender-sensitive data systems also showed moderate improvement. Among the service-related indicators, while waste disposal and gender-responsive services improved, the referrals, postnatal care for mothers and newborns and essential immunization of children declined over time.

The SHOW project addressed the gender inequality that women and girls of reproductive



age experience across the spectrum of relationships, structures (both in households and community) and a multi-tiered health system. Along with its stakeholders, the project co-created an evidence-informed, robust model, applicable for sustained and contextualized gender-transformative change. The results indicate that SHOW elements can be systematically integrated across different levels of a health system to optimize health and gender equality outcomes. Learning lessons and managing knowledge from such projects is vital to facilitate evidence-based decision-making in future programs.

Knowledge management is a process of generating, curating, adopting, disseminating, and managing evidence[v]. The present report is a documentation of the knowledge gleaned from the design, deployment, implementation, and conclusion stages of key select initiatives of the SHOW project in Haiti. The process of developing these lessons involved three stages, including a desk review of the program documents and reports, discussions with project staff in Haiti and Plan International Canada, and a member-checking of the findings. Discussions focused on the broad functions of the project, namely demand generation, service provision, results and accountability, project operations, and sustainability. The project's theory of change, implementation challenges it faced, measures taken to address challenges, results observed and emerging best practices were explored.

This lessons-learned report is a triangulation[vi] of findings from various perspectives. The methodological triangulation involved examining quantitative survey data and exploring answers to "why" questions emerging from this quantitative data. Theoretical triangulation comprised exploring the views of several stakeholders to develop a holistic picture from multiple perspectives, and environmental triangulation involved taking care of the perspectives coming from diverse geographical or social locations. Lessons learned from these discussions and data analysis are presented under five headings on the following pages. A summary of the best practices is also included in a tabulated form.

LESSONS LEARNED FROM THE PROJECT

1. DEMAND SIDE OF HEALTH SYSTEM STRENGTHENING

Raising awareness among women, men, adolescent girls, boys and the community was the ground-setting strategy, emphasizing the enhancement of men's participation in household affairs, their role to increase the demand for GRAF health care, and their support for women's increased share in leadership. The multi-purpose community health workers (ASCP) carried out household visits to spread the message, while also creating women's and men's groups. An overarching part of this strategy was the activation of Champions of Change groups to build girls' and boys' agency and leadership. A critical, third element was strengthening the Village Savings and Loans Associations (VSLA) for women's financial autonomy.

Challenges

The politically unstable environment, with frequent unrest and demonstrations, was a major and almost ever-present challenge. The implementation of the social mobilization strategy faced several obstacles in this unstable context. Key challenges among them were:

- Highly patriarchal society with oppressive gender norms (e.g., women's having a cell phone is a sign of infidelity), and low levels of literacy among women and adolescent girls, which made awareness-raising a difficult task
- A male-dominant culture where masculinity meant only men have power and decision authority
- Ongoing political unrest and frequent demonstrations on the street posed risk to the life and health of participants in the community-based activities

Course correction

To address the literacy issues, picture books for education and sensitization on maternal health and adolescent Sexual and Reproductive Health (SRH) were produced and made available to the Community Health Workers (CHWs) to conduct their sessions. Groups of women, men, grandmothers, and adolescents were formed to carry out these sessions. The challenge of carrying out community-based activities in an unstable security situation was addressed by adopting a pragmatic approach with frequent small groups held closer to residences, rather than at large community gatherings.

In addition, the SHOW team designed and implemented the Champions of Change innovation, which involved adolescent boys and girls increasing their knowledge about SRHR and gender equality. The idea and resource materials were developed in partnership with the Ministry of Public Health and Population (MSPP) and the Ministry of Woman Affairs. SHOW staff were trained as trainers (Training of Trainers method, or ToT) and cascaded this training to health facility staff. These staff then further cascaded their learnings to train 15 adolescent boys and 15 adolescent girls, aged 12-18 years, in each district. The adolescent trainees then acted as Champions of Change leads, holding regular individual and group meetings and also participating in awareness-raising activities for the community. Lastly, the Village Savings and Loan Associations (VSLA) platform was used to provide health education on MNCH/SRH issues.

