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INTERNATIONAL
Because Health Workers Save Lives.



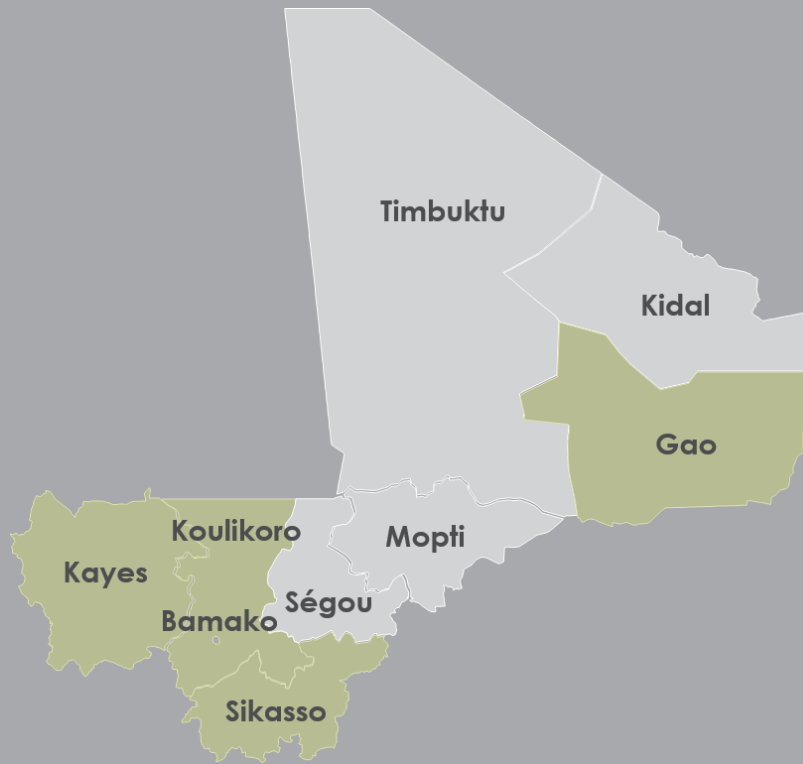
Fistula Mali: community partnership for comprehensive fistula care

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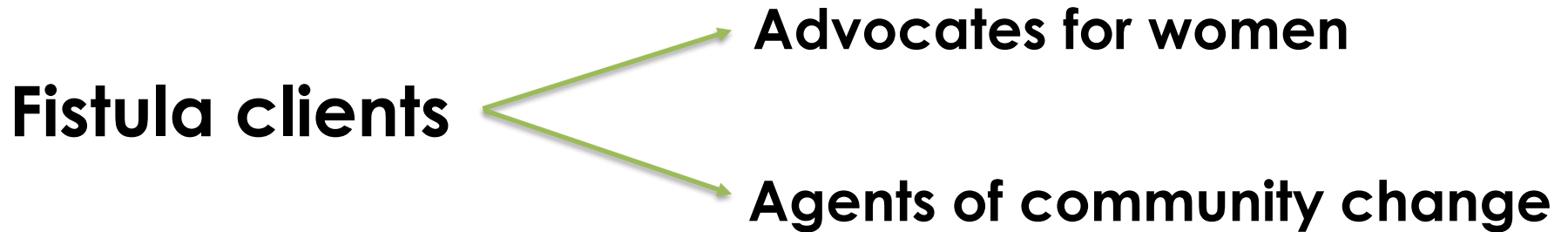
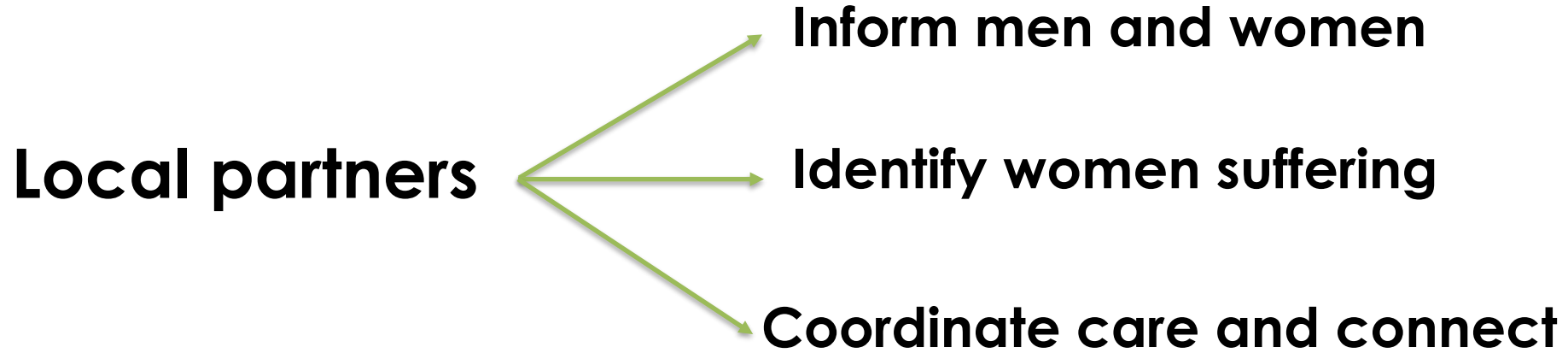




