PLAN INTERNATIONAL

SHOW

FINAL PROJECT EVALUATION SUMMARY REPORT

OVERVIEW OF SHOW PROJECT

The Strengthening Health Outcomes for Women and Children (SHOW) project was designed as a 4.5-year (January 2016 – June 2020) gender transformative project by Plan International implemented in five project countries (Bangladesh, Ghana, Haiti, Nigeria, and Senegal). Initially costed at $65.2 million and funded primarily by Global Affairs Canada, the SHOW project had the ultimate aim of reducing mortality among vulnerable women and children, including adolescent girls, in targeted remote regions in the project countries. The gender transformative project employed a three-pronged approach to achieve the following intermediate outcomes:

- Improved utilization of essential health services by women of reproductive age (WRA), adolescent girls, newborns and children under 5 living in poverty, with high vulnerability
- Improved delivery of quality essential health services to WRA, adolescent girls, newborns, and children under 5 living in poverty, with high vulnerability
- Increased dissemination and use of data by project, beneficiary communities, health committees, service providers, planners and decision makers

The SHOW project addressed prevailing gender inequality and related barriers at the household, community and health system by working at three levels: the rights-holders (women and girls), moral duty-bearers (male partners, family and community members) and primary duty-bearers (health system strengthening and health facility). Three intersecting gender-transformative strategies that addressed the condition and position of women and girls were employed. The first strategy focussed on strengthening women and girls' agency and decision-making; the second engaged men across spheres (from family members to socio-cultural gate-keepers) as active partners of change; and the third strategy addressed systemic gaps by focusing on quality of care that is respectful and responsive.

In August 2020, SHOW received an extension valued at $4,344,532 to implement COVID-19 response activities in four of the five countries with the exception of Haiti. At the end of March 2021, GAC granted a second costed extension valued at $3 million to extend COVID-19 response activities in the same four countries and add a programmatic focus on unpaid care work.

This Final Evaluation Summary report[1] focuses on the outcomes and achievements of the SHOW project in five countries. It included primary and secondary data collection to assess progress along all the specified indicators in the SHOW Performance Measurement Framework and the Development Assistance Committee Evaluation criteria, specifically effectiveness, impact, and sustainability. In order to assess the performance of the project during the COVID-19 pandemic, the Final Evaluation was completed in stages in 2021-2022, with adjustments made to methodology to account for the pandemic; methodology was comprised of three main sources:

- Household surveys of 5,834[2] individual respondents, including 642 WRA aged 15-19, 3,167 WRA aged 20-49 and 2,025 male partners. The primary respondents for the household surveys were adolescent and adult mothers 15–49 with a child under 2 years of age. Male partners/male family members of the primary respondents were also surveyed using a separate questionnaire.;
- Health facility assessments completed at 548 health facilities across the five countries. A health facility assessment was conducted with facilities in the same geographic areas where the household and adolescent surveys were conducted and;
- Qualitative data collection to provide supplementary data triangulation through 72 key informant interviews and 122 focus group discussions in the five countries.

This Summary report provides highlights of the impact of the SHOW project in the five implementation countries.

HIGHLIGHT OF SHOW IMPACT

Results of the intermediate outcomes at endline showed that the proportion of women of reproductive age (WRA) who reported to have received antenatal care at least four times during their last pregnancy and the proportion of WRA who delivered at a health facility across all project countries has increased significantly. Similarly, use of modern method of contraceptives among WRA 15-49 increased from baseline to endline in four out of five countries. Endline data also showed increases in the percentage of *children* and mothers who reported to have received postnatal care within two days of childbirth in **Bangladesh, Ghana**, **Haiti**, **Nigeria and Senegal**. The postnatal care within two days among mothers and their babies correlates with increased facility delivery, because of concurrent care.

At the community level, the endline household survey found that the average level of male support provided to female family members seeking MNCH/SRH services either increased or remained relatively stable. Measured as the percentage of respondents who stated that male support received or given was 'very good' on a 4-point scale (compared with fair, poor and very poor/completely against), the greatest increase was noted in Bangladesh (from 28% to 42% for mothers aged 15-19, from 30% to 43% for mothers aged 20-49, and from 21% to 29% for men), followed by Senegal (39% to 48% for mothers 15-19, 46% to 57% for mothers 20-49 and from 42% to 51% for me) and Nigeria (35% to 43% for mothers 15-19 and 20-49, and from 37% to 71% for men). Results remained relatively stable in Haiti (28% maintained for mothers 15-19, a minor increase from 35% to 36% for mothers 20-49, and an increase from 32% to 39% for men) and Ghana, where a slight decrease was noted among mothers (29% to 28% for mothers 15-19 and from 39% to 34% for mothers 20-49) and a slight increase for men (44% to 52%).

