MCSP Mozambique Technical Brief
Gender

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Goal

The Maternal and Child Survival Program (MCSP) in Mozambique worked to improve the delivery of gender-sensitive respectful care and to ensure equitable access to reproductive, maternal, child, and adolescent health (RMNCAH) services by addressing gender-related barriers to quality care in Sofala and Nampula provinces in Mozambique.

An expectant father listens to his baby's heartbeat in Nampula, Mozambique. Photo: Kate Holt/MCSP

Program Approaches and Strategies

Gender inequality and unequal power dynamics between men and women threaten the health of women, men, and children alike. They limit the use of contraceptive methods and the ability of women to decide if, when, and how often to become pregnant. They can make it difficult to use family planning (FP), give birth safely in a health facility, or to take a sick child to a health facility for care. Harmful norms around masculinity also often lead to risky behavior, such as avoiding health care when ill to appear strong or being absent in caregiving for children.[1,2,3,4] MCSP in Mozambique sought to transform harmful gender norms that inhibit access to health information and services through a range of approaches:

Addressed gender inequities through policy change: MCSP supported the development of the second National Gender Strategy for the Health Sector, 2018-2023, endorsed by the Ministry of Health (MOH) and launched in October 2018. The strategy integrates gender into health policies, community and facility-based health interventions, budgets, planning, programming, management processes, and data collection efforts. For example, the strategy lays out a time-bound action plan to ensure women and men receive high-quality health services at all levels of care. MCSP worked with the MOH to mobilize financial support for the launch and implementation of the strategy.

Improved health services' gender-sensitivity and male participation: Improving access to health requires intensive efforts within both communities and health facilities to raise awareness and link clients to care. Through MCSP's technical support, community health committees conducted outreach to community members, particularly all newly pregnant couples through community dialogues on local

[1] Ministerio da Saude, Instituto Nacional de Estatística e ICF International. Moçambique Inquérito Demográfico e de Saúde 2011. Calverton, Maryland, USA.
[2] Victor, B et al. Frustrated freedom: The effects of agency and wealth on wellbeing in rural Mozambique. *World Development*, *47*, 30–41. 2013.
[3] Bandali, S. Norms and practices within marriage which shape gender roles, HIV/AIDS risk and risk reduction strategies in Cabo Delgado, Mozambique. *AIDS Care*, *23*, 1171–1176. 2011.
[4] Audet, CM et al. Barriers to Male Involvement in Antenatal Care in Rural Mozambique. Qualitative Health Research. Qualitative Health Research 2016, Vol. 26(12) 1721–1731.

gender and cultural norms that affect families' health and well-being. The goal of the dialogues was to ensure that both women and men knew about the danger of gender-based violence—at all times, but especially during pregnancy—and the benefits of the following:

- antenatal care (ANC);
- adequate nutrition;
- sharing caregiving and household labor equitably, particularly when a woman is pregnant;
- delivering safely in a health facility;
- FP and the healthy timing and spacing of pregnancies; and
- male participation in ANC, FP, labor and delivery, child health, and caregiving.

A group of traditional birth attendants working to encourage ANC and institutional delivery in Nampula. Photo: Kate Holt/MCSP

MCSP also trained health providers on gender-sensitive health service delivery and supported the MOH to develop and test a quality improvement tool, the Gender Service Delivery Standards, in Nampula and Sofala. The tool measures: 1) if services are equally accessible for all genders; 2) if clients' privacy is maintained and consent is secured; 3) if providers practice respectful communication with clients of all genders; 4) if health care policies and facility management support equal opportunities for care among clients of all genders; and 5) if the facility offers couples communication and if services are male-friendly.