Fistula Mali

- Diagnosis, treatment, and prevention of obstetric fistula
- Psycho-social support and entrepreneurial empowerment
- Build capacity at community and facility levels

Community engagement for women's empowerment





Thank You

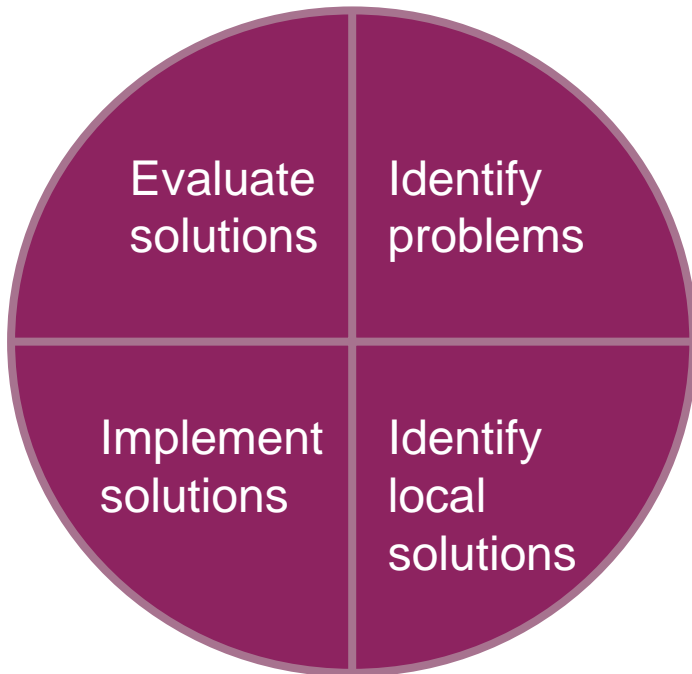




Improving maternal and newborn health in Bogra District, Bangladesh

Project overview

To improve MNH by empowering and mobilising women and their communities so that they are better prepared to manage pregnancy and childbirth and able to access quality MNH services when needed.

