

## **Table of Contents SUSTAIN-Kigoma Summary** Reproductive Maternal, Newborn, Child & Adolescent Health Challenges in Kigoma **SUSTAIN's Response to RMNCAH Needs** & Gender Equality Challenges **Health Systems Transformed: Becoming Gender Responsive & Adolescent-Friendly Challenging Gender Inequality: Shifting Norms, Changing Practices** Case Study: **Fulfilling the Right to RMNCAH Services** by Adolescent Mothers **Lessons Learned Moving Forward** Canada This program is supported by the Government of Canada Written by: Roscel Diego, on behalf of World Vision Canada SUSTAIN Team, World Vision Tanzania: Dorothea Sago, Kasei Msuya, Evelyne Oscar, Jasintha Rwehika SUSTAIN Team, World Vision Canada: Vanessa Mathews-Hanna, Siew Wong, Tamrat Gebremichael, Melanie Gillespie

### **Summary**

Supporting Systems to Achieve Improved Maternal, Newborn and Child Health (SUSTAIN) - Kigoma,

was an \$11.9 million CAD Global Affairs Canada-funded grant, implemented by World Vision, in Kigoma region of Tanzania, from 2016-2020.

Focused on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH), SUSTAIN worked to improve the delivery of quality, gender-responsive RMNCAH services ("supply") and increase the utilization of RMNCAH services by women and their families ("demand"), with a focus on enhancing gender equality.

Major successes included enhanced gender equality and male participation in RMNCAH, improved health-seeking behaviours across community groups of women, men and youth, increased range of health services provided, and increased capacity of health care workers.

#### **High-level impacts** in Health Facilities (2017-2020)

increase in live births 31.8% with skilled personnel - from 67% to **98.8**%

increase in women who attended at least 4 Antenatal Care visits - from 28.5% to 100%

23%

increase in the variety of RMNCAH services provided

- from 62% to **85**%

of five Antenatal Care services provided

increase in a minimum

- from 69% to 92%

increase in Comprehensive **Emergency Obstetric** and Newborn Care services

- from 31% to **77**%

#### **SUSTAIN - KIGOMA**

#### **SUPPLY**













#### 321,960 **Direct Participants**

135,930 Women 91,456 Men

39,903 Adolescent Girls

32,348 Adolescent Boys 22,323 Newborns



**GOVERNMENT OF TANZANIA** COLLABORATION & **SUSTAINABILITY PLANNING** 























# Reproductive Maternal, Newborn, Child & Adolescent Health Challenges in Kigoma

The Kigoma region in western Tanzania is one of the most underserved areas in the country. Prior to World Vision's SUSTAIN project, Health Centres had limited services and capacity to provide RMNCAH services. Mothers and newborns were dying because of preventable causes and a lack of basic and comprehensive emergency obstetric and newborn care facilities and services. Health Centres were not gender sensitive, adolescent-friendly or male-friendly. This discouraged women and adolescent girls from accessing services, and deterred men from accompanying pregnant spouses to the clinics.

SUSTAIN conducted a Gender Analysis in early 2017, which outlined barriers to gender equality and RMNCAH. The findings revealed: women and girls' limited autonomy and decision-making power, barriers due to gender and socio-cultural norms, beliefs and practices, high prevalence of gender-based violence (GBV) and child marriage. These findings were shared with District communities (women, adolescent girls, men and boys), community and religious leaders, and Regional and Community Health Management Teams. This analysis was vital in initiating community discussions on gender equality and informing SUSTAIN's approach.

Canada, World Vision and the Government of Tanzania all strongly agree that gender inequality is one of the biggest barriers preventing women and girls from seeking and receiving health services

Pamela O'Donnell, High Commissioner of Canada to Tanzania



## SUSTAIN's Response to RMNCAH Needs & Gender Equality Challenges

Responding to these RMNCAH and gender-specific challenges, World Vision Tanzania and World Vision Canada partnered with PRAXIS, the Hospital for SickKid's Centre for Global Child Health (CGCH) and the Government of Tanzania to implement a four-year RMNCAH and Gender Equality-focused project, SUSTAIN-Kigoma.

To improve health services, the project trained health care workers to implement essential, gender-responsive, adolescent-friendly and respectful care, upgraded health facilities and supported mobile outreach to hard-to-reach areas. To increase RMNCAH service use, SUSTAIN engaged social support networks within communities. SUSTAIN formed and trained "MenCare" men's groups, "Channels of Hope" (CoH) faith leader groups, Community Health Workers (CHWs), Peer ASRHR groups, and social accountability "Citizen Voice and Action" (CVA) groups to disseminate RMNCAH and gender equality and health rights information. These networks engaged in joint advocacy and promotion, increasing community knowledge and practice on the right to access RMNCAH services and the need to challenge and change gender norms and harmful practices.