Results

The endline evaluation results show that the awareness-raising strategies and the remedial actions worked. However, examination of the age-disaggregated data reveals that, among the girls aged 15-19 years, these indicators either improved to a lesser degree or remained static. Here is a summary:

- Overall, women's and men's knowledge about danger signs improved over time from 12% at baseline to 38% at the endline. The improvement was less among adolescent girls, whose knowledge upped from 9% to 27%, indicating that higher levels of attention are required for their knowledge improvement.
- Men's support for MNCH/SRH improved for the WRA aged 15-49 years from 33% to 37%. However, this support for girls aged 15-19 years remained stagnant at 28%, highlighting the need for a continued focus on this age group.
- The overall knowledge about gender equality among men and women dropped from 95% to 91%, with a slightly higher differential (89% to 83%) among adolescent girls. The women's leadership role in CHC also declined from 48% to 39% over time.
- Availing four ANC checkups increased from 58% to 71% overall, with a similar increment in adolescent girls (51% increased to 65%), necessitating even greater focus there in the future.
- The 60 VSLAs created with the support of the project improved access to health care, while also improving the overall living conditions. This is a significant contribution, given the overall environment of poverty and food insecurity.

Best practices

- In an evolving system undergoing gender transformation, the gender- and age-disaggregated data reveals that more differentiated and contextualized approaches are required to improve the knowledge, attitudes and practices of adolescent girls.
- The Champions of Change strategy has an inspirational potential for adolescents and works when implemented as an age-contextualized behavior change strategy.
- Linking the user-side behavioral strategies with a health system that shows gender responsiveness through the services and actions of its health providers improves effectiveness on both sides.
- In addition to becoming an awareness-raising platform, initiatives like VSLA help communities living in unstable economic situations to offset food insecurity, and avoid catastrophic health expenditures.

2. IMPROVED DELIVERY OF QUALITY ESSENTIAL MNCH AND SRH SERVICES

In addition to infrastructure rehabilitation, providing equipment and enhancing staff capacity through training, the project also developed adolescent health-friendly spaces to complement its Champions of Change initiative. In a system marred by electricity outages, solar energy-based electricity at health facilities was a critical piece of health system strengthening. The last pillar in the SHOW project was enhancing the capacity of the existing human resources and bringing in a gender equality and adolescent focus to their attitudes and practices.

Challenges

In a charged and unstable political environment, the activities that require logistics and tarveling like renovations at health facility, field visits in the community, and advocacy meetings with policy makers, can be difficult. Moreover, working on a project that aims to improve health outcomes in collaboration with a government that is faced with political uncertainties and economic challenges further enhances project difficulties. In Haiti, this stream of the SHOW project faced the following:

- Frequent public demonstrations and resultant lockdowns imposed by the government caused the closure of offices and suspension of activities. Important training and meetings like TAG and PSC were postponed several times.
- The refurbishment of infrastructure and provision of equipment at health facilities were significantly delayed. For example, the facilities where construction was due for completion in December 2018 were only made available to start civil works in March 2019- a delay of about two years.
- The civil unrest and frequent roadblocks posed a difficulty in activities while the changing political situation and government stakeholders became a barrier for reforms. For example, the handing-over and management of the fleet of ambulance vehicles was delayed due to the lack of resources at the departmental directorates.

Course correction

Despite challenges, the SHOW team addressed the electricity issues by prioritizing the installation of solar panels at health care facilities. This enabled the health facilities to work round-the-clock, including the newly built neonatal care units. The communication and mobility issues were addressed by providing staff with communication tools and vehiclesand ambulances for the health facilities. Appropriate decisions were made to delay the project meetings and training in light of the security situation, holding these sessions later when the situation permitted. A total of 69 health providers, including 52 women and 17 men were trained on various maternal and child health and SRH issues, including the organization and provision of GRAF services.