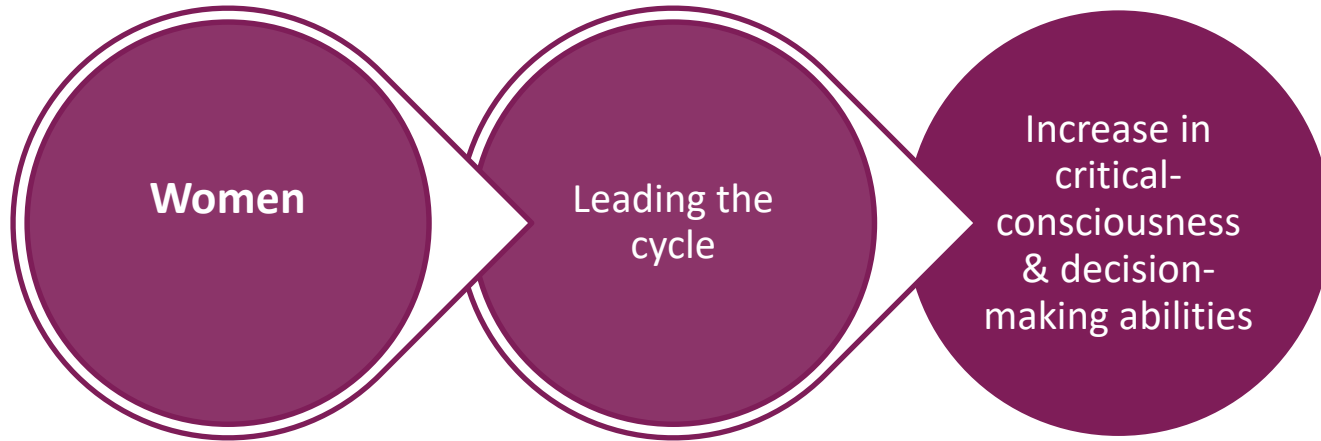


Participatory Learning and Action

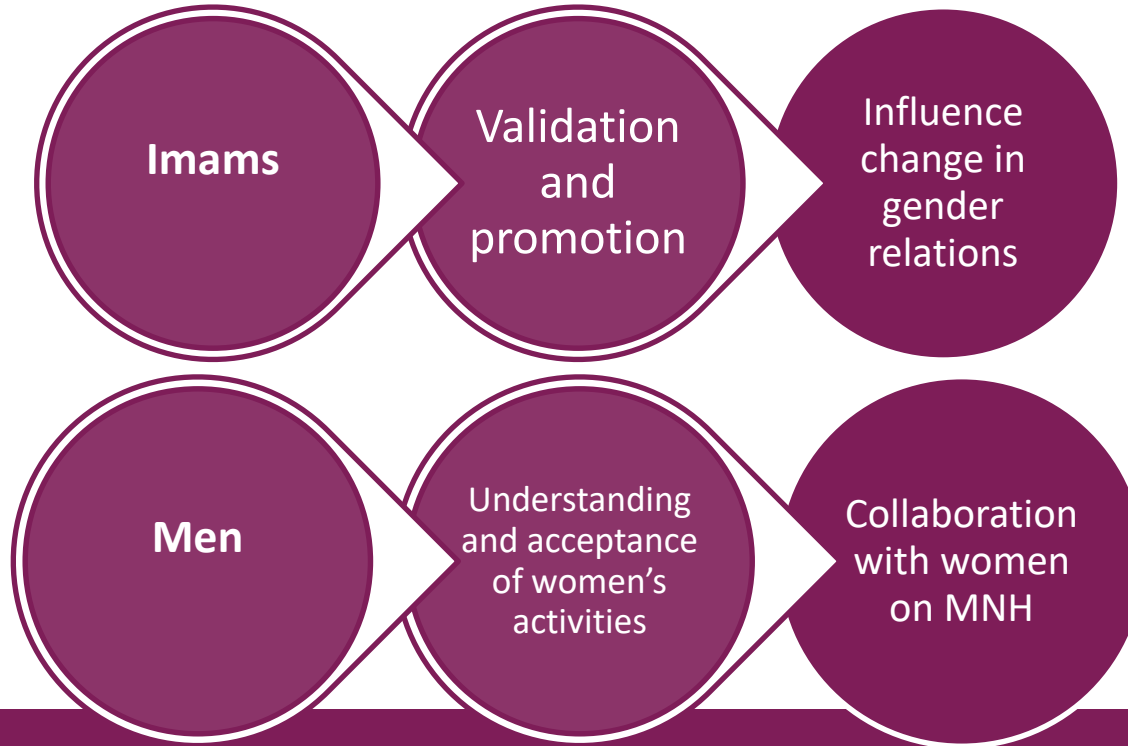
Engaging community members in groups (197), guided by a local female facilitator through monthly meetings in a four phase action cycle. The method has WHO's recommendation.