In terms of delivery of quality essential health services, the percentage of health facilities providing gender responsive and adolescent friendly maternal newborn and child health (MNCH)/ sexual and reproductive health (SRH) services increased from 26% to 97% in Ghana; 0% to 36% in Haiti; 28% to 90% in Nigeria;

[1] Final Evaluation Report is also referred to as "Endline" in comparison to the project's Baseline Survey.
[2] SHOW Bangladesh had an additional 1081 individuals samples from the comparison area population

49% to 61% in Senegal and from 32% to 94% Bangladesh. In addition, endline results revealed that the percentage of health facilities utilizing environmentally safe waste disposal methods increased from baseline to endline across all countries. In Haiti and Nigeria, virtually all facilities at endline met standards for environmentally safe waste disposal (100% and 97%, respectively). Substantial improvements were also observed in Ghana (from 26% to 52%),in Senegal (from 68% to 81%) and Bangladesh (from 12% to 85%)

Endline data revealed notable improvements in the maintenance of records at sampled health facilities across countries, from 41% of facilities meeting this standard at baseline to 91% of facilities at endline in Ghana; from 18% to 46% in Haiti; from 28% to 94% in Nigeria, from 49% to 95% in Senegal, and from 76% to 96% in Bangladesh.. At endline, the vast majority of sampled health facilities reported to collect household-level monitoring data from communities.

HIGHLIGHT OF KEY MNCH PERFORMANCE INDICATORS

ANTENATAL CARE

A significant increase was recorded on ANC attendance at least four times across the five countries as shown in fig 1 below. Ghana achieved a remarkable 90% ANC coverage with a 23% increase from baseline (67%) to endline. In SHOW Nigeria a 27 percentage point (pp) increase from baseline of 51% to 78% was recorded; and a modest increase of 13pp was recorded in SHOW Haiti (from 58% to 71%). In SHOW Bangladesh a 16pp increase from a baseline status of 35% led to an endline status in ANC attendance of 51%. While a positive measure of progress, work remains to be done in Bangladesh where almost half of WRA are not attending ANC visits at least 4 times.

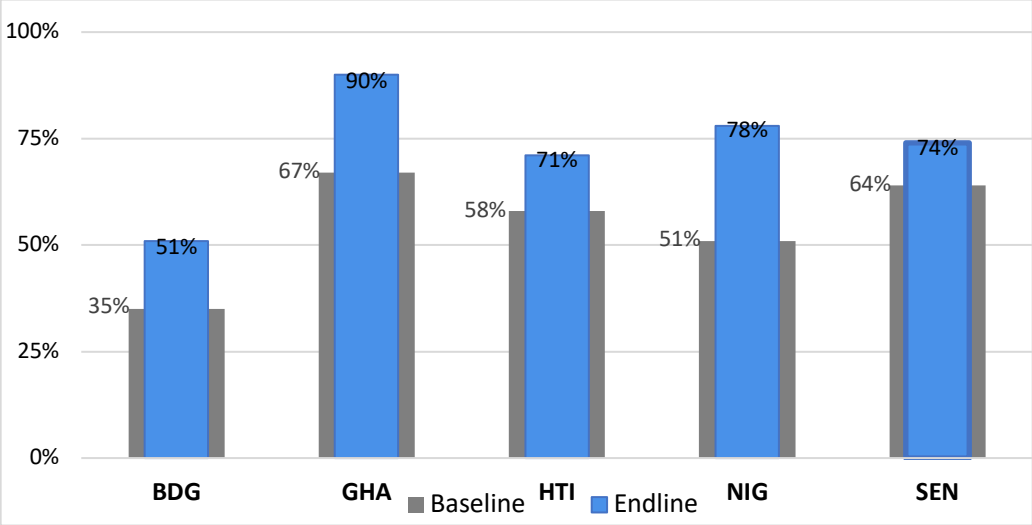

Fig 1. 4+ ANC attendance rate of five SHOW countries – baseline to endline

SKILLED DELIVERY

A significant increase in skilled delivery was recorded across the five countries (see fig 3). SHOW Senegal achieved a remarkable rate skilled delivery (96%) with a 20pp increase recorded from baseline (76%). Ghana, Haiti and Bangladesh achieved a 26, 12, and 11 percentage point increase from baseline to endline respectively. Despite recording the highest increase of 33 pp from baseline (24%) to endline (57%), SHOW Nigeria's skilled delivery status is low and require further work.

