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Alcançar webinar series: Male engagement in Maternal, Newborn and Child Health Services

Results and lessons learned from communities in Nampula

March 20, 2024

Alcançar



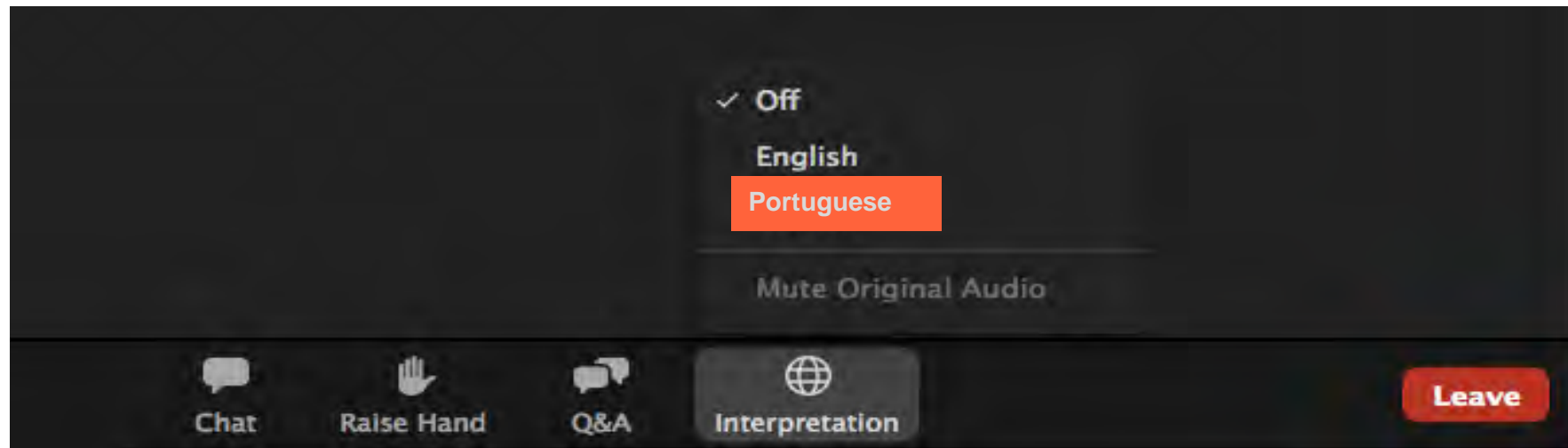
Photo credit: Mbuto Machili for FHI 360

Interpretation instructions

English speakers

1. Click on "Interpretation"
2. Select "English"
3. Click "Mute original audio"

***Portuguese speakers: leave interpretation feature "Off"**



Agenda

- Welcome and opening remarks
- Alcançar Project Overview
- Male engagement in Maternal, Newborn and Child Health Services
- Impact
- Question and answer



Presenters



**Dr. Geoffrey
Ezepue**

Director
Alcançar Project



**Dra. Dulce
Nhassico**

**Maternal and Child
Health/Family
Planning Team
Leader**
USAID



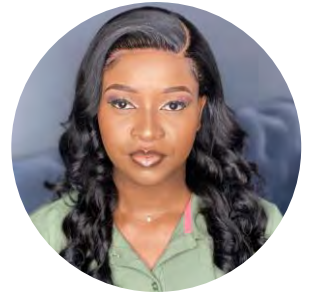
**Dra. Dalmazia
Cossa**

Gender Advisor
MISAU



Ester Murray
Gender and Youth

Advisor
Alcançar Project



**Dra. Vania
Bezane**

**National Maternal
Health Lead**
MISAU

Opening remarks from USAID

Dr. Dulce Nhassico, USAID



Opening remarks from MISAU

Dr. Dalmazia Cossa, MISAU





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Quality of health services for women and children in Nampula province

5 year project, 2019-2024

Funded by USAID

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We are a five year project funded by USAID