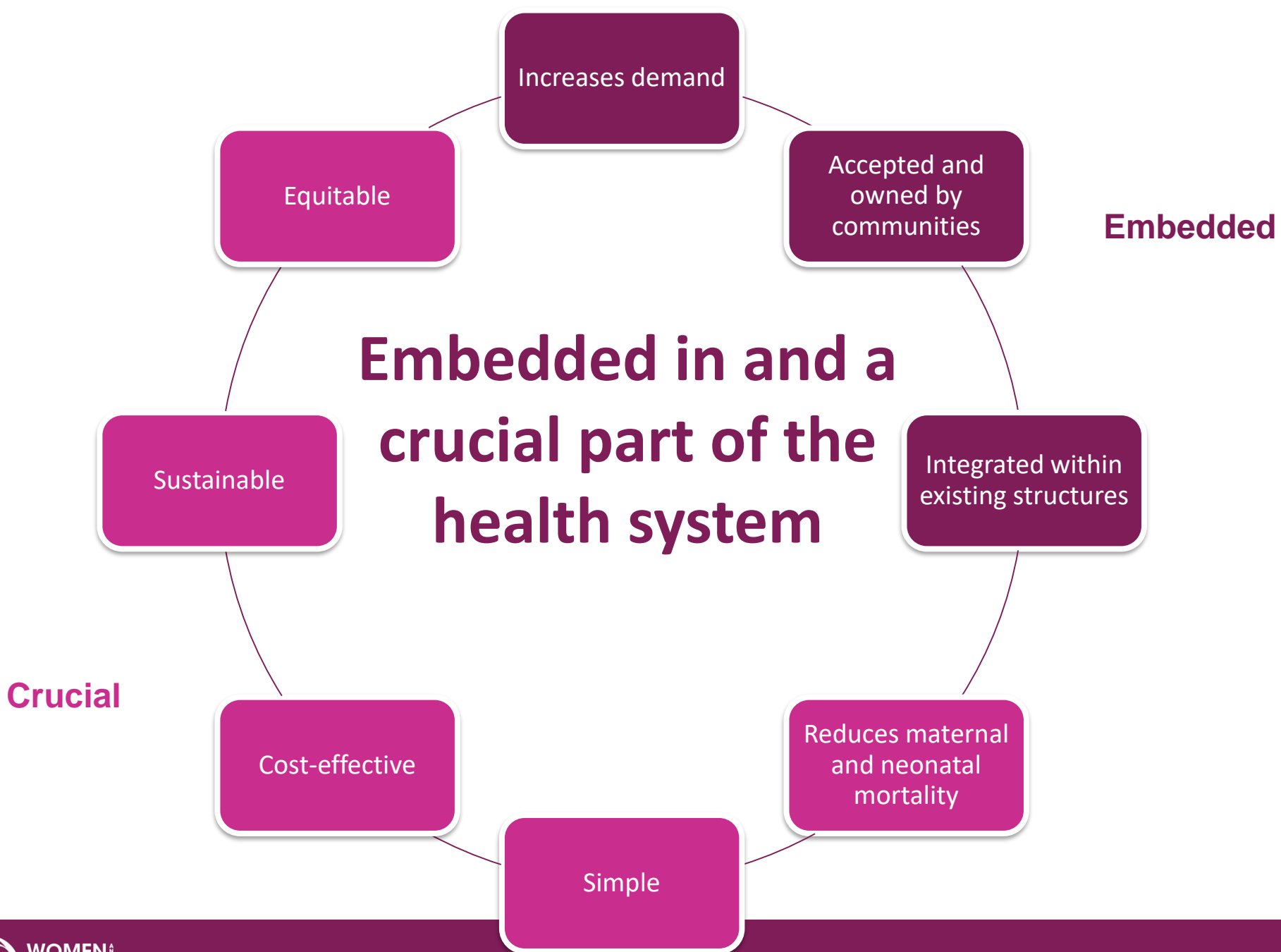
Approach to gender equality


Rights



Responsibilities





A group of approximately ten women are standing in a row in front of a light-colored building with two windows featuring decorative metal grilles. The women are dressed in traditional attire, including colorful saris and headscarves. They are all smiling and looking towards the camera. A semi-transparent dark red rectangular box is overlaid on the image, containing white text.

“Once these Imams acted as barriers to women’s outdoor activities, but now they are helping the women of their communities.”