Close collaboration with the regional and district government levels was crucial for joint efforts in coordinating the "supply" and "demand" aspects of the project. Regular ward-level meetings were a critical mechanism to ensure planning, progress reporting and coordination. This enabled supply-side health service providers and demand-side community groups to collaborate and design joint community engagement initiatives to improve and promote RMNCAH.

#### **COVID-19 Adaptations**

In March 2020 when the COVID-19 pandemic struck, SUSTAIN provided critical medical supplies such as personal protection equipment, gloves, rubber sheets for mothers and babies, water tanks and soap, and GBV prevention information materials for community awareness-raising.

These supports helped protect and bolster the RMNCAH gains. SUSTAIN's earlier programming in RMNCAH education, solar energy, water and medical equipment enabled Health Facilities to promote COVID-19 prevention strategies while continuing to provide quality RMNCAH care.

#### **IMPACT:**

#### **RMNCAH Results in Kigoma**

By focusing simultaneously on supply and demand and addressing critical gender barriers faced by women and adolescent girls, SUSTAIN contributed to achieving significant RMNCAH and gender equality outcomes.

#### 66 We have reduced maternal and newborn deaths?

#### Midwife

According to the Regional Administration and Local Government of Kigoma, the neonatal mortality ratio has gone down from 2 deaths/1,000 live births (2018) to 1/1,000 (2019). The percentage of mothers who received post-natal care within two days of childbirth increased dramatically from 50.6% in 2017 to 90.5% in 2020. There was also an improvement in the variety of family planning methods offered by the health centres and dispensaries from 31.8% in 2017 to 43.8% in 2019.





SUSTAIN Kigoma Grant Impact Report

## Health Systems Transformed:

## Becoming Gender Responsive & Adolescent-Friendly

Gender-responsive training of health staff at several levels, rehabilitation of select health facilities, and the provision of vital RMNCAH medical equipment increased the accessibility and quality of health services.

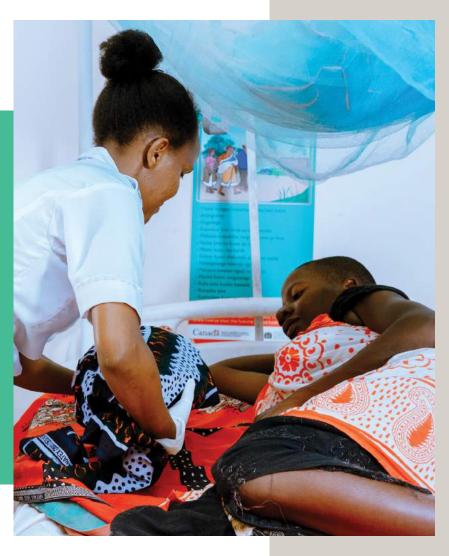
#### **Innovation at Work**

#### **Essential Newborn Care Curriculum**

Working closely with the national Ministry of Health, SUSTAIN's partner SickKids supported them to upgrade this curriculum. This enhanced ENC curriculum is now offered across Tanzania, to improve outcomes for newborns

#### Gender-Responsive Supportive Supervision and Mentoring Tools

developed with the Regional Community Health Management team, to support Health Care Providers in ensuring gender-responsive RMNCAH care in everyday practice.



#### **IMPACT:**

## **Enhanced Quality & Accessibility of RMNCAH Services**

#### Increased access to adolescent friendly and gender-responsive services.

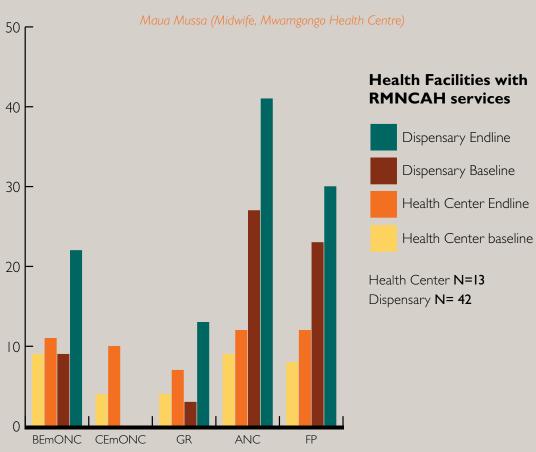
Adolescent friendly services are now offered in health centres and dispensaries with dedicated spaces, or clinic days/ hours specific to adolescents. The gender responsiveness of facilities has improved across all health centres and dispensaries.