FHI 360 is the leader of the consortium

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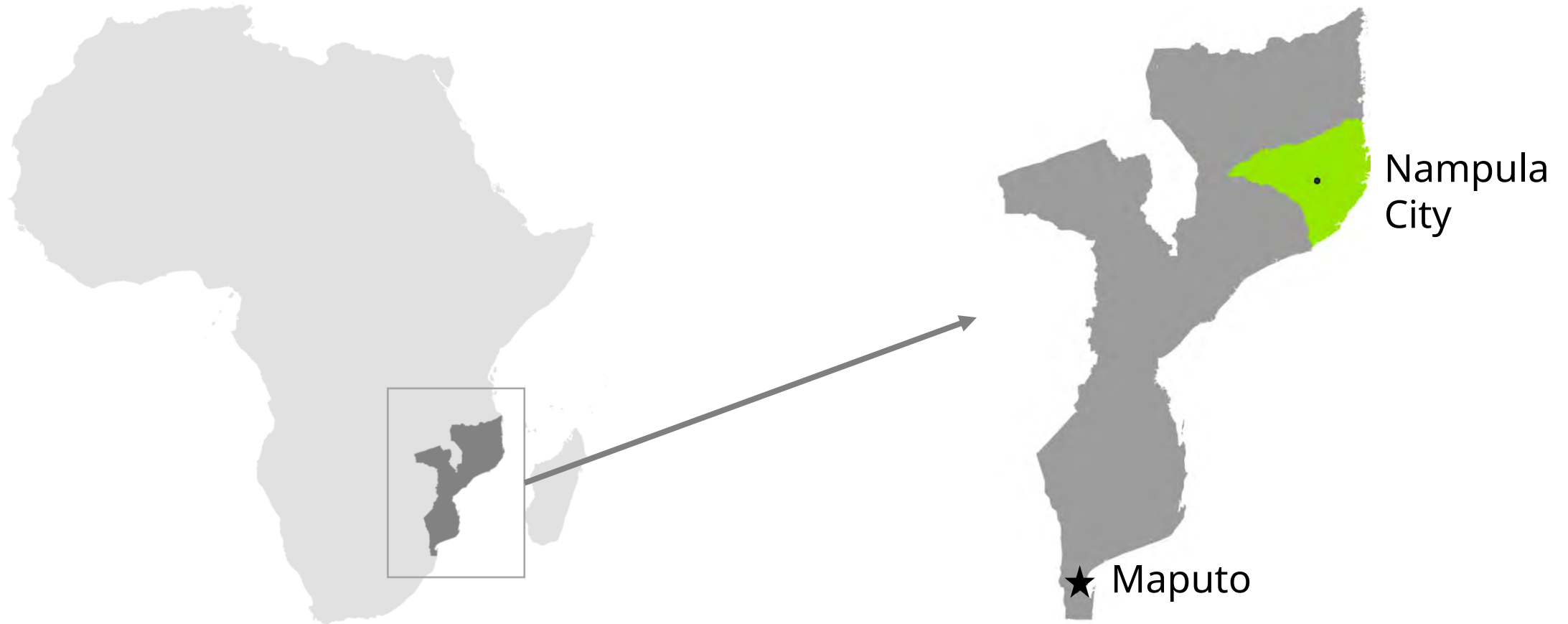
Goals

Support the Government of the Republic of Mozambique to reduce maternal, newborn and child mortality in Nampula Province