-WG member FGD participant, Bogra,

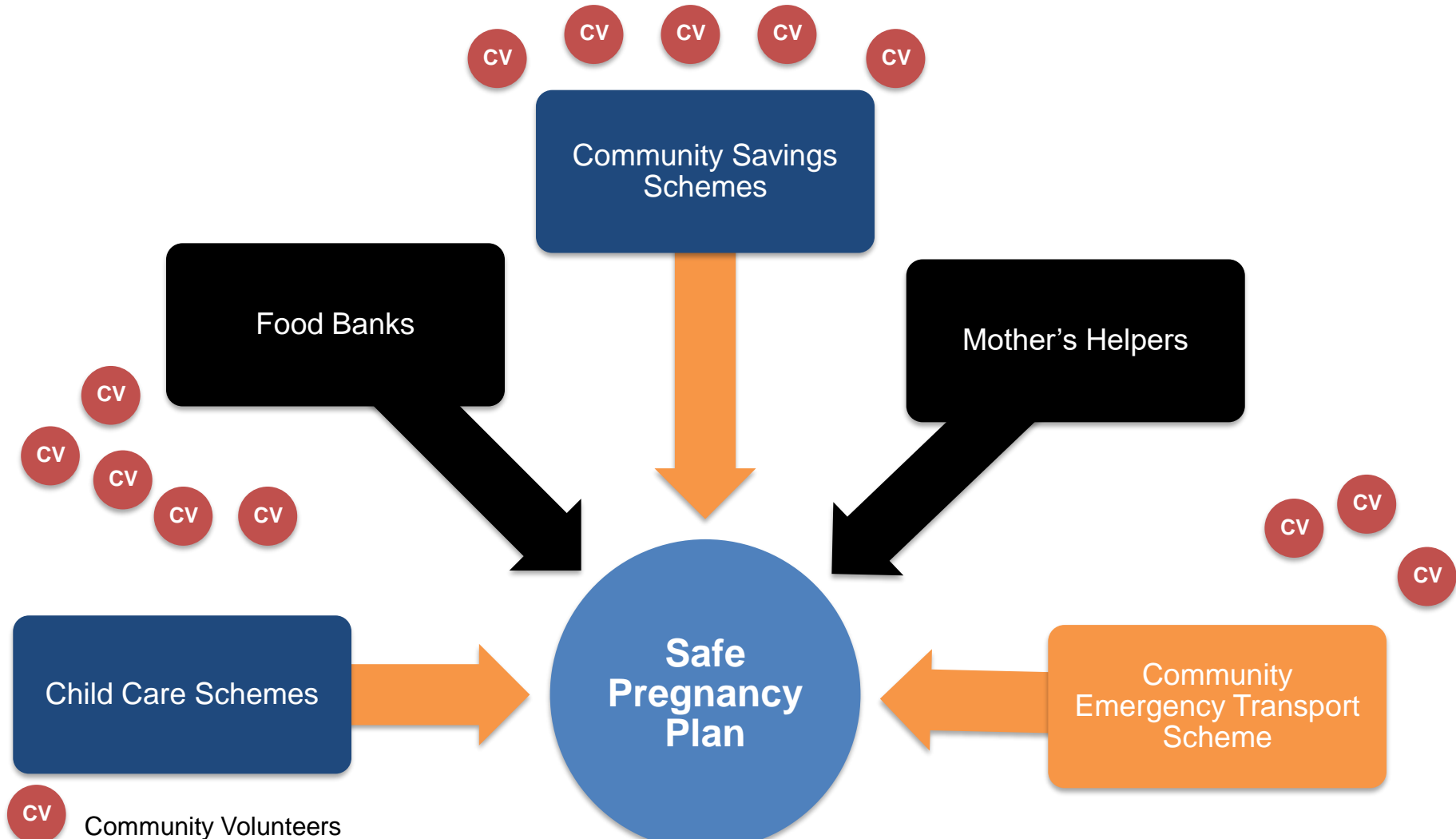
Community Empowerment Approach



The MAMAz Model

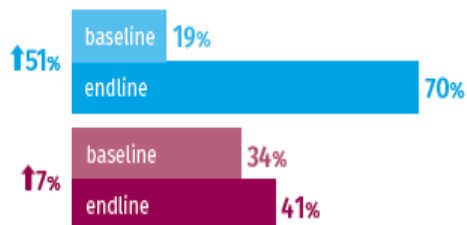
- Govt of Zambia together with More/MAMAz (2012-2016) put together innovations to improve Maternal & newborn Health
- These Community-based interventions included:
 - Community Mobilization Process which was built on the existing Safe Motherhood Action Groups
 - All MNH barriers identified by communities addressed simultaneously
 - **Lack of awareness**
 - » community discussion groups
 - » door to door visits
 - **Financial access**
 - » emergency savings schemes
 - **Lack of food to take to health facility**
 - » food banks
 - **Absence of support for child care**
 - » male involvement and mother's helpers
 - **Physical access**
 - » emergency transport scheme

Community systems



Community Engagement Outcomes

Men who know 3+ maternal danger signs

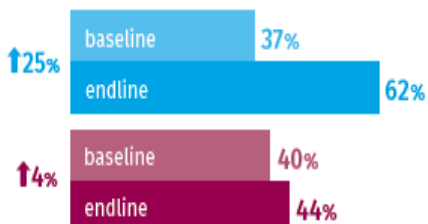


Difference in % increase between intervention and control sites

44%

Significance, p -value < 0.01

ANC attendance in 1st trimester

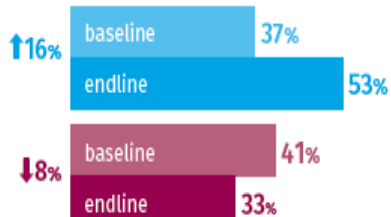


Difference in % increase between intervention and control sites

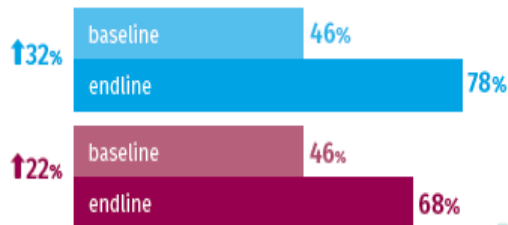
21%

Significance, p -value < 0.01

At least 3 ANC visits with 1st in 1st trimester



Skilled birth attendance



Difference in % increase between intervention and control sites

10%

Significance, p -value < 0.01

Institutional delivery