Results

Achieving results in a context of political turmoil is arduous. A mixed picture of processes and intermediate outcome indicators appears from the evaluations. Following is a summary:

- The GRAF aspect of health services delivery, like gender-responsiveness of services and gender-responsive referrals, both improved
- The proportions of births attended by a skilled health professional increased from 65% to 77% overall, while this increment was only 3 percentage points (69% to 72%) for adolescent girls.
- Postnatal care for all WRA dropped from 68% to 63%, with a similar drop (69% to 65%) for adolescent mothers
- Postnatal checkups for newborn babies dropped from 66% to 57% overall, with a bit higher differential (65% to 55%) for female babies.
- The overall proportions of children receiving essential immunization dropped from 83% to 73%, with a somewhat higher differential (84% dropped to 72%) among girls.
- During the four and a half years of the SHOW project, 2,484 VSLA members saved and circulated more than $500,000 CAD in the economies of the three communes. In a population where 28.5% face an extreme food emergency and belong to groups like pregnant and lactating women, girls and children, which are more vulnerable to food insecurity, this was a huge assistance for people living in project areas.

Best practices

- Women, especially adolescent girls, may face greater barriers in access to health care facilities in the wake of catastrophic situations, necessitating a higher prioritization of their health and wellbeing during such times.
- Combining interventions like VSLAs, which improve women's financial autonomy, with health care interventions helps communities to offset threats to their lives and livelihoods during catastrophic situations.

3. DATA FOR RESULTS AND ACCOUNTABILITY

The four objectives of the third strategic pillar of the SHOW project were: 1) Collecting data from households; 2) Digitization and disaggregation of data by age and sex; 3) Sharing and utilization of data for decisions by stakeholders; and 4) Ultimate adoption by the health system. A significant part of the strategy was converting the entire data collection into a digital platform resulting in a digitized District Health Information System (DHIS) and strengthened capacities to implement this system.

Challenges

Implementing a design that aimed at integrating community data into HMIS and improving the system through a digital platform faced several challenges. Below is a brief list:

- The proposed improvement to the existing data collection system required approval from the government but that authority of approval did not lie with the health ministry (MSPP), which created confusion and a prolonged delay.
- The political uncertainties and procedural requirements of a department situated outside of MSPP made it difficult for the SHOW team to expedite the onboarding of the government's preapproved consultant for the task.
- The number of government M&E staff required to implement data collection for HMIS was deficient while the geographical distances for this work were huge.

Course correction

A primary step was developing the tools to track data about women and adolescent girls, aged 15-19 years, by tracing them in the community. The project team developed and finalized these tools and trained selected government staff for this data collection. A total of 135 agents in the community and 35 nurses at health facilities were trained for data entry. Gender disaggregation of data was initiated and the entire system readied for integration into HMIS. The project team identified a consultant preapproved by the government to digitize the system.

Results

The data collection tools and the community component were adopted by the local health system and the CHCs. All the indicators that reflect the accountability and results part of the health system strengthening improved over time:

- All three indicators of health system strengthening improved: sata management capacity of the government, record maintenance at health facilities, inclusion of household data, and quality of the recorded data.
- Digitization of the data system could not take place because of extensive delays in approval of the consultant by government authorities.

Best practices

- In complex situations, innovations like a digital HMIS must be adapted in a pragamatic way to fit the capacities and realities of the partners.
- Advance planning around the complexities of working with a system where multiple departments may have a communication gap is critical for the successful implementation of project activities.

4. PROJECT OPERATIONS

SHOW was a multi-partner, multi-stakeholder project in eight districts belonging to three regions of the country. SHOW aimed to improve gender equality in society as a pathway to improved survival and health of mothers, children and adolescents. Aligned with the policies of Global Affairs Canada, SHOW started as mainly an MNCH project with a focus on gender equality; SRHR was added to its mandate later. Implementation of the project was done through the Haitian government and local partners. The Ministry of Public Health and Population (MSPP) and the Ministry for the Status of Women and Women's Rights (MCFDF) were mainly involved. The CSO partners included Promundo Health Partners International Canada (HPIC). Promundo was involved in all five SHOW countries, bringing their technical expertise in male engagement, and HPIC was includd for their in-kind drug donations. The Plan International team also engaged a local organisation CDS-Centre Pour le Développement de la Santé to handle the community mobilization activities.

