Health Partners INTERNATIONAL | WISE DEVELOPMENT

Achieving sustained gains in Reproductive, Maternal, Newborn, Child and Adolescent Health

Health Partners International (HPI) is a partnership of health systems and governance specialists working in low and middle income countries. We have a long track record of successful collaboration with the public and private sectors, civil society and communities, supporting their efforts to achieve equitable gains most frequently in reproductive, maternal, newborn, child and adolescent health. We see stakeholder engagement particularly with women and related to gender and women's empowerment as the corner stone of all we do.

A UK registered company, HPI is a social enterprise and is owned by the people who do the work. HPI has delivered over 200 health projects in 45 countries over the last two decades, many of these in challenging, complex and fragile environments.

Our reproductive, maternal, newborn, child and adolescent health (RMNCAH) experience is built on decades of first-hand practical experience in health service delivery and community engagement in Sub-Saharan Africa.

Combining health systems and gender expertise

WISE Development, specialists in gender equality and the empowerment of women, joined the HPI Group in 2015. HPI and WISE are drawing on our combined expertise in health systems strengthening, sexual and reproductive health and rights, and gender equality to ensure that all our RMNCAH programmes incorporate cutting-edge and contextually relevant women and girl-focused approaches.

HPI's core team have expertise and a wealth of experience in health systems strengthening, covering all the WHO health systems building blocks: leadership and governance, health care financing, human resources for health, health care technology, information and research, and service delivery. We add to this a strong track record of achieving sustainable results at scale in community health systems development, demand creation and larger accountability. WISE Development, part of the HPI Group, provides additional specialist expertise in women's empowerment and gender issues, complementing HPI's track record in health systems and governance and further strengthening our work in RMNCAH.

Durable, long-term partnerships with a variety of organisations that share our values and commitment to achieving results, extend our offering. This includes local organisations in Zambia, Nigeria, Uganda, Ghana and South Africa.

Our clients and partners include national Ministries of Health, local government, bilateral and multilateral aid agencies, including DFID, USAID, World Bank and EU, and a wide range of civil society and private sector organisations. We place strong emphasis on effective engagement with local partners. We believe that it's crucial that our partners lead the process of change towards the Sustainable Development Goals (SDGs) including Universal Health Coverage (UHC), with ownership and increasing self-reliance. Hence our efforts focus on facilitating and enabling, and building sustainable local capacity. This is an area where we do not cut corners.

What drives us is a vision of accessible, quality health services that cater for all those who require them. To date, the RMNCAH programmes that we have supported on design and implementation have provided excellent value for money for clients while offering innovative, practical and lasting solutions to key health systems challenges. Examples of our work in RMNCAH can be found below.

Gender focused infrastructure development to support improved RMNCAH outcomes

In northern Nigeria, W4H's infrastructure improvement plan balanced the need to achieve basic accreditation standards for midwifery and nursing training institutions with beneficiaries' gender-specific needs. This meant that some works, such as the construction of facilities for married students and nursing mothers were prioritised even if not a special accreditation requirement. Gender considerations also influenced the location of buildings, the walkways between them, the lighting around them, and the provision of facilities for live-in matrons. By early 2016, 56 infrastructure projects, designed to take into account the gender-specific needs of students, had been successfully completed on time and within budget.

The Women for Health (W4H) programme, led by HPI, is addressing the acute shortage of female health workers in rural areas of northern Nigeria by tackling gender, institutional and systems issues related to professional development and improving opportunities for adolescent women to train to become health professionals[1]. Working in partnership with State Ministries of Health and health training institutions in five states, W4H offers a gender- sensitive response to acute staffing shortages and low service uptake in the North by: improving the quality of female health worker training; strengthening recruitment and retention of female health workers in rural health facilities; and engaging with community and religious institutions to break down the gender and other constraints that prevent women from pursuing health careers.

The programme targets socially, financially and geographically excluded women for health training. As young rural women devote their time to training there will be knock-on positive effects on early marriage and teenage pregnancy. By early 2016, an additional 3,716 female students had enrolled in health worker training and 38% of participating health training institutions had established hard targets for female admission. W4H is on track to empowering 6,750 young women from disadvantaged rural communities to enter health worker training by 2017, with early results suggesting that 70% of students will move on to further training, paid employment, and act as role models within their communities.