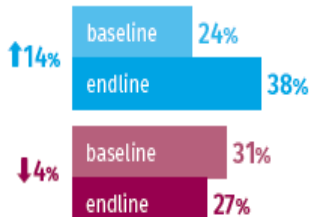


Difference in % increase between intervention and control sites

9%

Significance, p -value < 0.01

Use of modern family planning method



MORE MAMaZ Districts

Central Province: Chitambo, Serenje, Mkushi

Western Province: Mongu

Muchinga Province: Chama

MORE MAMaZ was operational from March 2014 to September 2016.

National situation

Indicator	National rate (rural areas)
SBA rates	52%
Institutional delivery rates	56%
ANC attendance in 1st trimester	25%

From 2014 Zambia Demographic and Health Survey



Community Ownership of the Health Programmes

Gains from this sustainable model were:

- Perceived reduction in maternal & Newborn deaths by the Community
 - Reduction in **violence against women**
 - Mother supporters – use of maternal danger signs and accompanying the pregnant women to the health facility for delivery.
 - Food banks and Emergency savings schemes helped not only the pregnant Mothers but also worked as incentives for Community Volunteers
 - Second Delay was reduced due to Emergency Transport
-

Thank You



ACKNOWLEDGEMENTS

- The Zambian Government
- Comic Relief
- Transaid
- DAI Global Health (previously HPI)
- Development Data
- Disacare



Community Level Accountability Model To Drive Gender Equality and Address the Shortage of Health Workers in NN

Fatima L. Adamu
National Programme Manager



The programme is led by DAI Global Health (incorporating Health Partners International and GRID), in partnership with Save the Children.