**Increased access to quality RMNCAH services.** Nearly all health centres and dispensaries are providing preventative and curative child health services for children under five. Health facilities are now able to provide caesarean sections, blood transfusions and manage neonatal emergencies. They are providing ANC services and family planning services to include providing modern contraceptives to unmarried adolescents.

#### Improved confidence amongst health staff in providing quality and respectful

**care.** The project had a very positive impact on the capacity of health professionals. Significant improvements to the equipment and theatres, and access to 24-hour electricity and water enabled health professionals to reliably provide essential RMNCAH services. Coupled with supportive supervision and gender-responsive training, having the right tools to do their job has made them feel confident and better equipped to respond to health emergencies.

because I have everything. So, every equipment involving CeMONC services we have it.



SUSTAIN Kigoma Grant Impact Report

## Challenging Gender Inequality: Shifting Norms, Changing Practices

SUSTAIN implemented gender transformative approaches that engaged women and men, girls and boys to challenge and address discriminatory gender norms and socio-economic, cultural barriers that hinder women and girls' access to RMNCAH services and reinforce unequal gender relations. As demand-side community groups became increasingly active, they made joint plans and initiated activities within their community. These efforts were catalytic to broader behavioural and social norm change from within communities.

CHWs educated women and men on birth preparedness and newborn care, the importance of ANC visits, role of men in supporting their pregnant spouses, family planning, delaying marriage and pregnancy, encouraging births in facilities by skilled professionals, adolescent health, and gender equality issues. These same RMNCAH and gender equality messages were echoed and shared by trained community groups including MenCare champions, faith leaders trained through the CoH model, CVA advocates and adolescent peer educators.

#### **Gender Transformative Approaches**

MenCare helps men and boys critically reflect on cultural and gender norms that perpetuate inequality. MenCare influences men to be active fathers by ending GBV, preventing child marriage, accompanying partners to health centres, ensuring shared decision-making with their wives, and taking on more equal household chores and childcare

Channels of Hope (CoH) builds capacity of faith leaders and faith communities in promoting gender equality using faith-based texts. SUSTAIN engaged leaders to encourage families to access RMNCAH services including contraceptives. In several districts, Muslim and Christian leaders conducted joint initiatives to promote gender equality.

Citizen Voice and Action (CVA) brings together women, men, service providers, local government and partners in a collaborative and consultative process to improve the quality of health services. It enables citizen engagement in improving services and influencing policies.

Peer-to-peer Adolescent SRHR groups used the Government of Tanzania's curriculum to engage two teachers per school to support adolescent peer educator leaders. These peer leaders are mentored and empowered to educate their own peers about ASRHR.

Women's Village Savings and Loan (VSL) Groups were formed and mentored. In SUSTAIN, each VSL has a dedicated community fund to help pregnant women with emergency medical expenses.

#### **IMPACT:**

## **Enhanced Enabling Environment** and **Gender Equality**

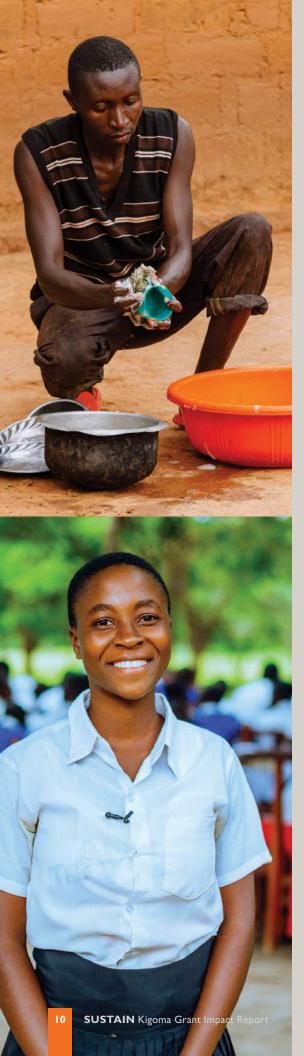
Improved health seeking behaviour amongst women and girls of reproductive age. Engaging a variety of community groups ensured that health rights and promotion messages were disseminated to the wider Kigoma community through a variety of means. This broad reach contributed to enhancing health-seeking behaviours of women and girls. Delivery in health facilities improved and increased access to health services was evident.

**Positive shift in attitudes amongst men.** Community members noted the positive effect on the attitudes of men - impacting their health seeking behaviours, shared-decision making with partners, improved social cohesion, enhanced support for their wives, and a higher sense of commitment to child well-being and rights. Both men and women expressed improvements in workload distribution, with men playing a more active role in household tasks and childrearing.