Improved male participation in family planning and birth preparedness planning: RMNCAH services are often viewed as "women's business," with the result that men are neglected in outreach and made to feel unwelcome in health facilities. However, the participation of fathers before, during, and after the birth of a child has positive effects on violence reduction, improved maternal survival, breastfeeding, the use of contraceptives and health services, and fathers' long-term support for their children.[5,6] Before MCSP's interventions, men were typically invited only for the first ANC visit to get tested for HIV as part of preventing mother-to-child-transmission efforts. Through ensuring providers had the skills to counsel men and couples and by influencing facility's policies, MCSP helped ensure that men can participate in all ANC visits, delivery, and postpartum consultations (if women desire their participation).

Before MCSP, to improve male participation, some health providers gave couples priority in health services over unaccompanied women. In many facilities, unaccompanied women had to obtain a letter from a community leader confirming that they had no male partner or that the partner was not available before they could be seen. MCSP worked with providers to examine the harmful impact of discriminatory approaches and to guarantee that services were accessible to clients of all genders, regardless of relationship status. MCSP also contributed to Male Engagement Standards for RMNCAH services, developed by Jhpiego, the MOH, and partners, to ensure that key aspects of male engagement are met in all facilities.

Engaged communities to ensure all pregnant couples could plan for a safe birth: MCSP trained 7,683 community health workers on gender integration and health promotion, particularly couples counseling on Birth Preparedness and Complication Readiness (BPCR), a strategy promoted by the World Health Organization (WHO) to reduce maternal deaths. BPCR helps men and women recognize danger signs in pregnancy and decide together as a couple to save money for the birth, choose the health facility where they will deliver, arrange transportation in advance, and choose a supportive birth

[5] Tokhi M, et al. Involving men to improve maternal and newborn health: A systematic review of the effectiveness of interventions. *PLoS One* 2018, 13(1):e0191620.
[6] Doyle K et al. Gender-transformative Bandebereho couples' intervention to promote male engagement in reproductive and maternal health and violence prevention in Rwanda: Findings from a randomized controlled trial. *PLoS One* 2018, 13(4):e0192756.

companion. These steps have been shown to contribute to reducing maternal and newborn deaths because of delays seeking care and reaching the health facility, particularly in rural areas where transportation infrastructure is poor.[7,8] MCSP also developed an MOH-endorsed birth plan pamphlet that providers used during individual and group ANC counseling.

Studied the impact of male engagement: MCSP conducted a baseline household study in November 2016 to explore the effects of couples' communication about FP and male participation in BPCR on ANC attendance and institutional deliveries. The study found that when couples communicated and men participated in BPCR, women were more likely to deliver in a health facility. MCSP will repeat the study in November 2018 to examine the impact of the gender interventions on changing norms and behaviors, efforts to link clients to health services, and training providers to deliver high-quality, gender-sensitive care. The study will be complemented by a qualitative component that examines how decisions about health care are made between couples, how easy and acceptable it is for men to be involved, and whether male participation improves FP uptake, ANC attendance, and facility delivery.

Key Results

- **Addressed gender inequities through policy change:** In the second National Gender Strategy for the Health Sector, 2018-2023, MCSP supported the MOH to create a time-bound action plan to ensure women and men receive high-quality health services at all levels of care, with an emphasis on primary health care. MCSP worked with the MOH to mobilize financial support for hiring technical staff for the Gender Cabinet, and the launch and implementation of the strategy. Key to this effort was strengthening the capacity of the Cabinet to integrate gender into the Sector Annual Plan that guides annual priorities and activities and develops terms of reference for the Cabinet, the Gender Focal Points at the central, provincial, and district levels, and the MOH Gender Technical Working Group.

Dr. João Leopoldo da Costa, Vice Minister of Health, at Launch of the National Gender Strategy Oct 25th, 2018

- **Improved gender-sensitive and male-inclusive health services:** MCSP implemented a training package for community and facility-based providers on gender-sensitive health service delivery and health promotion. MCSP and the MOH trained 1,358 clinical providers and managers (547 in Nampula and 811 in Sofala) from 86 health facilities (56 facilities in Nampula and 30 in Sofala). The package covers key aspects of gender-sensitive care, such as respecting women's dignity, privacy, and autonomy; ensuring providers know how to counsel men and encourage their participation; and ensuring providers have equal opportunities for pay, promotion, and training, regardless of gender.

