

Question 1: How have systems thinking approaches and tools been incorporated in activities to improve health equity? Were these approaches useful in achieving health equity goals? If so, what are the pathways by which these approaches helped to address the root causes of inequity?



Improving maternal and newborn outcomes through integrating GESI in QI approach

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Context

Nampula

- 6.1 million, most populous province
- 230 health facilities, including 9 hospitals
- Maternal mortality: 408 deaths per 100,000 live births
- Newborn mortality: 27 deaths per 1000 births
- Child mortality: 67 deaths/1000 births

Alcançar project goal:
Alcançar Project works to enable health facility and district teams to consistently deliver high-quality, human-centered maternal, newborn and child health (MNCH) services in Nampula province of Mozambique. The Quality Improvement (QI) Collaborative is the foundational approach upon which activities are built to improve the quality of antenatal care (ANC), intrapartum care, postpartum/postnatal care (PNC), management of newborn and childhood illnesses (IMNCI), and immunizations. The project employs systems thinking by integrating the Gender Quality and Social Inclusion (GESI) approach to address root causes of inequity, in turn improving MNCH outcomes.

In 2019, project conducted a GESI analysis to identify cultural and institutional barriers that contribute to poor MNCH outcomes.

GESI analysis findings:

- Many early pregnancies are a consequence of harmful social norms (early union/marriage, myths and taboos around MNCH)
- Lack of information and knowledge about Sexual and Reproductive Health (SRH) and rights including availability of services, especially among young people
- Lack of information on MNCH care & delivery
- Reported cases of disrespectful care at health facilities
- Poor male engagement

Key approach:

- Integrate capacity building in GESI among health facility teams that are part of Quality Improvement Collaborative
- Development of GESI and youth strategy
- Design of the GESI toolkit to address harmful social and institutional norms

Activity Description

The goal of the Quality Improvement Collaborative (QIC) supported by Alcançar is to accelerate progress on MNCH outcomes using improvement methods and by facilitating a learning network in the district health system. Quality Improvement teams from 112 health centers and 8 hospitals along with community representatives from Nampula convened in a series of “learning sessions” to share their progress, challenges, learnings, and receive targeted coaching.

Families, communities, and social institutions are key actors to support individuals to adopt positive attitudes and behaviors. Through the Alcançar project, community members are encouraged to spread awareness to wider networks, while institutions are encouraged to create an environment conducive to gender equality and respectful care.

Realizing that gender inequality is one of the root causes of poor quality of care outcomes for women and children, Alcançar used a multifaceted approach at institutional, individual and community levels that brought synergy between GESI and quality improvement collaborative approaches and stakeholders.

At the institutional and system levels:

- Advocacy with local, provincial, and national authorities to integrate a gender-transformative approach in health and community systems
- Birth simulation training for health providers that integrated principles of respectful care in both routine care and complication management
- Quality Improvement change package developed for the specific context of each district including a combination of clinical bundles to promote teamwork and interventions to address barriers to high-quality service delivery, such as gender inequality

At the individual and family level:

- Raising awareness and engaging men to address harmful social norms around masculinity and support women and girls’ empowerment, to promote gender equality, MNCH, prevent gender-based violence, and encourage male involvement in domestic chores
- Conduct dialogues with couples to improve their MNCH self-management skills
Promote healthy lifestyles for men, women, and children.

At the community level:

- Train community health committees, saving groups, traditional birth attendants, community health workers, and community and religious leaders in a gender-transformative approach.
- Display key MNCH messages on the mobile platform 84321
- Encourage community members to share health-related messages with local and provincial networks, including psychological services, youth friendly services, gender equality, and child protection



Activity Impact

Through a combination of: 1) GESI, QI and MNCH capacity building activities and 2) joint supervision of health providers at national, provincial, district and community levels in implementing the GESI Change Package (home visits, community dialogues, integration of youth in community health committees, creating and sharing key messages), we observed the following results:

Women:

- Felt empowered to utilize MNCH services because of increased access to health information and services

Men:

- Participated more in family health and household chores
- Served as positive role models for other men to support their partners and families

Community Members:

- Increased awareness on the importance of facility-based delivery, standards of respectful care and use of complaint mechanisms in case of disrespectful care.
- Youth participated in health committees to advocate for their needs and share information among their peers.
- Savings groups focused on advocating timely access to services for obstetric emergencies

Health providers:

- Started offering ANC services to unaccompanied pregnant women, and not only women with a male partner
- Started including men in all ANC visits, not just the first appointment
- Providers learned from their mistakes and improved their technical and communication skills through birth simulation exercises

Photo 2: Pauloino Martinho Assane and his wife, Caclida Maria Manuel, hold hands outside their home in the Mutave neighborhood. Pauloino is a participant in a male dialogue group. Credit: Mbuto Machili/FHI360.