Challenges

The ongoing political unrest and resultant humanitarian situations remained a continuous barrier to the project operations. Some of the project elements organized specifically for Haiti brought additional challenges:

- Vital activities faced frequent delays, including the refurbishment of health facilities, procurement and handing-over of equipment and vehicles, and hiring of a consultant for data digitization
- Coordination with state machinery wasted considerable time, especially MSPP and related departments and making sure that activities are in sync with government policies.
- Frequent transfers of senior officials in the government ministries and departments made it difficult to obtain approvals and buy-in for the long-term adoption of SHOW interventions.

Course correction

The project team took practical steps to address the challenges. Realizing the precarious political situation, the team focused on community collaboration and ownership so that its interventions could sustain in the absence of a stable governance system. To address day-to-day work challenges, the team started working remotely, so that frequent roadblocks occurring due to political unrest and demonstrations would have minimal effect. The operations team also decided to delay the endline evaluation in the wake of the COVID-19 pandemic.

Results

The measures resulted in ease of operations. Following is a summary:

- The implementation, governance and oversight mechanisms continued their work albeit with postponements and delays, including the trained SHOW team, the Project Steering Committee (PSC), and Technical Advisory Group (TAG).
- The project delivered some major commitments like: refurbishments, equipment and vehicles including ambulances, capacity building of staff and implementation of social mobilization activities.
- Inclusion of community data into HMIS along with age- and sex- disaggregation was completed. However, its digitization could not be accomplished.
- The establishment of a system to procure, transport, supply, receive, record, store, and distribute free medicines donated by HPIC could not be completed.

Best practices

- Participatory approaches like creating CHCs and encouraging women leadership in projects that aim to develop gender-responsive health systems work best in situations where the socio-political situation is stable.
- Projects do well if they ensure the relevant expertise for the logistic chain management of medicines, including procurement, custom clearance, shipment, storage, inventory management, distribution and dispensing etc., before including such initiatives into their scope of work.

5. SUSTAINABILITY

For a social and health intervention, sustainability is the ownership and continuation of beneficial project strategies by the individuals, community and the larger system beyond the life of that project. Being a donor-funded, time-bound project with limited duration, SHOW did have a sustainability framework comprised of four elements. 1) Institutional sustainability, i.e., the government owns some of the innovations, like the introduction of community-based, age-disaggregated data into HMIS for its continuation after the SHOW concludes. 2) Technical sustainability, i.e., adequate arrangements are made (e.g., number of master trainers at various levels) to maintain the quality of interventions brought in by the SHOW project. 3) Financial sustainability i.e., government and communities invest resources for the continuation of GRAF care in the short and long-term respectively 4) Social sustainability, i.e., individual and collective behavior improvement continues helping to break the vicious cycle of transferring disadvantage from one generation to the other. Unlike other countries where SHOW was being implemented, the project could not take stock of its sustainability in Haiti because of the challenging circumstances.

Challenges

A project that works in an environment of instability, and aims to improve health outcomes with a desire that the intervention benefits continue after the project closure, can face several challenges. Below are a few:

- The institutional component of sustainability was challenged because of frequent changes in the government officeholders and resultant policies, or lack thereof.
- The technical challenges to sustainability arose because the number of staff who could ensure the maintenance of quality were less, and officials for such policy decisions were frequently changing. In addition, the training workshops and advocacy meetings were frequently postponed.
- The deteriorating sociopolitical situation brought a huge challenge to financial sustainability from the government side. However, the community supported itself by participating in the VSLA groups.

Course correction

Mindful of sustainability from the beginning, the SHOW team ensured that whatever interventions it introduced had the potential of continuation by the Government or the community. The project, therefore, relied more on participatory approaches for community's involvement and ownership of the interventions. The Champions of Change for adolescents and women's membership and leadership in CHCs were emphasized. Data were regularly shared with the community so that they know the ongoing situation and play their part in accountability.

Results

In the circumstances where SHOW was implemented, the participatory approaches brought some promise to sustainability. The institutional and technical aspects of sustainability could have been better if the socio-political environment was conducive. Below is a summary:

- Structural interventions have sustained beyond the SHOW project, including solar energy systems for electricity, neonatal health care at health facilities and revamped data system.
- A total of 160 institutional and community providers, including 53 men and 107 women, trained and made available to the North East Health Directorate (DSNE) to maintain its health information system.