1 The W4H programme (2012-2017, £26.8 million) is funded by DFID and led by HPI in partnership with Save the Children UK and GRID Consulting and implemented with Clinton Health Access Initiative, Mailman School of Public Health, Heilbrunn Department of Population and Family Health, Columbia University, Royal College of Midwives, Usmanu Danfodiyo University Sokoto, Bayero University Kano, and Advocacy Nigeria.

Results: Addressing Gender-based Violence in Zambia

According to the 2014 Zambia Demographic and Health Survey (ZHDS), 37 percent of Zambian women and girls aged 15-49 have experienced physical violence within the last 12 months and 10 percent of women report physical abuse when pregnant[1]. In response, both MAMaZ and MORE MAMaZ integrated a focus on gender-based violence (GBV) into the maternal health training given to 5,573 Safe Motherhood Action Group (SMAG) volunteers serving a population of more than 600,000 people. Early results include:

- *Evidence of traditional leaders **championing the elimination of violence against women***
- *Reports of a **very significant reduction**, and in some communities, elimination of GBV*
- ***Greater willingness** of victims to report GBV and to seek justice, including through the traditional governance system*

1 CSO, MOH and ICF, 2014, Zambia Demographic and Health Survey

In Zambia, the Mobilising Access to Maternal and Newborn Health Services (MAMaZ) programme was implemented in support of the Zambian government's SMAG initiative[2]. Implemented within an operations research framework, MAMaZ tested a community-based initiative that aimed to increase access to and uptake of maternal and newborn health (MNH) services in six rural districts. The programme demonstrated the feasibility of implementing a comprehensive, integrated community engagement approach which addressed all barriers to MNH services simultaneously, including lack of knowledge, gender inequality, and physical and financial access barriers. The results achieved in 181 intervention sites provided proof of concept (see below), helping to strengthen the national evidence base on what works when intervening to increase access to MNH services in Zambia.

More Mobilising Access to Maternal and Newborn Health Services in Zambia programme (MORE MAMaZ) is taking the MAMaZ approach to scale[3]. Working in five districts, MORE MAMaZ has increased coverage of the national Safe Motherhood Action Group Initiative to 100% of District Health Management Teams' priority intervention areas. The programme's National Scale Up

2 MAMaZ was funded and supported by DFID (2010-2013, £2.6 million) and managed by HPI in association with Oxford Policy Management and Mailman School of Public Health, Columbia University, and in partnership with Development Data and Transaid.

3 MORE MAMaZ is funded by Comic Relief (2014-2016, £1.83 million). The project is implemented by Transaid, Health Partners International, Development Data, and Disacare.

component has supported the integration of key aspects of the MAMaZ approach into national SMAG training guidelines, and supported the Ministry of Community Development, Mother and Child Health (MCDMCH) to roll out to additional districts. Early results suggest that: more women and girls are accessing and utilising maternal health services; many of the disabling social norms that had discriminated against women and girls, preventing or delaying their health care access, have been eroded; and the incidence of gender-based violence is falling.

HPI and its partners in Zambia have supported the rapid scale-up of an evidence-based demand-side MNH approach. Since 2010, MAMaZ and MORE MAMaZ have supported 569 communities in 14 districts, reaching a population of 669,000. Over 6,000 safe motherhood volunteers, including emergency transport system riders, have been trained – a major contribution to the national maternal and newborn health effort, and providing our funders, DFID and Comic Relief with excellent value for money.

Results: Mobilising Access to Maternal and Newborn Health Services in Zambia

- ***Skilled attendance at birth increased** in six intervention districts from **43% to 70%***
- *Proportion of pregnant women who knew to **attend ANC in first trimester increased from 47% to 71%***
- *Proportion of women who attended **at least four ANC visits in total increased from 30% to 43%***
- ***Use of modern family planning methods increased from 21% to 33%***

MAMaZ baseline (2011) and endline (2012) survey data

HPI led a highly successful seven year programme that combined health systems strengthening and community engagement with routine immunisation and RMNCAH interventions across four states in northern Nigeria covering a population of approximately 19 million. The Partnership for Reviving Routine Immunisation in northern Nigeria/ Maternal Newborn and Child Health (PRRINN/MNCH)[4] adopted a cluster approach to scale up the delivery of a continuum of essential RMNCAH care for geographical clusters of 0.5 million people.