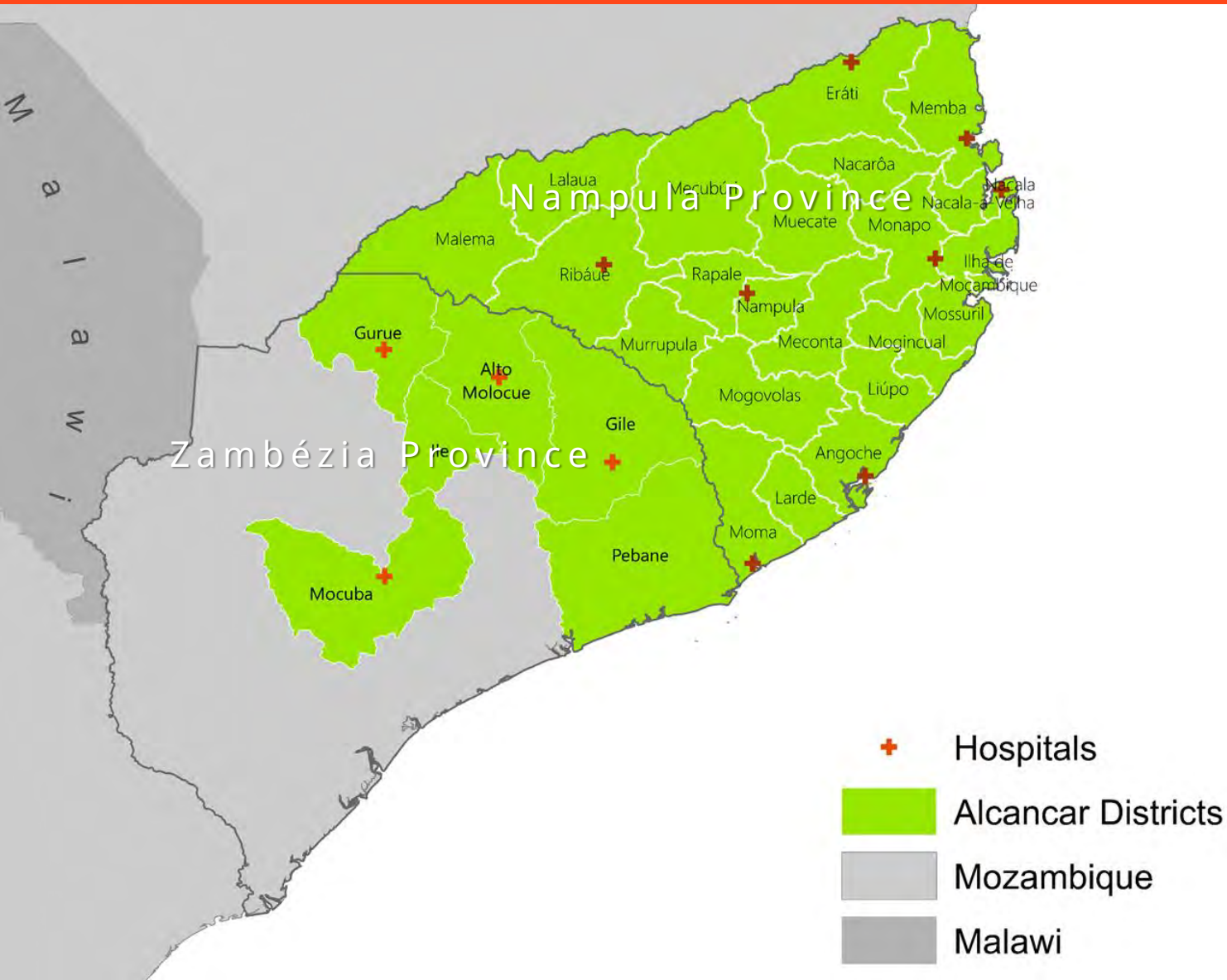
Establish Nampula Province as a model health system in the implementation of high impact, high quality, patient-centered and gender-responsive MNCH services