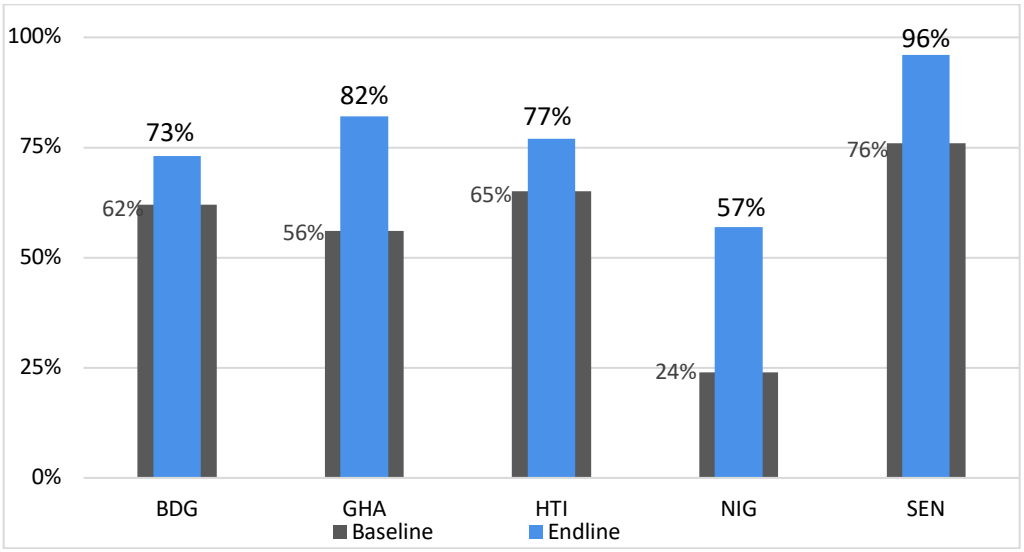

Fig 3. Skilled birth attendance rate of WRA 15-49 of the five SHOW countries – baseline to endline

POSTNATAL CARE: CHILDREN THAT RECEIVED PNC SERVICE IN 2 DAYS OF DELIVERY

A significant increase in post-natal care attendance of newborn children in two days of birth was recorded across the five countries. This correlates with increase in facility delivery as shown above. SHOW Senegal recorded a 21pp increase in post-natal visit of newborn children in two days of birth by moving from baseline of 69% to endline of 90%. Haiti, Ghana and Bangladesh reached 85%, 77% and 66% coverage after a 19, 16, and 13 percentage point increase from baseline to endline respectively. In SHOW Nigeria post-natal visit of newborn children in two days of birth achieved a 26% endline status after a modest 8pp increase from the baseline (18%).

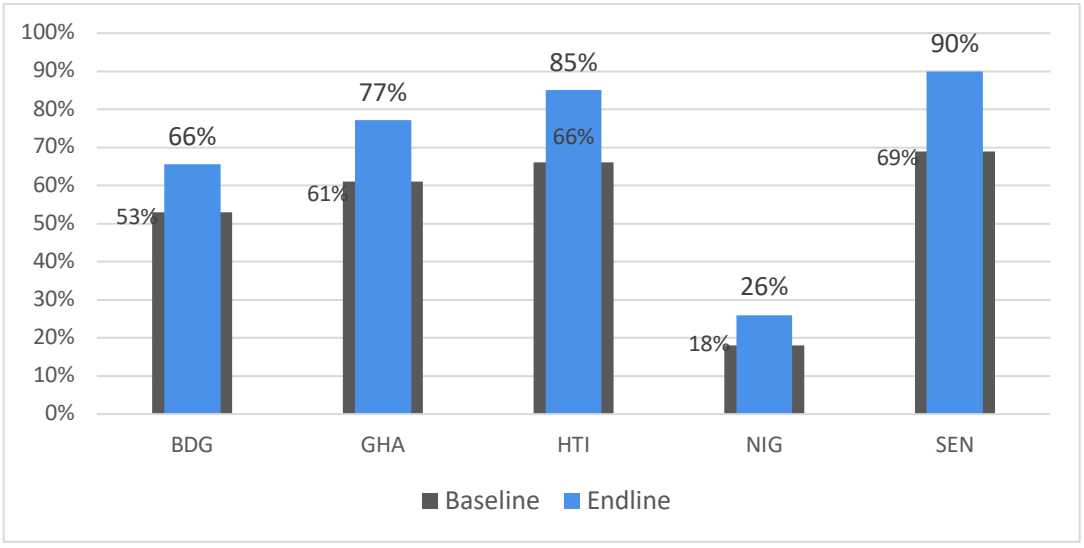

Fig 2. PNC attendance rate in two days of delivery (children) of five SHOW countries – baseline to endline

USE OF MODERN FAMILY PLANNING METHODS

A significant progress was made in WRA use of modern family planning methods among 4 out of 5 SHOW Country operation areas, with the exception of Haiti. The SHOW intervention contributed to a 29, 26 and 22 percentage point increase in proportion of WRA who use modern family planning methods, in Ghana, Nigeria and Senegal respectively. These were a significant increase from the respective baseline status of 15%, 5% and 25% to an endline status of 44%, 31% and 47% in the three Countries. In Bangladesh 74% of interviewed WRA (15-49) were using modern contraceptives at the time of the survey in contrast to 69% at baseline, showing a 5pp increase. The fact that, use of modern family planning methods is below 50% in four of the five countries suggests the need for further interventions that increase awareness and reduce barriers to access to modern methods of family planning services and commodities.