I came to learn that women are doing so much work, compared to men. Because my wife was doing all the work without my support, that is why our first three children when they were born, they had so many problems. It was because my wife was overworked, and had so limited time to rest.

Father from Bitale village





#### **IMPACT:**

#### **Enhanced Enabling Environment** and Gender Equality

Communities upholding the rights of girls and women. Community members reported a significant reduction in GBV. In the SickKids-conducted qualitative surveys, women consistently showed a shift in men's attitudes towards their daughters and gender equality. Community members explained that there is now an increased awareness among adolescents on their ASRHR, including delaying pregnancy and marriage.

66 In the Channels of Hope and Baba Bora (MenCare) sessions we have been informed that it is important to allow children to access reproductive health information at the health facility. In this community we used to think that if the children are taught about reproductive health issues they will be spoiled and engage in sexual behaviours, but we came to realize that this is not correct, because the things which our children are taught are actually preparing them to be good mothers and fathers in the future ">

Schools have also reported significantly reduced rates of teenage pregnancies and school dropouts have been eliminated. Now there are open discussions among school adolescents on menstrual hygiene, girls and boys report reduced workloads at home, and students are relaying their learning on the importance of family planning to their families.

66 During the youth clubs, I guide my fellow students so that they can have self-determination, prevent pregnancy, how they can take care of their bodies and how they can avoid sexually transmitted diseases. Together we challenge the aspects that subject us to early pregnancy, sexual transmitted infections and violence ??

#### **CASE STUDY:**

## Fulfilling the Right to **RMNCAH Services by Adolescent Mothers**



**Angelina,** a young mother of a two-year-old boy, is one of the many young adolescents who at first experienced negative stereotypes and shame for becoming pregnant without a husband. Prior to SUSTAIN, many pregnant adolescent girls were deprived of their right to RMNCAH services because of stigma in the community. This treatment was compounded by lack of gendersensitive and adolescent-friendly health services.

"Young ladies are afraid of going to the clinic because people will laugh at them for getting pregnant before marriage. So, they tend to hide and isolate themselves from fear of being condemned and shamed," explains Magreth, Community influencer

With the help from community influencers trained by the project, Angelina decided to access RMNCAH services in the clinic.

"I was afraid to come out, I did not have confidence. I thought people would laugh (at) me. She visited me at our home. She encouraged me to go to (the) clinic. I was four months pregnant at the time. As I walked to the clinic, I start gaining confidence in myself," narrates Angelina.

Community influencers like Magreth encourage pregnant women and adolescent pregnant girls to attend ANC clinics and use RMNCAH services. They were instrumental in advocating for clinics to allow and accept pregnant girls and single mothers. Because of this rights-focused advocacy for adolescents, dispensaries are now assisting single mothers to make sure they are getting full RMNCAH services.

"At the Dispensary they trained us how to handle both our health and that of the newborn. They examined the heartbeat of the child, and also tested for HIV," explains Angelina.

Because of this experience, Angelina started advocating for good RMNCAH practices to her adolescent peers. She started sharing her experience with accessing RMNCAH services to other adolescent mothers in her village, and has become an advocate in her community by speaking about ways to prevent unintended pregnancies.

## Lessons Learned

- Quarterly ward monitoring meetings as a catalyst for demand-side groups to plan joint gender equality initiatives
- Include police gender desks to enhance GBV prevention and child protection measures
- Scale up Village Savings and Loans groups
- Formalize partnerships with women's rights and youth-led organizations
- Collaborate with all Government levels for inclusive, sustainable impact



## **Moving Forward**

**SUSTAIN's successes are the successes of the women and men of Kigoma.** Joint ownership, strong collaboration and participation between community members, World Vision and the Government of Tanzania led to significant improvements in the health and rights of women and children in Kigoma.

The Government of Tanzania has signed a Sustainability Plan, stating its commitment to continue providing supportive gender-responsive supervision, conducting maternal and perinatal death surveillance and response, outreach clinics, and maintaining rehabilitated clinic infrastructure. They have also committed to continue the Channels of Hope, CVA, MenCare and Peer-to-Peer ASRHR groups.

Through SUSTAIN, all project participants and partners leveraged new innovations and refined best practice experienced in implementing gender transformational RMNCAH programming.

The catalytic impacts of SUSTAIN to shift harmful gender norms and improve the RMNCAH of women and girls will be felt for generations in Kigoma region.

Gender equality will remain; it is something that has been planted into the society, maternal and child health as well. These are things which will remain in the community indefinitely and will live on because these are things SUSTAIN provided, and the people have understood them.

Community Health Worker



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