Mozambique: Nampula Province

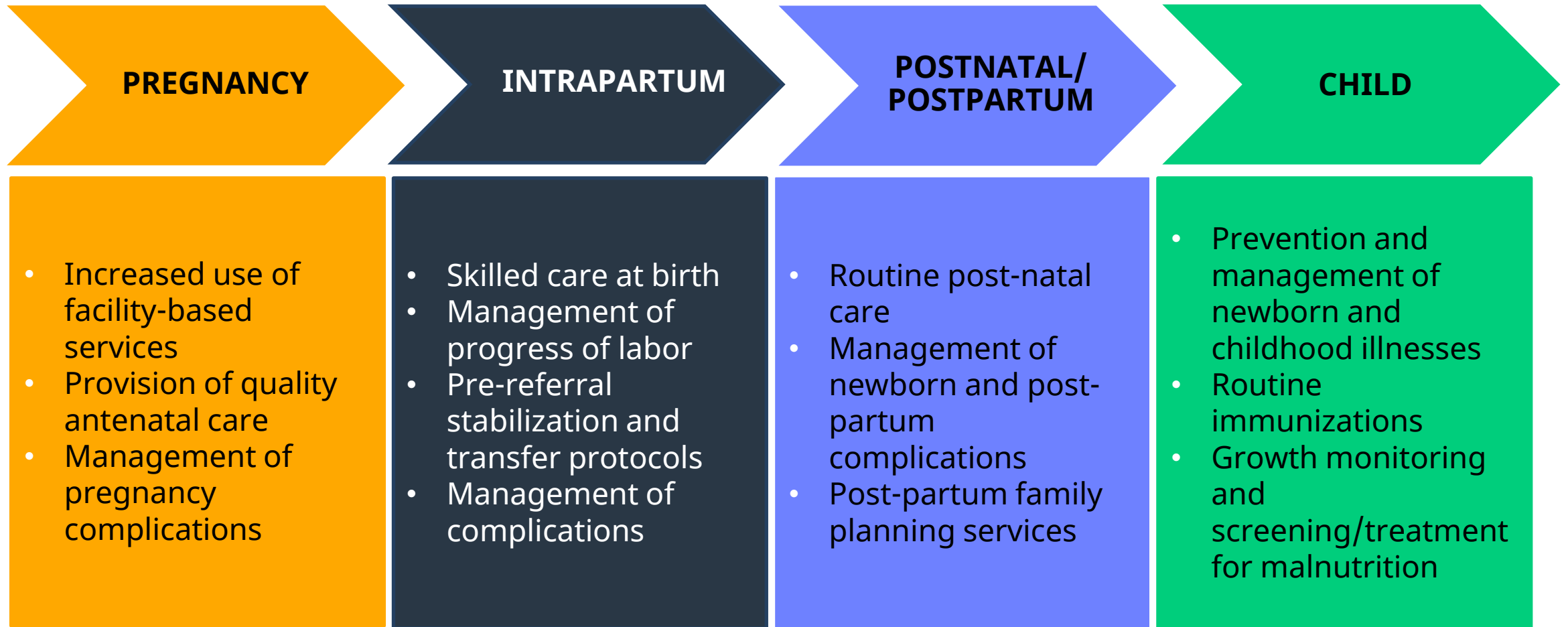


Work in Nampula and Zambézia Provinces



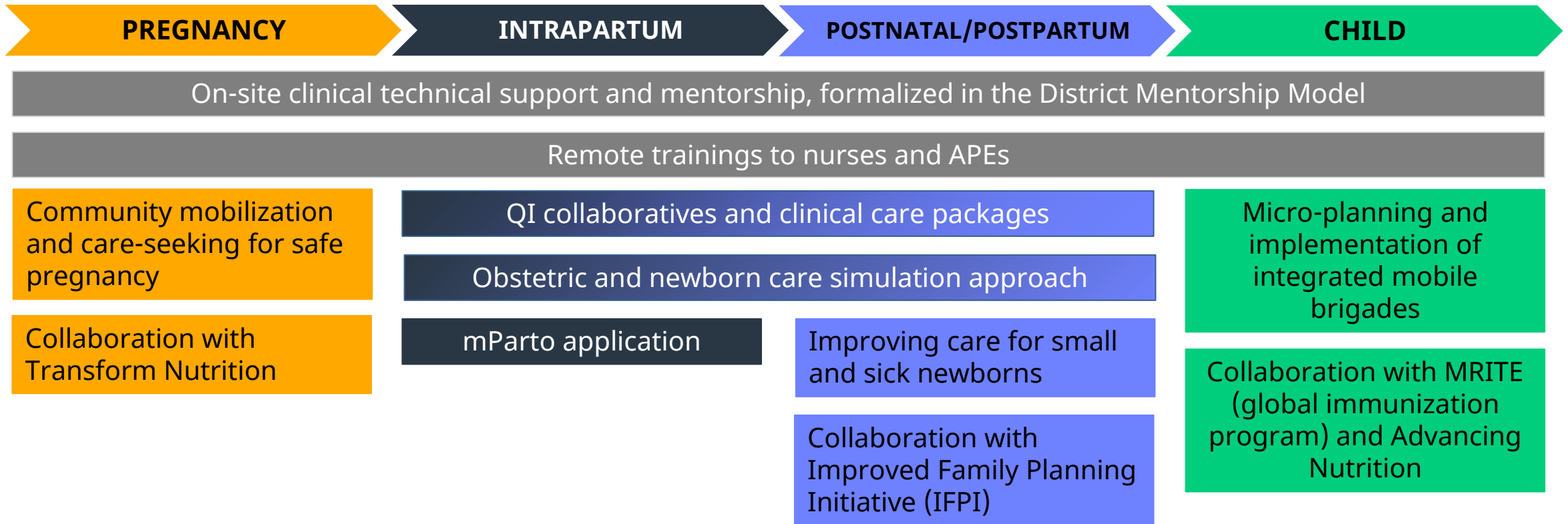
- Alcançar works in all 23 districts of Nampula Province
- Key innovations were first implemented in 7 districts (Innovation Districts) and are now being phased out to all 23 districts
- Currently expanding into 6 districts in Zambézia
- 50 health care facilities, including 4 Hospitals

Ensure delivery of evidence-based high-impact practices along the continuum of care