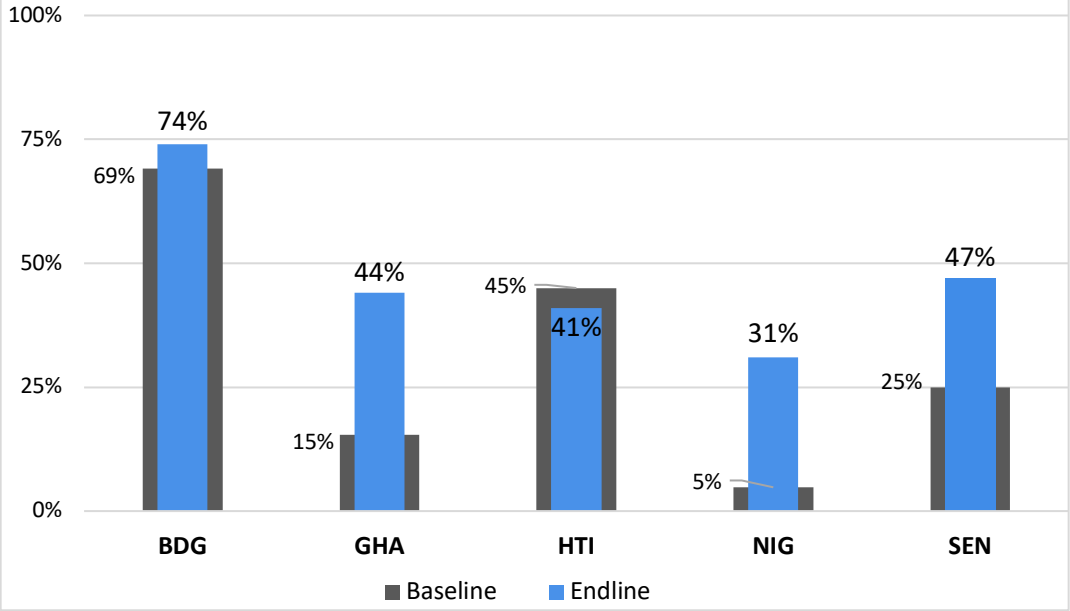

Fig 4. Current use of modern family planning methods by WRA (15-19) in the five SHOW countries – baseline to endline

JOINT DECISION MAKING

A significant increase was recorded in the proportion of WRA who reported making household cash and family planning decisions jointly with their male partners in Haiti, Nigeria, Senegal and Bangladesh. In Ghana joint decision making did not show notable change with decision making on cash reducing by 4% and decision making on family planning increasing only by 1%. These can be interpreted as a stagnant condition and requires further investigation for future programming.

Haiti recorded an impressive progress with 40% (from 35% to 75%)and 44% (from 22% to 66%) increases in decision making on household cash and family planning, respectively. In Nigeria, 17% (from 33% to 50%) and 38% (from 23% to 61%) increases in decision making on household cash and family planning respectively were recorded. In Senegal, 18% (from 34% to 52%) and 17% (46% to 63%) increase in decision making on cash and family planning were recorded. In Bangladesh, 10% (23% to 33%) and 9% (72% to 81%) increases in decision making on cash and family planning were recorded.

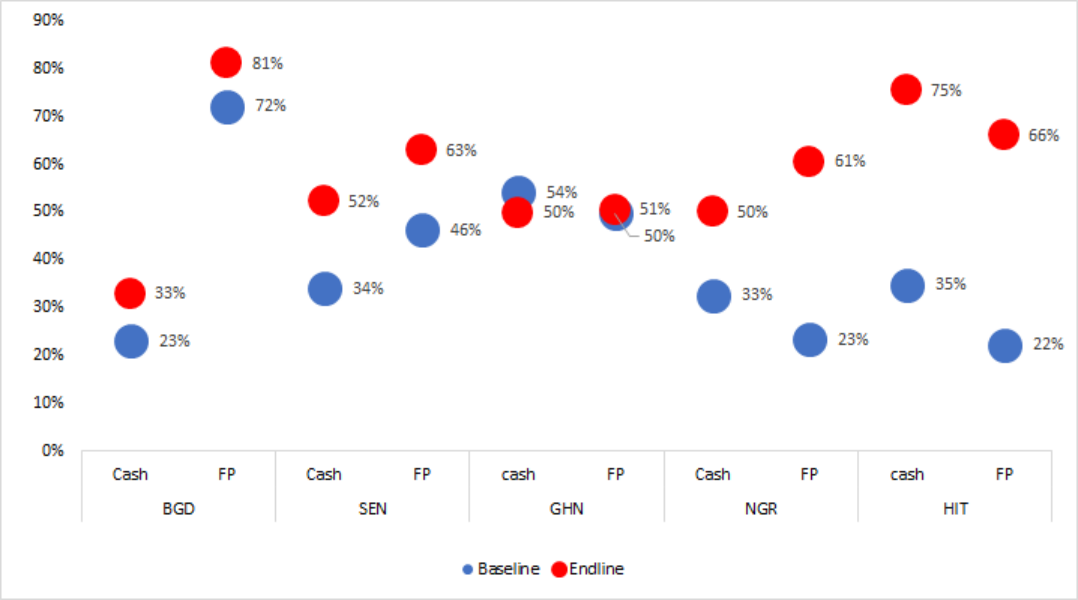

Fig 4. Joint decision making between WRA and male partners on household cash and family planning

MALE SUPPORT FOR MNCH/SRH SERVICES

The project worked to increase awareness of men and women including through fathers' clubs to improve male support on MNCH/SRH. The results shown in Fig 5 below demonstrate some improvement in male support Bangladesh, Nigeria and Senegal. Responses to questions about the impact of COVID-19 could offer partial explanation, in that, household income and male support declined because of the COVID-19 pandemic. Hence, Increased level of unemployment and decrease in Household impact due to the pandemic confounded our ability to interpret the results as per the theory of change. On the other hand, it is expected that increased awareness of WRA and men raised expectations that area not matched by same level of change in behavior on the part of men.