  The MOH included the Gender Service Delivery Standards as a deliverable of the second National Gender Strategy for the Health Sector and integrated them into the national Model Maternity Initiative standards. The MOH plans to scale up the implementation of standards at the national level by 2019. To date, MCSP has trained 147 health care providers to implement the standards, and 68 health facilities conducted assessments using these standards. Between September 2017 and September 2018 in Nampula, 38 facilities completed a baseline assessment, eight facilities completed a first round of data collection after baseline, and one completed a second round. In Sofala, 30 facilities completed a baseline assessment, 29 facilities completed a first round of data collection after baseline, 27 completed a second round, and eight completed a third round. Limitations of this approach include changes in performance because of turnover of trained staff and the inability to generalize findings because of the small number of facilities that have completed assessments, particularly the second round in Nampula. Twenty-seven facilities achieved a score of 80% or higher

[7] WHO: WHO recommendations on health promotion interventions for maternal and newborn health. 2015.
[8] Soubeiga D, Gauvin L, Hatem MA, Johri M: Birth Preparedness and Complication Readiness (BPCR) interventions to reduce maternal and neonatal mortality in developing countries: systematic review and meta-analysis. *BMC Pregnancy Childbirth* 2014, 14:129.

by their last round of data collection. The most significant areas of improvement were in the inclusion of men and families and in the availability and accessibility of services to women and men. Improvements included but were not limited to the following:

- preventing discrimination based on gender, age, marital status, or socioeconomic status;
- engaging men in couples counseling and ensuring the availability of contraceptive methods for men;
- ensuring clients' privacy, confidentiality, dignity, and autonomy;
- respectful communication, explaining procedures, and seeking informed consent; and
- preventing mistreatment in care, including verbal, physical, sexual, and emotional abuse.

Figure 1[9]

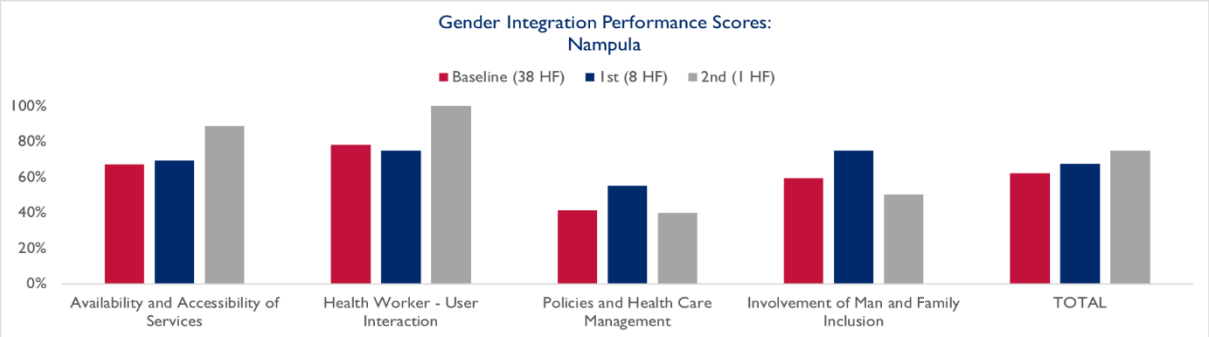
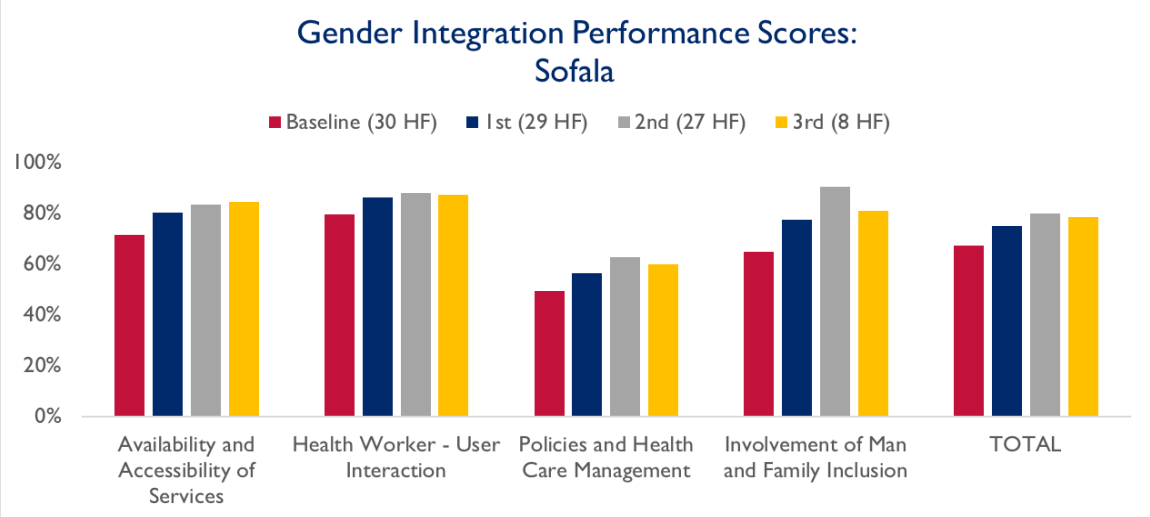