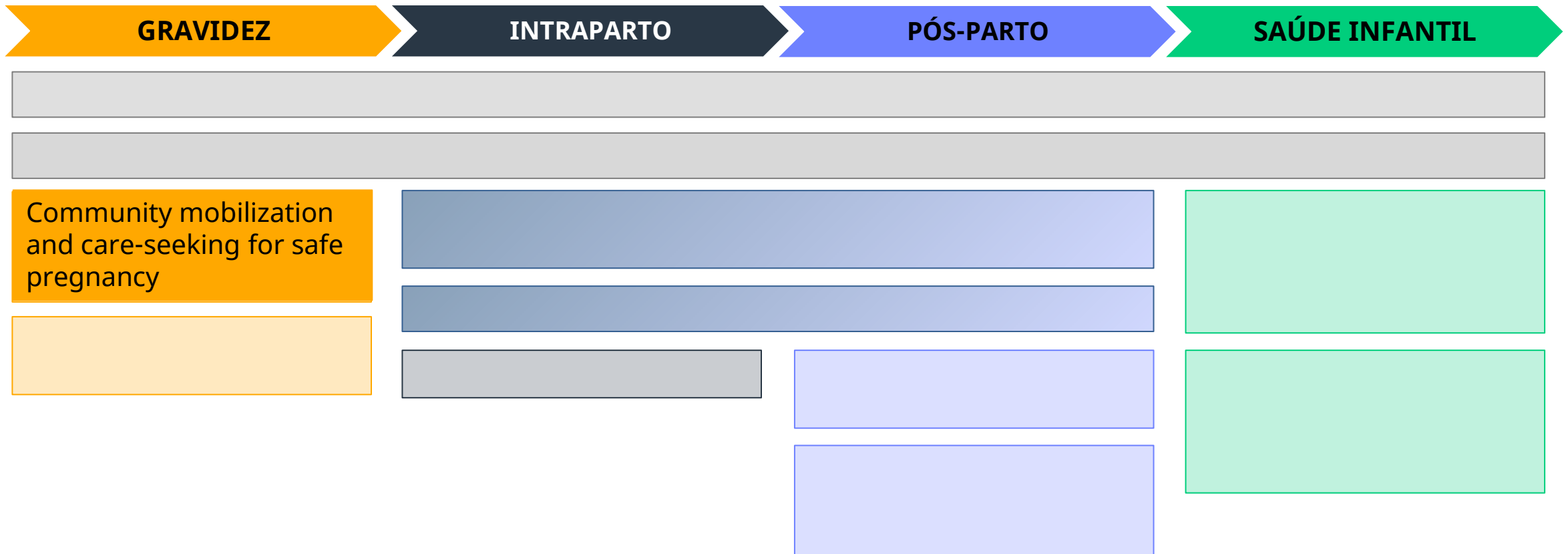


Male engagement and female empowerment curriculum; adolescent responsive health services; humanized and respectful care; improved referrals

Strategies to deliver evidence-based high-impact practices



Strategies to deliver evidence-based high-impact practices





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Male engagement in Maternal, Newborn and Child Health Services: Results and lessons learned in Nampula communities

Ester Murray, Alcançar Project

Gender Equality and Social Inclusion Approach (GESI)

- Traditionally, there is a tendency to relegate responsibilities and maternal and child health care to women, meaning that men rarely participate or are not even called upon to participate;
- Causes: lack of masculine framing on the part of some health professionals, limitations of infrastructure for welcoming men, cultural constraints that limit men's participation due to the belief that care is the exclusive function of women and also the lack of references about male involvement in care

In 2019, the **Alcançar** project conducted the **Gender Equality and Social Inclusion (GESI) analysis** to identify cultural and institutional barriers relating to maternal, neonatal and child health services.

GESI analysis findings

At the Prenatal Consultation (ANC)

- Many early pregnancies are a consequence of harmful social norms (premature unions, myths and taboos surrounding MNCH)
- Limited information and knowledge about Sexual and Reproductive Health and Rights including availability of services particularly in the youth sector
- Lack of information about SSMNI (care and birth)
- Weak male engagement in SSMNI
- Lack of a specific policy on harassment and sexual abuse at the level of Health Units
- Allegation of lack of vocation on the part of some health professionals
- Women with disabilities with limited access to inclusive services in US
- Reported cases of disrespectful care in Health Units

GESI analysis findings

In the maternity ward

- Abandonment of pregnant women in the delivery room due to lack of professionals
- Obstetric Violence (example: insults, spankings)
- Illicit charges during childbirth (prices according to the baby's sex, card retention)
- Lack of privacy does not allow the presence of male companions during childbirth



Laws, Policies, Strategies

Gender
Inclusion
Strategy in the
Health Sector
(2018-2023)

National
Strategy for
Quality
Improvement
and
Humanization of
healthcare
(2017-2023)

National
Strategy for
Preventing
and combating
illicit charges
(2017-2023)

GESI Analysis Recommendations

The design of **the Gender, Social Inclusion and Youth Strategy**, whose activities were included in the project workplan (empowerment of women and girls, engagement of men and boys, collaboration with community structures and the health sector, advocacy)

The production of the manual on **Gender Equality and Social Inclusion in MNCH** for health professionals and community stakeholders in order to contribute to the adoption of attitudes that contribute to the improvement of health services.

**How does the project promote
male engagement?**



Partners with community organizations

Ehale

- Improving the referral system and MNCH services

HOPEM

- Improving male engagement and transforming gender norms

AJN

- Amplifying adolescent voices in program activities to collaborate on youth-responsive health services

Why engage men in MNCH?