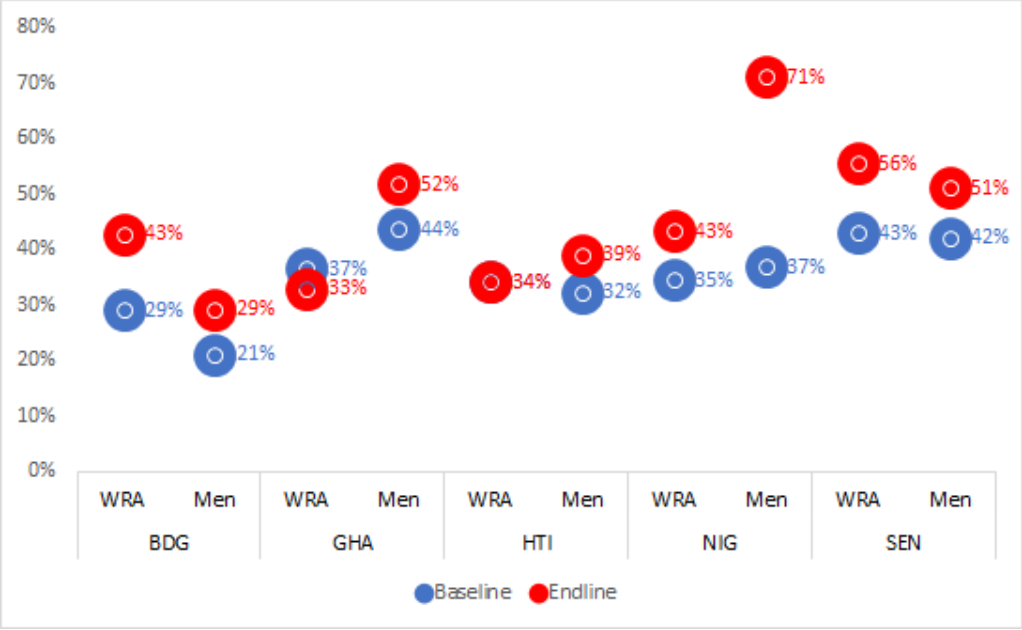

Fig 5. Level of male support for utilization of MNCH/SRH services – as reported by WRA & male partners

ADOLESCENT FRIENDLY & GENDER RESPONSIVE SERVICES

Fig 6 shows the remarkable progress achieved in the level of gender responsiveness and adolescent friendliness of health service provision in SHOW supported health facilities in the five countries, as captured through Health Facility Survey. Health facilities in Bangladesh, Ghana, and Nigeria achieved a 94%, 97%, and 90% adolescent friendly and gender responsiveness level by endline, after an increase from baseline by an 62%, 71% & 62%. In Haiti, facilities at baseline had a zero adolescent friendly and gender responsiveness score that progressed by 36% at endline. Senegal recorded a 12% increase from a baseline of 49% to endline status of 61%. Further work is required in Haiti and Senegal to improve adolescent friendly and gender responsiveness of health service provision.

