Country: Bangladesh, Ghana, Haiti, Nigeria and Senegal, funded by Canada

Project Name: Strengthening Health Outcomes for Women and Children (SHOW)

Project Reach: National; Sub-National - CAD 55,061,776.

Project Time Period: 01/2016 – 09/2020

Project Impact areas: Health; Gender policies with impact on ECD

Project Funding:

Project Website: https://stories.plancanada.ca/meet-diack-the-inspiring-father-challenging-gender-roles-in-his-community/

Project Description:

Strengthening Health Outcomes for Women and Children (SHOW) is a 4.5 year (January 2016-September 2020) multi-country project, with a total value of CAD 55,061,776. This project is implemented by Plan International Canada and its local partners.

The ultimate objective of SHOW is to contribute to the reduction of maternal and child mortality amongst vulnerable women and children, including adolescent girls, in targeted, remote, and underserved regions of Bangladesh, Ghana, Haiti, Nigeria and Senegal. To achieve the project’s ambitious objective, the quality, availability, utilization and accountability of essential maternal, new born and child health (MNCH) and sexual and reproductive health (SRH) services will be improved in the 5 countries. As noted in Canada’s Feminist International Assistance Policy, support for MNCH and SRH are key to reducing the mortality of women and children.

SHOW also includes an engaging Canadian domestic agenda aimed at strengthening the Canadian public’s endorsement of Canada’s global investments in MNCH/SRH. Plan International Canada is implementing SHOW in partnership with Plan International offices in five countries, the respective governments, and local non-governmental organizations. The SHOW project is aligned with the UN’s Every Woman Every Child global strategy and will help drive progress towards reaching Sustainable Development Goals 3 and 5.

SHOW aims to accomplish the following four following outcomes:
1. 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
2. Improved delivery of quality essential health services to WRA, adolescent girls, newborns and children under 5 living in poverty, with high vulnerability
3. Increased dissemination and use of data by project, communities, health committees, service providers, planners and decision makers
4. Strengthened endorsement by Canadian public of Canadian global investments on MNCH/SRHR issues.

Evidence shows that when women and girls have control over their sexual and reproductive choices, maternal and child mortality rates decrease and families thrive. By increasing the quality, availability, utilization and accountability of essential MNCH/SRH services, SHOW is improving health outcomes for over 1,594,257 Women of reproductive age (WRA), including 330,563 adolescent girls, as well as approximately
914,572 children under five (454,000 girls), and engage 1,522,785 men (339,000 adolescent boys) in underserved areas of Bangladesh, Ghana, Haiti, Nigeria and Senegal. SHOW focuses particularly on marginalized, vulnerable and remote populations. In addition, SHOW will reach 700,000 Canadians and increase awareness of 1.1 million of Canadians on global MNCH/SRHR issues.

Program Evaluation:

Along with collecting monitoring data, the SHOW project conducts baseline, midterm, and end line evaluations and additional analysis to capture information on key indicators. Midline evaluations are scheduled for Y3 – later in 2019. Monitoring data relies largely on existing HMIS and DHIS national data systems, as well as mobile data collection at the community level, whereby Community Health Workers gather detailed data at household level on key-indicators when visiting pregnant women and mothers with new-born babies. The reporting is now focused on the roll out of agreed mobile data collection systems and procurement of IT devices and connectivity cards to support these mobile systems.

Lessons Learned:

This is year 3 of the implementation of this project, some lessons learned are emerging such as:

1) **Building agency of women and adolescent girls of reproductive age**: Ensuring the right of adolescents to sexual and reproductive health information and services offers immediate and long-term benefits. As a group, adolescents are generally recognized to have SRHR needs that differ from those of adults, which are poorly understood by families, communities, policy makers and service providers in much of the world. The project placed emphasis on addressing the sexual and reproductive health needs of adolescents, especially adolescent girls, and integrated adolescent sexual reproductive health and rights activities, both at the demand and supply side of interventions to increase their knowledge and skills, while creating an environment that enables access to quality SRH information and services.

2) **Engaging men and boys to increase the utilization of MNCH and SRH services**: One of the consistent findings on the male engagement approach across the five SHOW countries was anecdotal evidence that the Fathers’ Clubs were responsible for men’s involvement in MNCH and household chores. There was anecdotal – and in some cases data – evidence that men’s perceptions and behaviors are shifting with regard to their involvement in pregnancy, caregiving, and household work. (e.g. “He has become more conscious about education of children and got ready with children and took them to get ready for school and for children. He will make the bags ready and water bottles and then he accompanies the girls not the boys because they are older. He takes them to school.” – female partner of Fathers’ Club member, Bangladesh) Challenges in establishing these Clubs include a lack of incentives to join the group (monetary, refreshments, etc.); resistance to join due to persistent gender norms around masculinity or lack of support from gatekeepers such as mothers in law or religious/community leaders.

3) **Improving gender responsiveness of MNCH/SRHR service delivery**: The SHOW project is training health providers (facility based and frontline) on gender-responsive and adolescent-friendly service delivery. Post-training tests show that the knowledge of the participants has increased and it is anticipated that by providing the Ministry of Health with these additional trained health workers or by training their existing health providers, there will be an increase in quality provision of MNCH/SRH services.

Community Health Committees have been formed and sensitized on governance, women leadership, MNCH/SRHR and Gender Equality.
4) **Specific developments and results on vaccination:**

Vaccination is crucial in preventing children from contracting the contagious infection caused by the measles virus. The vaccine is generally not given to children less than 9 months of age. Monitoring data is comprised of government data collected. Overall, progress on measles vaccination in Year 2 for all five country SHOW locations averaged 94%. It should be noted that while sex disaggregated data was unavailable through monitoring, sex disaggregation will be captured during midline data collection in Year 3.