This approach was rolled out across four states. The comprehensive approach utilised in PRRINN/MNCH included:

- *Re-organising and integrating the delivery and management of the RMNCAH services*
- *Refurbishing and re-equipping facilities*
- *Strengthening continuous quality improvement and capacity building*
- *Supporting a large-scale community engagement approach to address demand-side barriers of access to RMNCAH services and;*
- *Strengthening health sector stewardship.*

The Young Women's Support Groups Initiative (YWSG) was launched as a add on to the PRRINN/MNCH programme, with a focus on young women (often under 15 years of age) and aimed to increase access to health information and services[5]. The groups also built young women's capacity in key areas such as communication, negotiation and financial management skills. YSWGs reached 24,000 women in four states in less than a year, demonstrating HPI's capacity to take key demand-side initiatives quickly to scale. The groups had a demonstrable effect on health-related knowledge and practice. Programme surveys found that members of these groups were more likely than non-members to: know four or more maternal danger signs; give birth in a health facility; and have the complete set of vaccinations.

Results: Reducing maternal, newborn and child mortality in northern Nigeria

- *Antenatal care rates increased from **25% to 51%***
- *Skilled birth attendance rates increased from **11% to 27%***
- *Children who had received DPT3 vaccine increased from **5% to 83%***
- *Women with permission to take their child to a health centre increased from **40% to 83%***
- *Under 5 mortality rate fell from **160 to 95.2 per 1000** live births in intervention sites*

PRRINN/MNCH baseline (2009) and endline (2013) survey data

The Young Women's Support Groups established by HPI in northern Nigeria reached 24,000 women in four states in less than a year, demonstrating significant capacity for rapid scale up.

As a whole the PRRINN/MNCH programme contributed to saving the lives of 172,000 women and children in the programme states by almost halving the under-five and infant mortality rates, as well as more than doubling the percentage of births attended by a skilled birth attendant and women receiving antenatal care by a trained person[6].

4 The PRRINN/MNCH programme was funded by UK aid from the UK Government and the State Department of the Norwegian Government, (2006-2014, £68.5 million) and was managed by a consortium led by Health Partners International with Save the Children and GRID Consulting, Nigeria and included others international and local partners such as Columbia University, John Hopkins University and Treeshades. PRRINN and MNCH were two separate contracts but were closely linked with inter-dependent outputs and activities.

5 YSWGs was supported by PRRINN/MNCH programme and funded by DFID and the Girl Hub Initiative, 2012-2014, £3.9 million

6 PRRINN/MCNH baseline (2009) and endline (2013) survey data

Evaluating RMNCAH programmes

HPI and WISE have provided evaluation support to sexual reproductive health and rights initiatives and RMNCAH programmes globally. In Zimbabwe, HPI provides MNCH-focused evaluation support to the independent evaluation of the Maternal, Newborn and Child Health Programme[7]. The programme aims to reduce maternal, newborn and child mortality across Zimbabwe. Key components include: contribution to the Health Transition Fund (a pooled fund managed by UNICEF); ARV procurement through USAID; support to paediatric ARV treatment; and supporting demand and accountability for MNCH services through greater citizen engagement. The evaluation team's recommendations focus on how best to support health sector sustainability in Zimbabwe, assessing the value for money obtained in the programme and appropriateness of support modalities and robustness of programme delivery.

WISE is conducting a performance evaluation of the Safe Abortion Action Fund (SAAF) [insert footnote: Evaluation of SAAF is funded by IPPF (2015-2017)] across Pakistan, Peru, Lebanon, Ghana and Uganda to assess the impact of SAAF grantees in delivering and sustaining changes to enable safe abortion advocacy and services and in improving outcomes for adolescents, and in sharing lessons for the improvement of SAAF accountability and learning. WISE evaluated International Planned Parenthood Federation (IPPF) work on safe abortion across Burkina Faso, Ethiopia, Pakistan and India (2015) focusing on women's ability to access services and to exercise their rights within the law; youth friendly services and prevention of unsafe abortion through access to family planning services and sexual and reproductive health and rights information. A survey of IPPF member associations and interviews of regional offices builds a picture of the quality of institutional support and the impact on organisational and attitude change.

