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Women's groups to improve maternal and newborn health
Health reporter, 9 September 2009

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Feature: Women's groups to improve maternal and newborn health

In Nepal and Bangladesh over 80 percent of women give birth at home, usually only with the support of a family member or local birthing attendant. During their pregnancy, less than half of women receive help and advice from a trained health professional. Lack of access to health services, advice and support during pregnancy and labour contribute to the high levels of maternal and neonatal deaths and ill health in these countries.

In Nepal, Bangladesh, India and Malawi, research has been investigating the role of women's groups in improving maternal and newborn health. Led by a local woman facilitator, women's groups meet monthly to discuss the causes and underlying problems leading to maternal and newborn death, develop practical strategies together with community leaders and men, and implement these strategies. For instance, in Nepal women identified the high cost of emergency obstetric care as a key barrier which delayed or prevented access to care. The women's group set up a fund that they could use in emergency situations. This enabled families to take decisions independently, without begging from others.

These simple, but important strategies have been proven to make a huge difference to women and their communities during pregnancy, childbirth and in the antenatal period and have had a significant impact in reducing newborn mortality. In Nepal and India research findings suggest that neonatal mortality was reduced by 30 and 42 percent respectively. This is despite the fact that access to health facilities in the study areas remains difficult. Reductions in mortality are likely due to changes in practices at home including: more birth attendants washing hands, using a safe delivery kit, plastic sheet and boiled thread. There was also increased exclusive breastfeeding for the first six weeks.

Four mechanisms explain the women's group impact on health outcomes: the groups learned new knowledge; they developed confidence; they disseminated information to their community and to pregnant women who did not attend groups; and they built community capacity to take action.

Although women's groups facilitate learning, they also enable the development of a broader understanding of health problems and develop community capacity to bring health and development benefit.

Many thanks to Rebecca Wolfe from the Towards 4+5 Research Programme Consortium, the London School of Hygiene and Tropical Medicine, UK, for writing the content for this Health Reporter.

More information:

- Towards 4+5 Research Programme Consortium
<http://www.towards4and5.org.uk/>
- CIHD – research on women’s groups
<http://www.ucl.ac.uk/cihd/research/postnatal>
- MIRA – Nepal
<http://www.mira.org.np/>
- Maternal and newborn health, Eldis Health Resource Guide
www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health

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Recommended readings

1. Women's groups' perceptions of maternal health issues in rural Malawi

Author: M. Rosato; C.W. Mwansambo; P.N. Kazembe

Publisher: The Lancet, 2006

Improvements in preventive and care-seeking behaviours to reduce maternal mortality in rural Africa depend on the knowledge and attitudes of women and communities. Surveys have indicated a poor awareness of maternal health problems by individual women. This article in The Lancet reports the perceptions of women's groups to such issues in the rural Mchinji district of Malawi. The report shows how participatory women's groups were used in the Mchinji district which identified maternal health problems and prioritised problems they considered most important. The maternal health problems most commonly identified by more than half the groups included anaemia, malaria, retained placenta and obstructed labour.

HIV and AIDS and sepsis were identified or prioritised much less because complexity and contextual factors hindered their consideration. The article finds that rural Malawian

women meeting in participatory groups showed a developed awareness of maternal health problems and the concern and motivation to address them. The authors highlight how community mobilisation strategies, such as women's groups, might be effective at reducing maternal mortality because they can draw on the collective capacity in communities to solve problems and make women's voices heard by decision-makers.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44536&type=Document>

2. Behaviour change in perinatal care practices among rural women exposed to a women's group intervention in Nepal

Authors: A. Wade; D. Osrin; B.P. Shrestha

Publisher: BMC Pregnancy and Childbirth, 2006

This article, in BMC Pregnancy and Childbirth, examines the behaviour changes in pregnancy, childbirth and newborn care of women in rural Nepal who attend participatory women's groups which focus on improving care before, during and after childbirth. The trial included 5400 women and examined changes in the incidence of four positive outcomes: attendance of antenatal care; cleanliness of boiled blade to cut the cord; appropriate dressing of the cord; and not discarding of colostrums (the first milk produced by the breasts that provides essential nutrients and infection-fighting antibodies for infants). The paper finds that women who attended groups were more likely to show a positive change than non-group members with regard to antenatal care utilisation and not discarding of colostrums.