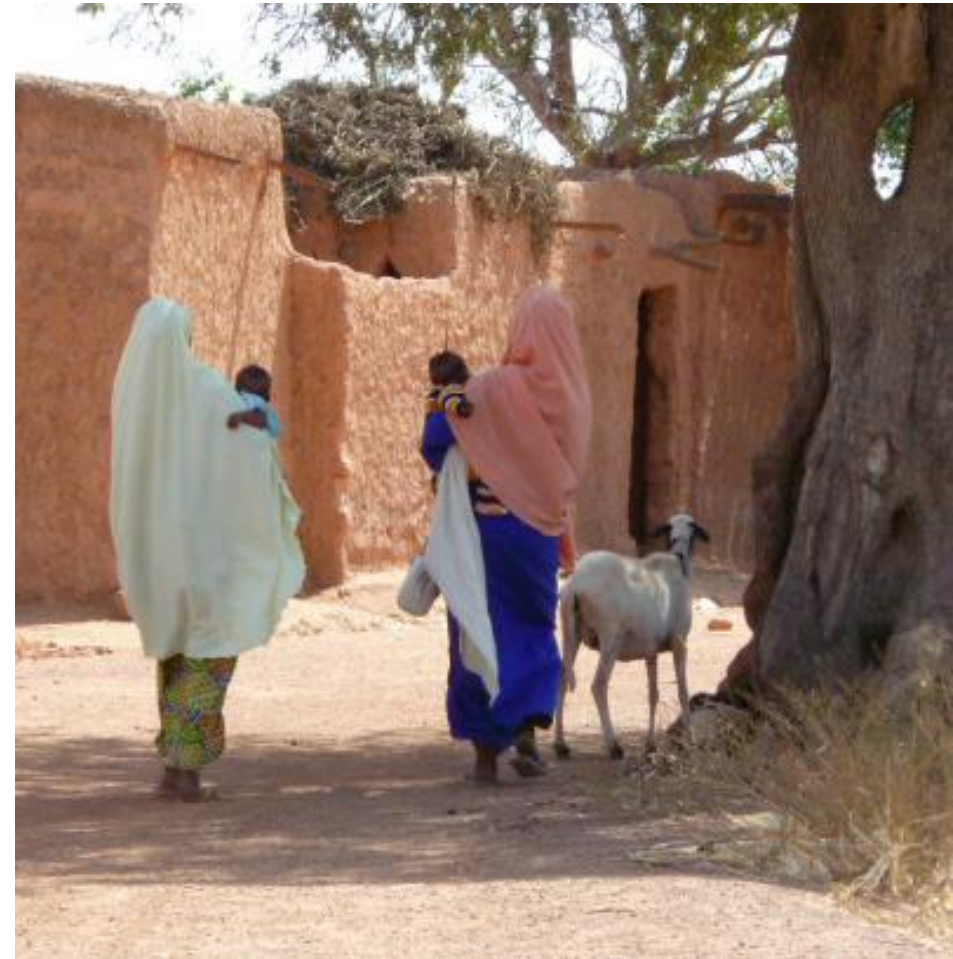


The W4H programme is funded with UK aid from the UK government.