Generating evidence on the role of results-based financing (RBF) in improving access to and quality of RMNCAH care was the key aim of the Northern Uganda Health Project (NU Health)[8]. The programme was designed as a controlled implementation study to determine the impacts, costs and benefits of RBF relative to input-based financing. Focusing on 21 private not-for-profit health facilities, the project led to improvements in access to and quality of care of major childhood killers, such as malaria, diarrhoea and pneumonia.

HPI is a core partner in strengthening the implementation of Nigeria's National Malaria Elimination Programme (NMEP), which aims to increase the quality, access and uptake of malaria control interventions, focusing on pregnant women and children under five years of age. As part of the USAID-funded Malaria Action Program for States (MAPS)[9] and as a leading managing partner in the Support to the National Malaria

7 Evaluation of the MNCH Programme, Zimbabwe is part of the Global Evaluation Framework Agreement funded by UK aid from the UK Government (2012-2016).

8 NU-Health was managed by HPI in partnership with Montrose (UK aid, 2011-2015, £12.5million).

9 The MAPS programme was funded by USAID (2010-2015, £7.65 million), led by FHI 360 in partnership with Health Partners International, Malaria Consortium and GRID Consulting.

Programme (SuNMAP)[10] programme, HPI supported 19 Nigerian states and over 70 LGAs to strengthen the implementation of the NMEP including the provision of intermittent preventive therapy to pregnant women, use of long-lasting insecticide treated nets to protect against mosquito bites and prompt treatment of malaria cases. HPI improved capacity for policy development, planning and co-ordination at national, state and local government levels, built the capacity of Malaria Control Programme Teams to provide leadership for implementation of the national elimination programme, and strengthened systems for mobilising, harmonising, distributing, utilising and sustaining resources for malaria control.

Strong local health systems are a prerequisite for achieving universal health care and sustained improvements in RMNCAH. Many of the RMNCAH systems strengthening, service delivery and community engagement innovations developed, tested and implemented by HPI over the last two decades have been mainstreamed into national programmes or rolled out to other countries.

By incorporating a critical recognition of gender and its social, institutional and systems implications, we believe that sustainable solutions to RMNCAH challenges can be found if global good practice is adapted to suit the local context and builds on needs identified by local stakeholders. It's also vital that efforts to improve RMNCAH access are underpinned by a gender empowerment approach and incorporate an understanding of social determinants. HPI brings health systems, clinical, community development and gender experts together into teams to offer this multi-disciplinary approach.

Our RMNCAH Team

Dr Paula Quigley is HPI's technical lead in Reproductive, Maternal, Newborn Child and Adolescent Health. With over 26 years of international experience in Africa and Asia, her areas of expertise include medicine, RMNCAH including nutrition, HIV and malaria, public health, health systems management, health policy and planning, improving quality of care and community health. She provides technical expertise to HPI's programmes globally in programme design, management, implementation, capacity building and evaluation and worked extensively on bilateral and multi-lateral funded programmes, and has lived in Southern and Eastern Africa and India.

Cathy Green is HPI's technical lead in Community Health Systems and has 18 years of experience supporting the design, appraisal, management and evaluation of health systems strengthening and RMNCAH programmes in Africa and Asia. Her expertise includes developing and implementing demand-side interventions in health programmes to improve RMNCAH, such as community engagement, participation and accountability initiatives, integrating emergency transport schemes and a focus on gender-based violence. She provides technical assistance to HPI's programmes in Nigeria and Zambia.

Miniratu Soyoola is currently the Programme Director for More Mobilising Access to Maternal Health Services in Zambia (MORE MAMaZ), which is increasing access to maternal and newborn health services among rural communities. Recently appointed Chair of the National Safe Motherhood Technical Working Group in Zambia, which provides space for development partners working in this area to communicate and share lessons learned, her areas of expertise include strategies for demand-creation, gender equity, advocacy and social behaviour change communication in the core thematic area of maternal and child health including malaria prevention and control and also family planning.