Prepare them for the arrival of their children

Promote the bond between father and child from pregnancy, childbirth and ECD

Promote men's involvement in domestic tasks and nutritional care

Educate parents about the different stages of pregnancy

Encourage them to adopt healthy lifestyles and promote physical and mental health

Promote protection and reduce risk behaviors that may affect pregnancy

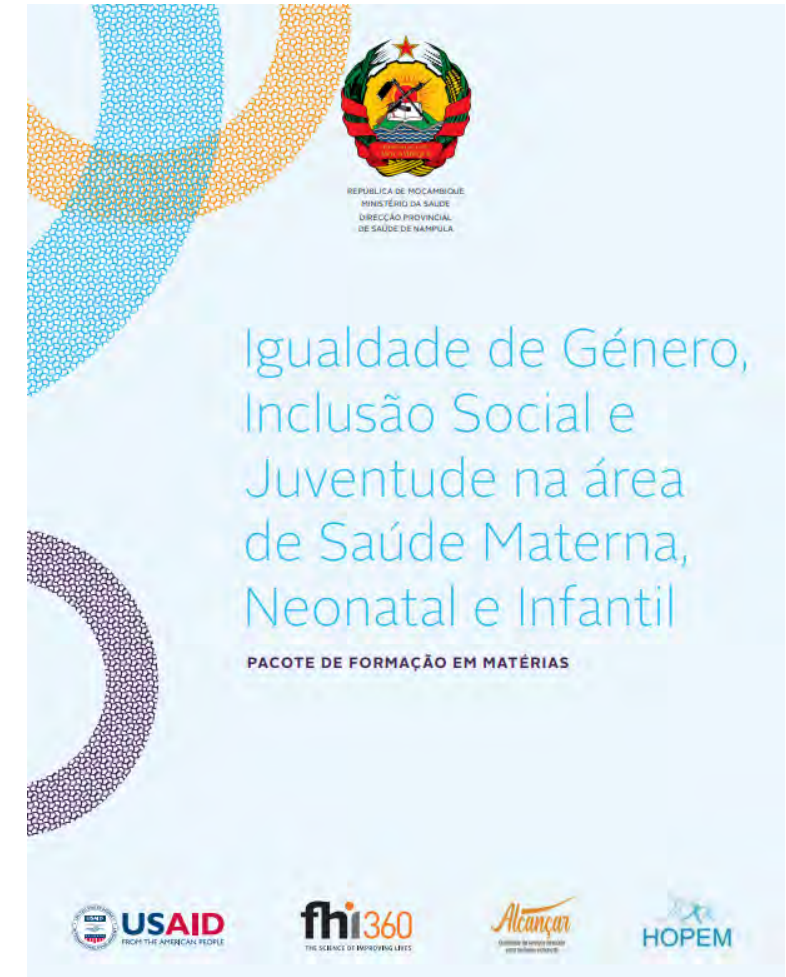
Promote collaboration between father and mother

Answer questions regarding sex life during pregnancy

At the community level

Contribute to increasing knowledge, changing attitudes and capacity of community structures and beneficiaries in:

- Rights of patients and partners
- Importance of prenatal consultation (ANC) and delivery at the Health Unit
- Danger signs in pregnant women and newborns
- Nutrition of pregnant women and children
- Support Services
- Family planning
- Male involvement
- Savings for obstetric emergencies



At the health sector level

- Obstetric simulations in respectful maternal care, including importance and strategies for male involvement in MNCH
- Quality Improvement and Humanization
 - QI committee meetings
 - Sharing of good practices
- User satisfaction – 84,321
- GESI training including male involvement and engagement in MNCH for health professionals
- Provincial and national Advocacy Workshop



Photo Credit: Ester Murray for FHI 360

Parceiros com intervenções comunitárias

Partners with community organizations



Impact

Dr. Vania Bezane, MISAU



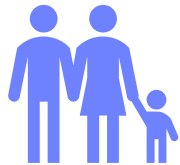
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Impact



Supervised and provided technical support to health providers and 1,352 community actors in GESI.