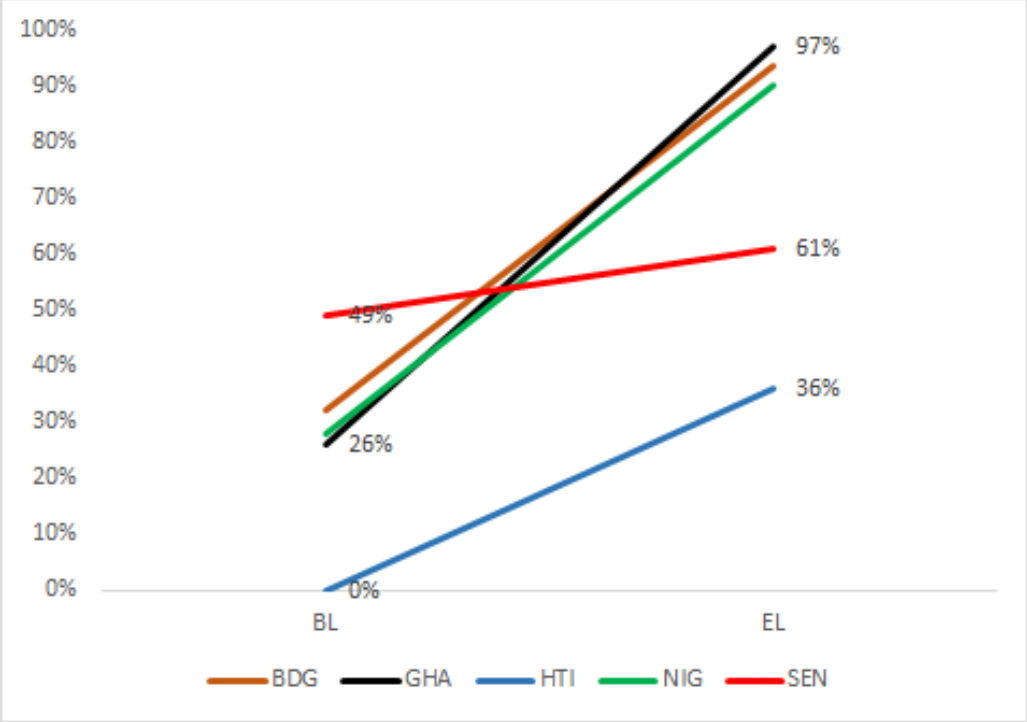

Fig 6. Level of Gender responsiveness and adolescent friendly MNCH/SRH services of health facilities in SHOW target areas in the five Countries

ENVIRONMENTALLY SAFE WASTE DISPOSAL

SHOW project contributed to improvements in environmentally safe health facility equipment and infrastructure. One of the indicators measured include environmentally safe waste disposal. While in Haiti 100% of health facilities had proper waste disposal, the other four countries had varying degrees of gaps as shown in Fig 7 below. At endline a 24%, 26%, 13% and 21% increases were recorded in Bangladesh, Ghana, Senegal and Nigeria respectively. The results show that Bangladesh and Ghana have still a long way to go with only 36% and 52% of health facilities respectively fulfilling an environmentally safe waste disposal criteria.

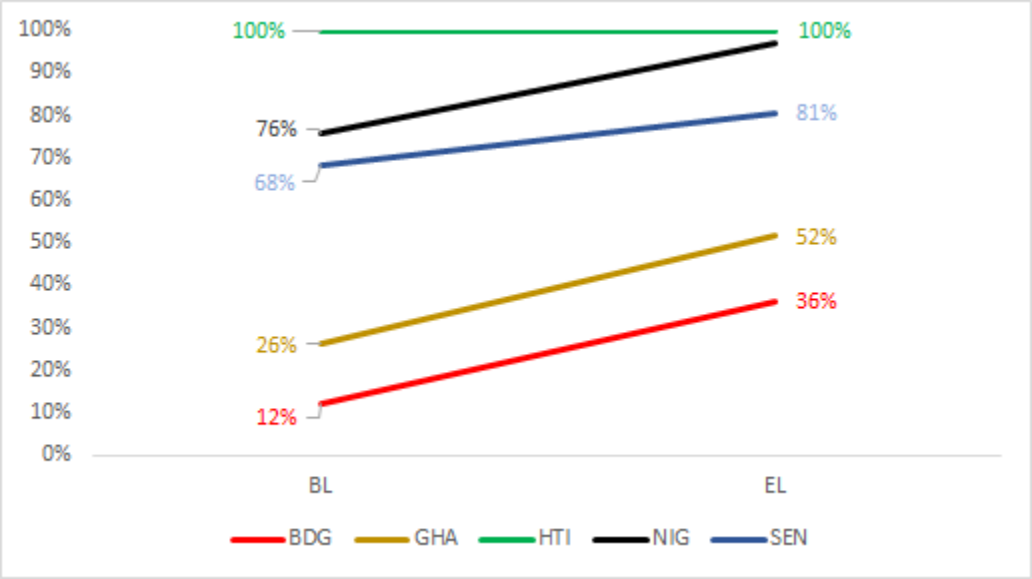

Fig 7. Percent of health facilities with environmentally safe waste disposal mechanisms

IMPACT OF COVID-19 ON HH INCOME AND MALE SUPPORT ON MNCH/SRH UTILIZATION

The COVID-19 pandemic started to affect health systems right at the final months of the SHOW project. The SHOW evaluation was adapted to capture indicative insight about the potential impacts of COVID-19 on SHOW project gains3. Some insights gained include the immediately observed impact of COVID-19 on household income and male support.

Responses from WRA on the impacts of COVID-19 on changes in their household income and male support MNCH/SRH service utilization indicate that household income was affected heavily with 50%, 46%, 40% and 15% WRA in Senegal, Nigeria Ghana and Haiti respectively reporting reduction in income (see Fig 8). There was no data for Bangladesh but a significant reduction of income can be predicted from secondary information.