Dr Fatima Adamu is HPI's technical lead in Education for Women in Health. Her key areas of expertise include: demand-side interventions to improve RMNCAH; gender analysis and mainstreaming in social service sectors; and management of gender and RMNCAH health programmes. Currently the National Programme Manager for the Women for Health (W4H) programme, Dr Adamu is a strong advocate for girls' adolescent education, health and the institutionalisation of demand-side activities into government ministries and parastatals. Previously, the Social Development Advisor leading the scale up of social inclusion and community mobilisation initiatives across northern Nigeria under PRRINN/MNCH. She was previously, the Director of Research and Planning for the National Centre on Women's Development and the Assistant National Secretary of Federation of Muslim Women's Associations in Nigeria (FOMWAN).

Dr Andrew McKenzie is HPI's technical co-lead in Governance, Policy and Planning. A medical doctor and health manager with over 20 years of experience gained across Africa, his expertise includes strengthening management capacity for leadership and policy development, planning and co-ordination at national, state and local government levels to implement RMNCAH services, including malaria prevention and treatment. He provides Senior Technical Advisory support for systems strengthening, governance, management capacity building and knowledge management to several HPI programmes in Nigeria, South Sudan and South Africa.

Dr Emmanuel Sokpo is HPI's technical co-lead in Governance, Policy and Planning. A senior health administrator, project manager and medical doctor, Dr Sokpo's expertise includes health systems strengthening; institutional capacity building; management of drug supply systems and physical assets in the health sector, and safe motherhood and child health interventions; infectious disease control and total quality improvement in health. His experience includes the reorganisation and management of Primary and Secondary Health Services in Nigeria. He provides Senior Technical Advisory support for systems strengthening, governance and management capacity building to several HPI programmes in Nigeria and South Sudan.

Dr Rodion Kraus is HPI's technical lead in Hospital Management and Quality Assurance and a medical doctor with extensive experience of working in the public health sector in South Africa, Malawi, Namibia and Nigeria. He played a key role in developing and implementing national affordability guidelines for staffing of health services to improve equity and efficiency in South Africa. He oversaw three large and very successful DFID-funded RMNCAH programmes over seven years in Nigeria, including PRRINN/MNCH, focusing on revitalising primary health care and improving the availability, quality, use and access to maternal newborn and child health services. In Malawi under the USAID-funded Reducing child morbidity and strengthening health care systems program, he facilitated the introduction of hospital reforms in central hospitals to establish them as autonomous institutions.

Jeffrey W. Mecaskey FFPH, is HPI's technical lead in Public Financial Management and co-lead in Evidence for Learning. His areas of expertise include health and political economics, health policy and programme planning, implementation and evaluation. His current focus includes results-based financing. Mecaskey has lectured widely and served on a range of boards: currently Health Partners Ghana, Transaid and the Britain Nepal Medical Trust and, previously including, the Oxford Global Governance Initiative, Woman's Dignity and RAINBO, the African-led NGO on women's empowerment, sexual and reproductive rights. He serves as Senior Technical Advisor with several HPI programmes in Africa and globally on health systems strengthening, nutrition-sensitive programming and capacity building.

Georgia Taylor is a Director of HPI and WISE and is HPI's technical lead in Gender and Empowerment and has more than 15 years' experience in international development, specialising in gender and sexual and reproductive health and rights (SRHR), including work on women's economic empowerment and Violence Against Women and Girls. With senior management experience at DFID, Georgia has excellent experience of evaluating programmes and in developing evaluation methodologies – being a co-author of "Evaluation Approaches to Women and Girls' Economic Empowerment" for ODI/DFID. She led the International Planned Parenthood Federation's (IPPF) DFID PPA mid–term evaluation across three countries as well as IPAS's regional African safe abortion programme. Georgia was the lead consultant on the annual review of the UK Global Health Strategy implementation in Brazil, China, India, Russia and South Africa. She is the co–author of the Maternal and Newborn Health Research and Advocacy Fund (MNH RAF) Gender and Social Exclusion strategy in Pakistan and has written numerous business case studies for DFID on, amongst others, projects to increase female health workers in Northern Nigeria and maternal health, safe abortion and family planning for Marie Stopes International and Ipas in Africa and Asia and was the lead expert in drafting the DFID Guidance Note on Addressing Violence against Women and Girls through Economic Development programming.