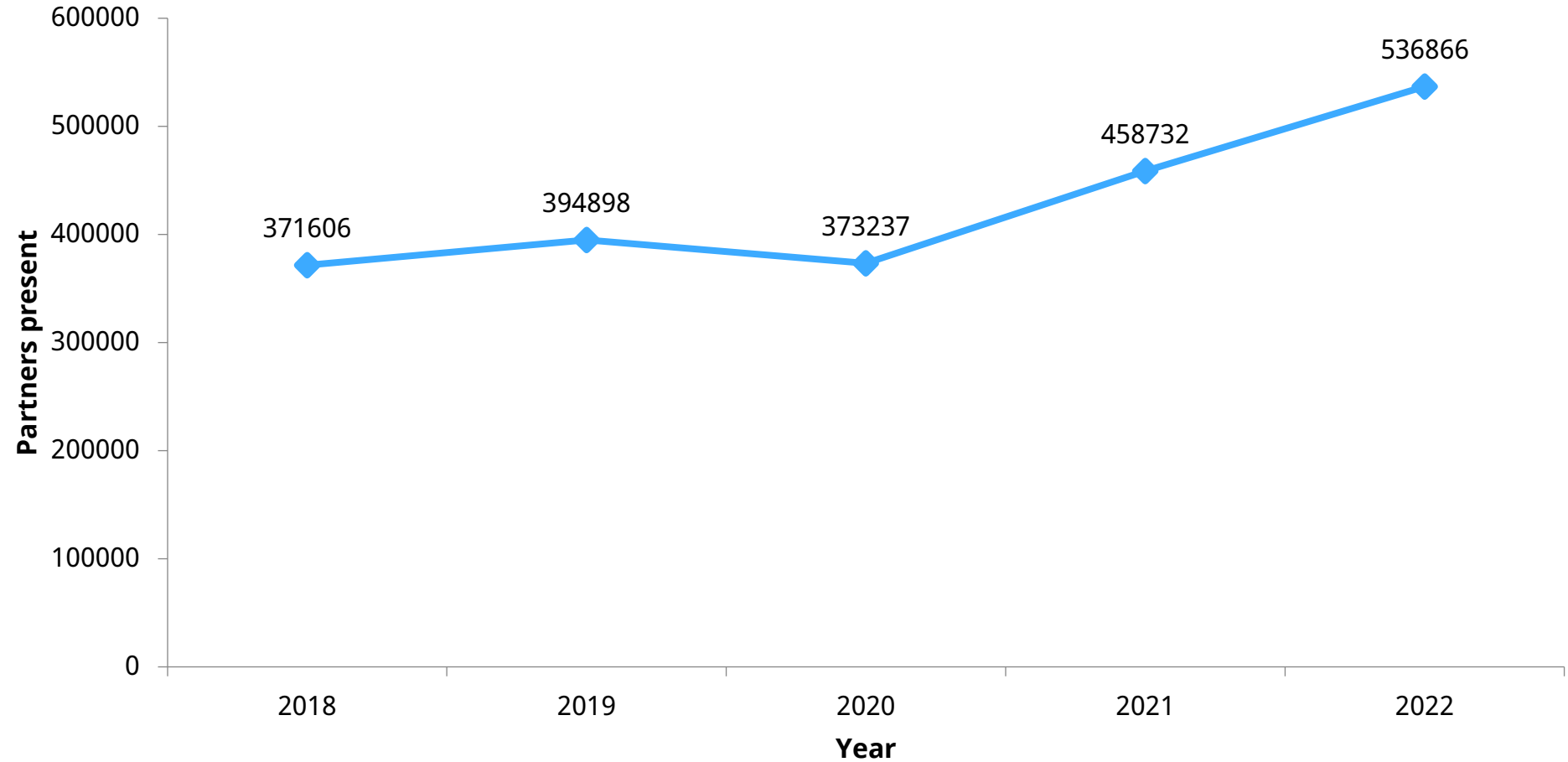
In 2018, around 371,606 men participated in the first ANC visit with their partners, compared to 536,866 men in 2022.



The number of women enrolled in ANC in the first trimester increased from 19,471 in 2018 to 133,587 in 2022.