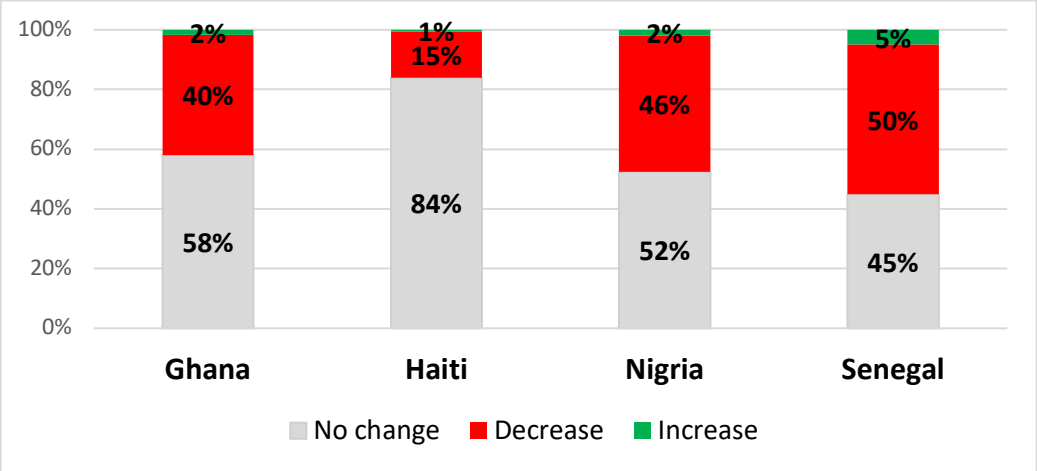

Fig 8. % WRA who report change in HH income due to COVID-19

[3] A separate brief study report is produced by SHOW project on the impact of COVID-19 on MNCH/SRH service utilization.

WRA also reported that level of male support for MNCH/SRH service utilization has changed (see Fig 9 below), with the highest reported reduction in support reported for Nigeria (51%). In Ghana, Haiti and Senegal 21%, 18% and 8% of WRA respectively reported reduction in male support.

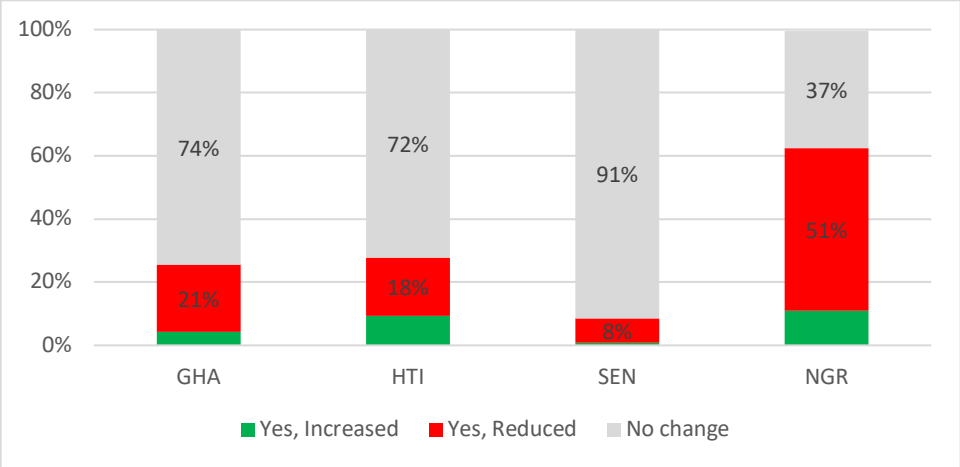

Fig 9. Change in Male Support for MNCH/SRH service utilization due to COVID-19

HIGHLIGHT OF KEY FINDINGS

The SHOW project achieved the outcomes it set out to achieve as highlighted by the summary of key indicators above. In addition, the qualitative inquiry with Focus Groups and Key Informants involving a range of stakeholders reinforced most of the quantitative results.

Project stakeholders, WRA, male partners and adolescents across the five countries submitted that the training of existing CHWs, membership of men's and women's groups, and community sensitization were deemed to be effective in improving knowledge on MNCH/SRHR issues at a community level. Stakeholders believed that these activities contributed to creating demand for MNCH/SRH services and stimulation of shifting behaviors of several people in the community.

Respondents from government stakeholders and community groups across the five SHOW project countries said that the project's provision of equipment and overall improvement of health facility infrastructure contributed to the improvement of quality of services provided at health facilities.

Privacy at some health facilities has improved significantly because SHOW has support to build a separate room for male and female (Public Health Nurse, Afadjato South-Ghana, KII)

Plan Ghana supported us by renovating our CHPS compound…It has made a change and we have had a lot of positive impact on our WRA (15-49). It has helped us in providing a quality health care such as having better counseling sessions with them (Religious Leader, Nakundungo-Ghana, KII)

This teenage space has enabled young people to come and acquire services from SMNI and when we call them, they come to answer because it is a teenage space service and we have set them apart (Femme Leader, Kebemer-Senegal, KII)

The access to MNCH/SRH information and services for women and girls over the past 4-5years has improved significantly. This is because of the provision of basic logistics and equipment to facilities to provide basic services to the communities. This has

curtailed the long traveling distances to seek MNCH/SRH and other related health services (District Health Director, Kwahu Afram Plans North-Ghana, KII)

But SHOW has really helped us in this sense because at the level of this health structure the project has brought a lot of equipment…and it has provided the centre with an ambulance, all of which is something that has really touched us (Health Centre Manager, Kebemer-Senegal, KII)

Established partnership and collaboration with government at the local and national levels was deemed as one of the key strengths of the project. The partnership was particularly useful to address the complexity of interrelated factors that hamper women and girls to access to MNCH/SRH services. Prior to project implementation, engagements were initiated by Plan International to gather adequate information on the status and situation of MNCH/SRH of the implementation area. This ensured alignment of project plans with the local Government plans. In addition, many stakeholders recognized that SHOW was addressing cogent problems in the health system and society more broadly in line with national and state government priorities.