Figure 2



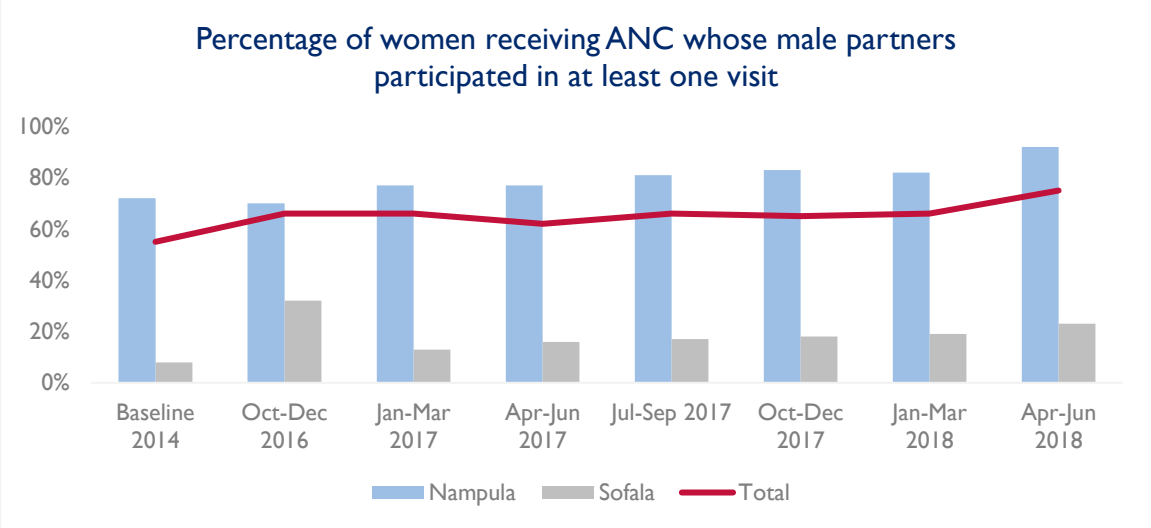
- **Improved couples communication and male engagement in family planning and birth preparedness planning:** Between October 2016 and June 2018, MCSP trained providers in 86 health facilities to offer high-quality couples counseling that supports male participation in BPCR planning. Men were encouraged to help ensure their families eat nutritious food, discuss using postpartum family planning with their partner after a birth, practice positive gender norms such as sharing household labor and caregiving, and to prevent gender-based violence.