Seema Khan is a WISE Associate with over 12 years' experience in gender, inclusion, empowerment, sexual reproductive health, voice and accountability and Violence Against Women and Girls issues. She has extensive experience in leading secondary research and writing evidence papers for policymakers and practitioners and is also skilled in undertaking gender and social inclusion analysis in service delivery and providing technical advice on supporting women and girls to engage in dialogue and decision-making processes. Her recent work includes an evidence paper on the role of response services in preventing Violence Against Women and Girls for DFID.

10 The SuNMAP consortium is funded by DFID (2008-2016, £4.5 million) and led by the Malaria Consortium, in partnership with Health Partners International and GRID Consulting.

Resources

HPI has collaborated to develop tools to strengthen system performance and increase coverage of quality RMNCAH and to assess and measure quality of care, including:

PRRHAA which includes a component to assess quality of care

Human Resource Software to support planning and management of human resources for health

PLAMAHS - an inventory asset management software for medical equipment

Results-Based Financing materials are available from the implementation of a controlled trial to assess the costs and benefits of Results-Based Financing versus conventional Input-Based Financing in Northern Uganda, providing recommendations for programme design, technical considerations and policy development.

All of these are open source and easy to tailor to the local context. We provide capacity building training and on-going remote support to enable sustainability of the systems.

HPI Partners and consultants have contributed to many publications, including peer-review journal articles, in our areas of expertise. Some of the most recent published articles in this area include:

Building a Resilient Health System: Lessons from Northern Nigeria; McKenzie, A., Abdulwahab, A., Sokpo, E. and Mecaskey, J.W. IDS Working Paper 454. Publisher IDS. April 2015. ISBN: 978 1 78118 229

Job satisfaction and retention of midwives in rural Nigeria; Adegoke AA, Atiyaye FB, Abubakar AS, Auta A, Aboda A. PubMed, 2015 Oct; 31(10):946-56.

Increasing access to rural maternal health services in Zambia through demand-side interventions. Cathy Green, Miniratu Soyoola, Mary Surridge, Abdul Razak Badru, Dynes Kaluba, Paula Quigley & Tendayi Kureya, Development in Practice, 25(4), April 2015.

Filling a Gap in the Referral System: Linking Communities to Quality Maternal Health Care Via an Emergency Transport System in Six Districts of Zambia; Mary Surridge, Cathy Green, Dynes Kaluba and Victor Simfukwe; World Transport Policy and Practice, Vol 20 (1), January 2014.

Mobile clinic services to serve rural populations in Katsina State, Nigeria: perceptions of services and patterns of utilization; Peters, Grace, Doctor H, Afenyadu G, Findley S, Ager A; Health Policy and Planning, 2014 Aug;29(5):642-9.

Health & Demographic Surveillance System Profile: The Nahuche Health and Demographic Surveillance System, Northern Nigeria (Nahuche HDSS); Olatunji Alabi, Henry V Doctor, Abdulazeez Jumare, Nasiru Sahabi, Ahmad Abdulwahab, Sally E Findley and Sani D Abubakar. International Journal of Epidemiology, 2014, 1–11

Bridging the policy-implementation gap in federal health systems: Lessons from the Nigerian Experience; Andrew McKenzie, Emmanuel Sokpo, Alastair Ager. Journal of Public Health in Africa, 5:381, 2014.

Mobilizing communities to improve maternal health: results of an intervention in rural Zambia; Tim Ensor, Cathy Green, Paula Quigley, Abdul Razak Badru, Dynes Kaluba & Tendayi Kureya. Bulletin of the World Health Organisation, 2014;92:51-59.

A training approach for community maternal health volunteers that builds sustainable capacity; Cathy Green, Miniratu Soyoola, Mary Surridge, and Dynes Kaluba. Development in Practice, 24(8): 948-959; 2014

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E: info@healthpartners-int.co.uk or **enquiries@wisedevelopment.com**
Follow us on **Twitter @healthpartners** and **@WISE_Develop** and on Facebook **/healthpartnersinternational**
HPI can be contacted at: Waterside Centre, North Street, Lewes, East Sussex BN7 2PE, UK