- A total of 17 trainers in MNCH/SRG and gender equality, including 15 women and two men, are now available to MSPP/DSNE.
- Health committees, community health workers and VSLAs are active even after the project has closed out.

Best practices

- Projects that have a sustainability/legacy strategy while undergoing implementation, and that review these strategies through an iterative process, have better chances of creating sustainable interventions.
- In an uncertain sociopolitical situation, adopting a context-based, differentiated approach by focusing on communities, formalizing community-based self-help initiatives, and creating community-owned accountability mechanisms works better for sustainability.

SUMMARY OF THE BEST PRACTICES FROM THE SHOW PROJECT IN HAITI

Demand side of health system strengthening

- In an evolving system that is undergoing gender transformation, the gender- and age-disaggregated data reveals that more differentiated and contextualized approaches are required to improve the knowledge, attitudes and practices of adolescent girls.
- The Champions of Change strategy has an inspirational potential for adolescents and works when implemented as an age-contextualized behavior change strategy.
- Linking the user-side behavioral strategies with a health system that shows gender responsiveness through the services and actions of its health providers, improves effectiveness on both sides.
- In addition to becoming an awareness-raising platform, initiatives like VSLAs help communities that are living in unstable economic situations to offset food insecurity and avoid catastrophic health expenditures.

Health services with a focus on gender equality

- Women, especially adolescent girls may face greater barriers in access to health care facilities in the wake of catastrophic situations, necessitating a higher prioritization of their health and wellbeing during such times.
- Combining interventions that improve women's financial autonomy, like VSLAs, with health care interventions helps communities in offsetting threats to their lives and livelihoods during catastrophic situations.

Accountability through improved data sharing

- In complex situations, innovations like a digital HMIS must be adapted to fit the capacities and realities of the partners in a pragmatic way.
- Advance planning about the complexities of working with a system where multiple departments may have a communication gap, is critical for successful implementation of project activities.

Operationalization

- Participatory approaches, like creating CHCs and encouraging women's leadership in projects that aim for developing gender-responsive health systems, work best in situations where the socio-political situation is stable
- Projects do well if they ensure the relevant expertise for the logistic chain management of medicines before including such initiatives into their scope of work. This incudes procurement, custom clearance, shipment, storage, inventory management, distribution and dispensing etc..

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Acronyms used

AHC: Adolescent Health Corner

BEmONC: Basic Emergency Obstetric and Neonatal Care

CBHV: Community Based Health Volunteer

CHMIS: Community Health Management Information System

CSO: Civil Society Organization

DHIS: District Health Information System

EmONC: Emergency Obstetric and Neonatal Care

GHS: Ghana Health Services

HCP: Health Care Providers

HMIS: Health Management Information System

IMNCI: Integrated Management of Childhood Illnesses

LNGO: Local Non-Governmental Organization

M&E: Monitoring and Evaluation

MOH: Ministry of Health

PIP: Project Implementation Plan

PMT: Project Management Team

SBA: Skilled Birth Attendant

SHOW: Strengthening Health Outcomes for Women and Children

TAG: Technical Advisory Group

WATCH: Women and Their Children's Health

AWP: Annual Work Plan

CETS: Community Emergency Transport System

CHC: Community Health Committee

CHW: Community Health Worker

DHS: Demographic and Health Survey

DSNE: North East Health Directorate

GAC: Global Affairs Canada

GRAF: Gender-Responsive, Adolescent-Friendly

HFA: Health Facility Assessment

IEC: Information, Education, Communication

IYCF: Infant and Young Child Feeding

PHC: Primary Health Care

MNCH: Maternal, Newborn and Child Health

MOU: Memorandum of Understanding

PMF: Performance Measurement Framework

PSC: Project Steering Committee

SBCC: Social and Behavior Change Communication

SRH: Sexual and Reproductive Health

VSLA: Village Saving and Loan Association

WRA: Woman of Reproductive Age

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