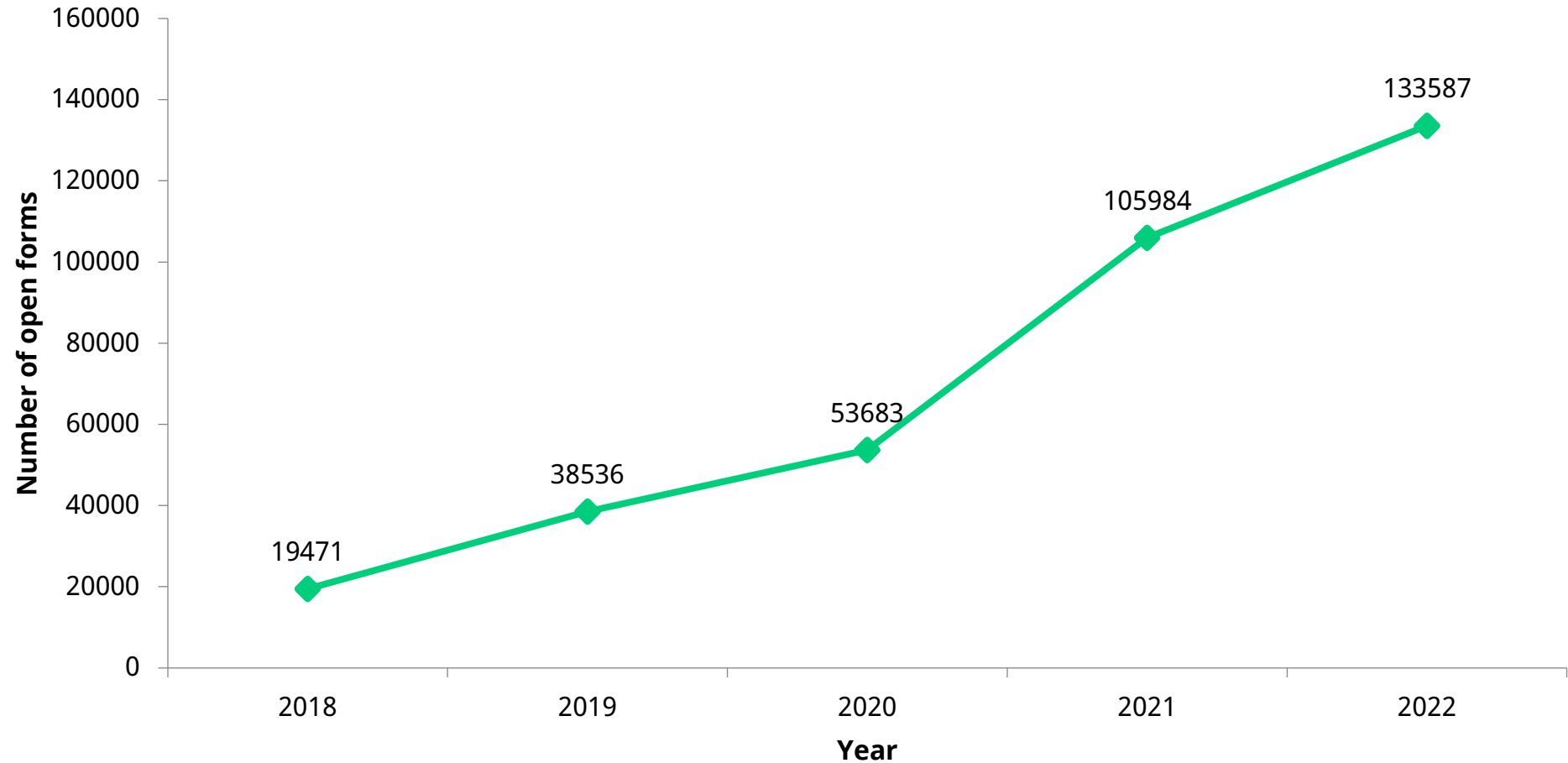
Partner present at ANC (Nampula, 200 HF)

SISMA

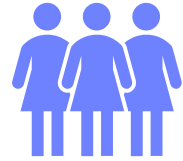


Enroll in ANC during the first trimester (Nampula, 200 HF)

SISMA



Key changes



Women

- Feel empowered to use MNCH services due to increased access to information and improved services



Men

- Participate more in household chores and family health
- Serve as a positive role model for other men to support their partners and families

Results: In the community

- Increased awareness about the importance of institutional birth, respectful maternal care and the use of reporting systems in relation to the quality of care
- Young people participate in health committees where they obtain information about SRH and Rights, advocate for their needs, rights and share information with their peers
- Savings groups advocating for/and saving for obstetric emergencies



Results: In the community



Women, men, adolescents reporting greater demand for MNCH services due to effective care at the HF including youth-friendly services



Harmful social norms that prevented the demand for MNCH services were broken and replaced by a more friendly environment in communities and HF



Men reporting reception at the HF during ANC or consultation for their children

Results: Healthcare Professionals

- Offer ANC services to unaccompanied women and not just to women accompanied by their partners
- Include men in ANC, not just at the first consultation
- Allow men/fathers to see their newborns while still at the HF



Conclusion

Male engagement, combined with female empowerment, must be considered in the design of Maternal, Newborn and Child Health programs and policies, with the aim of achieving transformative results.



Photo credit: Mbuto Machili for FHI360





Question & Answer

Dr. Geoffrey Ezepue, Alcançar Project



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Closing remarks from the Ministry of Health

Dr. Dalmazia Cossa, MISAU



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THANK YOU!



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