Recognizing the importance of gender responsiveness to the realization of the SHOW project goals and objectives, the project mainstreamed gender equality into its activities. SHOW Project's Gender Transformative Strategy has three components: empowering women and girls, engaging men and boys (including male moral gatekeepers – religious and community leaders) and delivery of gender responsive and adolescent friendly services

For impact, evidence gathered from beneficiaries suggest that the SHOW project has made significant contributions. Specifically, it was clear that significant progress has been made with the intermediate outcomes of the project.

SUSTAINABILITY

Regarding sustainability, the SHOW approach to work through established government systems, institutions such as health centers, as well as working with community structures and community leaders, building their capacity, was deemed to have provided a foundation for the project to sustain the outcomes of the project. However, many of respondents across all five SHOW project countries, acknowledged that creating lasting behavior changes embedded in the project is a long process requiring continuous efforts to achieve adequate threshold of change.

As part of a closeout strategy, Plan facilitated development of a sustainability plan that addresses institutional, technical, social, and financial sustainability across all the Countries. These plans are mutually owned by all stakeholders, particularly Government and are expected to enhance ownership and responsibility of critical stakeholders for sustainability of the gains made by the investment of the project.

SHOW REACH

SHOW project reached 3,028,314 direct participants in five countries during the 4.5 years intervention. For detail by country, sex age and other desegregations please see annex 1. The cost extension also assisted in making the MNCH/SRH services sustain across the health facilities and communities of SHOW project. Since the cost extension is designed to strengthen SHOW project gains, it served the same population. The detail for the cost extension reach are provided in the annex 2.

LESSONS LEARNED

There are several lessons learned in implementing the SHOW project across the five project countries. First, the SHOW project's success demonstrates that a close engagement with local government from project inception is essential to ensure ownership. Indeed, as reported by various stakeholders, engagement of religious and community leaders makes a difference when implementing such a complex intervention that focuses on actualising behavioural and social norm change. Stakeholders such as grandmothers and mothers-in-law can be effective in being a go-between for adolescent access to care in some settings and influencers of service utilization for WRA.

Second, duration and intensity of messaging as part of increasing knowledge and behavioural change schemes like Daddies Clubs should reflect gaps identified from baseline assessment. More importantly, these also need to be Agile enough to respond to emerging needs. For women, economic empowerment schemes like the VSLA works to improve decision-making, though male engagement is a critical linked component. In addition, as the project has shown, comprehensive health system strengthening interventions are critical and indeed contributed to the improvement of quality of services. Furthermore, leveraging contributions and synergising efforts with other NGOs or funders helps to ensure that more gains can be realised on the project. One another key emerging lesson was the need for contingency planning, flexibility, and adaptability to deal with unplanned shocks such as COVID-19, Which could not have been envisaged at inception, but needed to be managed to maximise project outcomes at the end. Finally, consideration for context-specific challenges such as political instability is critical when implementing interventions in fragile conflict settings. Both quantitative and qualitative findings indicate that strong Government ownership in Ghana led to impressive results, while fragility in Haiti resulted in mixed performance. Future programs need to look closely for necessary adaptations to specific context, particularly in fragile contexts.

RECOMMENDATIONS

For Plan International, based on evidence gathered from this evaluation, lessons learnt on the implementation of the SHOW project need to be curated and collated recognising context-specific reasons to inform future programs. Future projects should invest in digitalized training materials and platforms to sustain health worker capacity through self-paced, online participation. Additionally, the project might consider using 'health personnel champions' who will be dedicated personnel to offer 'on the job' training for health facilities beyond the project.
Mechanisms for WRA and men champions continued engagement, motivation of volunteers including innovative non-financial incentives will be critical to maintain the momentum and sustainability of grassroot level changes. Finally, consideration should be given to scaling up the SHOW project approach in other countries.

Governments of respective Countries should deliberately build on gains of the SHOW project in communities where the project was implemented and beyond. As primary stakeholder for health services, they need to follow up the implementation of the sustainability strategy, with clear structures, roles, and guidelines prioritising high yield and community-valued project activities such as clubs beyond the project life cycle. Ensuring the continuity of the CHWs, who are closer to the community and help strengthening linkage between community and health services and are critical for sustaining demand for and utilization of MNCH/SRH services should be taken as priority. In addition, consideration should be given to integrating gender responsiveness and adolescent-friendliness into curriculum for training skilled health personnel and CHWs. Across all countries, more needs to be done in encouraging and supporting women to take up leadership roles within their communities. Investments in health systems should including addressing needs such as incinerators, placenta pits, colored bins for disposal, and secured boxes for disposing sharp objects. Public private partnerships may be an approach to be considered is sustainability is desired. The government of **Haiti** should address the perennial lack of registers in health facilities while the government in **Nigeria** should consider options of taking PNC to women recognising the cultural ceremony that undermines their presentation at a health facility. Across all countries, government should explore multiple sources for financing some of capital assets procured or upgraded on the project.