  The percentage of men who participated in at least one ANC visit increased from 55% at baseline (72% in Nampula and 8% in Sofala) in 2014 to 75% (92% in Nampula and 23% in Sofala) in quarter 3 of Year 3 (April-June 2018). The differences between provinces may be attributable to Nampula's

[9] In Figure 1, note that only one facility completed the second round of data collection thus far.

traditionally matrilineal culture and more egalitarian attitudes toward gender norms.[10] These issues will be explored in the qualitative study in November 2018. See Figure 3. During the same time period, women's attendance at four ANC (ANC4) visits also improved from 39% (38% in Nampula and 40% in Sofala) at baseline to 56% (56% in Nampula and 57% in Sofala) in quarter 3 of Year 3. Although the increase of ANC4 attendance cannot be attributed exclusively to the integration of gender into health promotion activities, MCSP designed this intervention based on the theory of change that male engagement in RMNCAH including BPCR may lead to increased ANC attendance and institutional delivery. By engaging men on RMNCAH and challenging gender norms that impede women's access to care, MCSP expects that access and service delivery results will be positively impacted. MCSP will rigorously evaluate this hypothesis during the endline male engagement study.

Figure 3



Engaged communities to ensure all pregnant couples can plan for a safe birth: From October 2016-June 2018, MCSP supported the integration of gender into health promotion activities at the community level in 758 communities (580 in Nampula and 178 in Sofala) in 29 districts. As a result, 36,167 couples developed birth plans, chose a health facility in which to deliver, saved money, arranged transport, and selected a supportive birth companion.

Lessons Learned and Recommendations

- The MOH and implementing partners should ensure that efforts continue to engage communities and train providers in addressing the gender inequalities that cause poor health to ensure uptake of services and continued improvement in health outcomes. This will require rigorous monitoring and evaluation of the implementation of the second National Gender Strategy for the Health Sector, 2018-2023, including the achievement of time-bound national targets.
- Male engagement in Mozambique has shown promise in contributing to improvements in maternal health and reduced gender-based violence. The MOH and implementing partners should continue to invest in male engagement research, interventions, and opportunities to exchange knowledge on evidence-based, best practice interventions.
- The MOH should continue to invest in ongoing assessment of quality improvement efforts through the implementation of the Gender Service Delivery Standards and capacity building of service providers, particularly on couples counseling, BPCR, gender-sensitive provider-client interaction, and male-friendly services.

[10] CEDAW/C/MOZ/1-2. Consideration of reports submitted by States parties under Article 18 of the Convention on the Elimination of All Forms of Discrimination against Women. Combined initial and second periodic reports of States parties. Mozambique. 2005. (Accessed 28 November 2018. http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsgOTxO5cLIZ0CwAvhyns%2ByKfp3cEQekB8zFuty6L7pNv7vUZ4S604WUe86%2FsXzte3dgAAxA1ygS80FCSO%2BOuyibZFIk6DMmnyAPxxv07WC0v). New York, USA.

- The MOH should include gender in pre- and in-service training curricula for health workers at all levels: facility-based providers, community health committees (which include traditional and formal leaders), agentes polivalentes elementares (APEs, or elementary polyvalent agents, who are an MOH-trained cadre of community health workers linked to facility-based providers), and traditional birth attendants.
- The MOH and partners should define and include gender indicators in the National Health Information System to monitor and evaluate the impact of gender interventions and integration.
- The MOH should incorporate a gender perspective and inclusiveness into all health promotion materials, including health policy revisions and subsequent health sector strategic plans and sector strategies.
- Implementing partners should advocate with the MOH to include gender analysis in all levels of reporting to inform planning and decision-making processes.

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