Evidence

Joint implementation of the GESI approach and the QI Collaborative, alongside local innovations, contributed to better access, utilization, and quality of MNCH services and reduced mortality.

Figure 2: Direct obstetric case fatality rates (200 HFs in 23 districts, Nampula).

Figure 3: Institutional births and institutional mortality for 100,000 live births (35 HFs, 7 districts).

Photo 3: 17-year-old Sufia Wachina speaks at a Health Committee in Nanarre, Nacala Porto District. She chose not to get married at 15 and pursued an education. Credit: Mbuto Machili/FHI360.

Photo 4: Nurses participate in a birth simulation training at Nacala Porto Hospital. Credit: Mbuto Machili/FHI360.

Photo 5: A pregnant mother is monitored at Nacala Porto Hospital. Credit: Mbuto Machili/FHI360.

Facilitators

Targeting health system and community stakeholders and youth with GESI, MNCH interventions and enabling coordination between them helped make this effort successful.

Community level:

- Created and revitalized community health committees: integrated youth, trained members in GESI approach
- Facilitated saving for obstetric emergencies
- Conducted home visits to identify pregnant women and generate awareness on MNCH services
- Displayed key health messages through mobile platform 84321
- 1,352 community actors trained to deliver GESI messages
- 3,754 people enrolled in 3-month dialogue sessions using the GESI toolkit

Health-sector level:

- 1,112 Health facility providers, 40 District leaders, and 18 National and Provincial leaders trained in GESI
- 15 mentors trained to conduct birth simulation
- 15 medical officers trained on QI Collaborative as QI mentors, and were assigned to lead all QI activities across the province
- 58 frontline health workers trained in QI Collaborative
- 30 leaders from National, Provincial and District levels were trained in QI High Impact Leadership Method

| Interventions | Quality improvement approach | Facility-based QIC | Birth simulations | Community-based activities | Training and coaching |
|--|--------------------------------------|--------------------------------------|---|---------------------------------|--|
| Developing QI Model adjusted to the national context | Moh (DPS, SPS, SOSMAS), FHI 360, IHI | Moh (DPS, SPS, SOSMAS), FHI 360, IHI | Moh (DPS, SPS, SOSMAS), FHI 360, PRONTO | Moh (DPS, SPS, SOSMAS), FHI 360 | Moh (DPS, SPS, SOSMAS), FHI 360, IHI, PRONTO |
| Engaging health facilities in the collaborative | | | | | |
| Providing technical skills to the MNCH nurses | | | | | |
| Leveraging health community committees and integrating youth and GESI for referral | | | | | |
| Ensuring technical skills | | | | | |

Table 2: DPS: Provincial Health Directorate; Equity and Social Inclusion, IHI: Institute for Healthcare Improvement; SOSMAS: District Health Directorate; SPS: Provincial Health Service.

Challenges

At Health sector level:

- Conditions not optimal for male involvement during labor and family member hospitalization. The project continues to advocate for more inclusive infrastructures.
- Lack of a specific protocol for male engagement in MNCH. The project is working with the health sector to adjust the current protocol to allow men to join their partners not only for the 1st ANC visit, but for subsequent ANC visits as well. They also receive information on how to better understand and support their wives in MNCH.
- Poor retention of trained health workers due to systematic rotation. The project is facilitating a system to continually train new frontline providers in QI, MNCH and GESI. Commodity stockouts are a recurrent challenge.

At community level:

- Widespread myths and taboos regarding MNCH and harmful social norms regarding pregnancy and care. These are being addressed by facilitating dialogues between community and health leaders. MNCH is often seen as a women’s issue and through community dialogues the project was able to promote MNCH as a family matter. The project introduced the concept of “pregnant couple” which was accepted in communities.
- Youth pregnancies are prevalent, however youth are excluded from Community Health Committees. Project facilitated integration of youth representatives in committees to enable them to advocate for their needs and promote among their peers youth friendly services and key health messages.

Lessons Learned

- Integrating GESI into quality improvement approaches for MNCH enables equitable engagement of not only health system representatives but also women, men and youth to achieve better patient outcomes and sustainable interventions.
- Conducting a GESI analysis at the beginning of the project generated knowledge of the local context, identified key harmful social norms and key areas to shift norms at institutional, community and individual levels.
- Inclusion of male partners in ANC is transformative for couples and relationships, and positively impacts women’s health throughout pregnancy, birth, and thereafter. This is especially true in contexts where women do not have power to make decisions about their health and have no access to resources.
- Building the capacity of frontline health providers to better manage obstetric complications is not only a sustainable solution for saving lives and decreasing unnecessary referral, but also builds and improves the trust and confidence of women and their partners in MNCH service delivery.
- Establishing a learning network among health facilities through QIC creates a culture of improvement and accelerates scale-up of improvement ideas that combine clinical and GESI interventions.