The Challenge

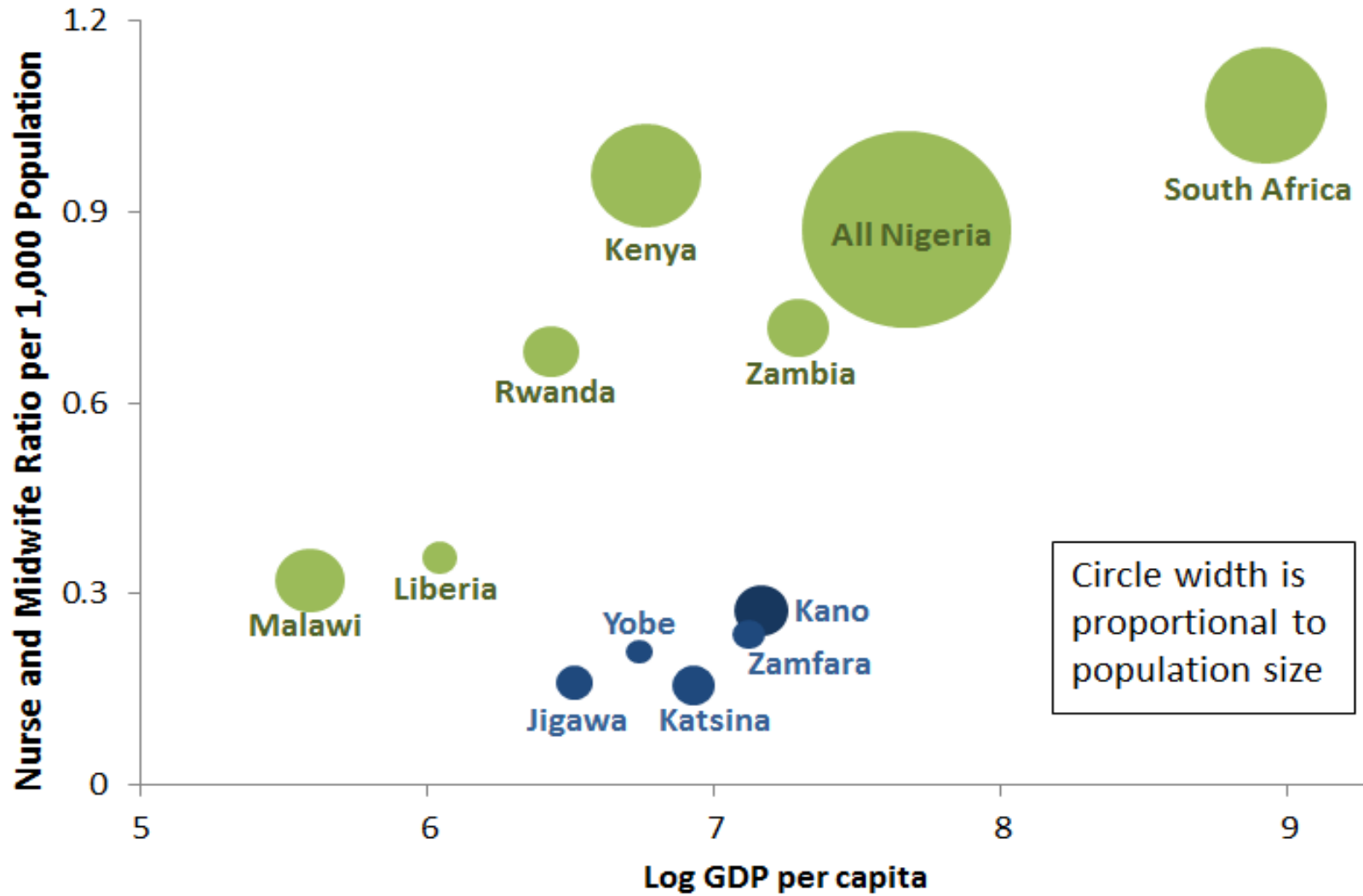


Non Functional PHC



- Shortage and maldistribution of health workers
- Regional inequality north/south, rural/urban in distribution and training of health workers
- Social preference for women health workers.

Health Workforce and Income Per Capita for Selected African Countries



Our Approach

- Confronted with these challenges, W4H adopted an approach that will hold community responsible for producing and managing their own health workers, (nurses and midwives).
- To achieve this, we must address the;
 - social factors affecting girls education
 - low qualified candidate due to low number of women in sciences and the quality of science education
 - social pressure to marry and give birth early
 - cost of training
 - Adapt the approach to respond to humanitarian context

Engendering Health Programmes: Foundation Year Programme (FYP)

- FYP is designed to address regional (rural vs urban) and gender inequalities in the training of health workers by supporting rural girls with;
 - extra academic coaches and mentoring
 - social and psychological support such as creches and social skills
- Engaged with religious and traditional institutions to provide social protection and legitimacy after graduation through community bonding.
- Supported communities to hold government accountable for admission, employment and deployment of the health workers to communities through community pressure groups
- Integrated humanitarian curriculum and design support mechanism for students with trauma



One of the
classrooms by W4H



A husband with baby
while his wife writes
FYP exam



A mother with
her son in the
back while
writing FYP exam

Engendering the Health Training Institutions

- 11 HTIs have established a quota for female admission and
- 10 HTIs now have a female principal.
- 13 crèches and childcare services established by the HTI s for female lecturers and students
- 63% of female students report that their HTIs are responsive to their needs.



Thank you for listening

For more information: www.women4healthnigeria.org

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