The authors conclude that women's groups promote significant behaviour change in pregnancy, childbirth and newborn care amongst women not previously following good practice, and these changes that can be attributed to interventions were not restricted to specific demographic subgroups. The presence of groups in an area also has a wider impact than merely on the women who attend – the activities and existence of the group stimulate wider behaviour change in their communities.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=24080&type=Document>

3. Economic assessment of a women's group intervention to improve birth outcomes in rural Nepal

Author: J. Borghi; B. Thapa; D. Osrin

Publisher: The Lancet, 2005

Of the 4 million neonatal deaths worldwide every year, most occur in developing countries. In Nepal, the burden of neonatal mortality is especially high, and over 90 percent of births take place at home without a trained attendant. Because of geographic and financial realities, achieving a substantial increase in facility-based deliveries is unlikely to be feasible in the short-term. Interventions promoting changes in practices at home and in the community might therefore be more realistic, locally relevant, and cost effective. This article in The Lancet examines a cost-effectiveness analysis alongside a cluster-randomised controlled trial of a participatory intervention with women's groups aiming to improve birth outcomes in rural Nepal.

The authors assessed the effect of facilitators working with women's groups to develop strategies for improvement of maternal and neonatal health. The article outlines the intervention's effectiveness, achieving a 29 percent reduction in neonatal mortality and a substantial reduction in maternal mortality during 33 months. It is highlighted that in view of resource scarcity, the question remains over whether this intervention represents good value for money. Therefore a cost-effectiveness analysis was carried out comparing the women's group intervention with current practice. We also examined resource requirements for programme expansion. The authors find that the average provider cost of the women's group intervention was US\$0.75 per person per year in a population of 86,704. The incremental cost per life-year saved (LYS) was \$211 and expansion could rationalise on start-up costs and technical assistance, reducing the cost per LYS to \$138. The paper finds that this intervention could provide a cost-effective way of reducing neonatal deaths.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44537&type=Document>

4. Effect of a participatory intervention with women's groups on birth outcomes in Nepal: cluster-randomised controlled trial

Authors: D. S. Manandhar; D. Osrin; H. Standing; A. M. de L. Costello

Publisher: The Lancet, 2004

This article, published in The Lancet, reports on the effects of a community-based participatory intervention to reduce neonatal (newborn) mortality in rural Makwanpur district, Nepal. The intervention was conducted among random clusters or groups of local women. In each cluster, a local female facilitator convened nine group meetings each month. Findings showed that from 2001 to 2003, the neonatal mortality rate was 26.2 per 1000 live births in the intervention groups compared with 36.9 per 1000 in the control clusters. The maternal mortality ratio was 69 per 100,000 live births in the intervention clusters compared with 341 per 100,000 in the controls. Women in the intervention groups were also more likely than those in the control groups to have antenatal care, institutional delivery, trained birth attendance and hygienic care.

The authors conclude that a community-based approach based on local participation can substantially reduce neonatal and maternal mortality in poor and remote communities by enabling changes in home-care practices and care-seeking. They argue that such an intervention has the benefit of being acceptable, sustainable and cost-effective and, with sufficient investment and political commitment, could also be rapidly scaled up. They recommend further research into how to replicate the approach in different settings.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=18484&type=Document>

5. Women's health groups to improve perinatal care in rural Nepal

Authors: J. Morrison; S. Tamang; N. Mesko; H. Standing; A. Costello

Publisher: BMC Pregnancy and Childbirth, 2005

This article, published in BMC Pregnancy and Childbirth, examines the development of women's groups in rural Nepal as a way of reducing maternal and neonatal mortality. It reports that the groups developed varied strategies to tackle problems of maternal and newborn care: establishing mother and child health funds, producing clean home delivery kits, and operating stretcher schemes. Close linkages with community leaders and community health workers improved implementation of these strategies. Most groups remained active for at least 30 months, and outcomes included a 30 per cent reduction in neonatal mortality, and an even larger effect on maternal mortality.

The authors argue that, although there were contextual, cultural and security challenges in implementation, the participatory approach used in this intervention could be a powerful tool to address maternal and newborn health problems in communities. Noting that most deliveries occur at home in populations where maternal and newborn mortality rates are highest, they emphasise the need for interventions which reach out to the poorest groups in order to change care practices at home, and care seeking for illness or complications of childbirth. They suggest that this intervention provides a model that can be scaled up rapidly in even the poorest and most remote communities.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=23055&type=Document>

Latest additions from the Health resource guide

1. Value for money in working with the non-state sector in health – what do we know from DFID experience?

Authors: V. Walford

Publisher: Department for International Development Health Resource Centre (HRC), 2009

There are a wide range of non-state actors (NSAs) in most developing countries, ranging from the not-for-profit NGOs such as mission run hospitals and clinics to self employed/for profit individual doctors or nurses running a small practice to untrained and unlicensed medicine sellers or 'village doctors'. This paper by the DFID Health Resource Centre looks at the extent of DFID's engagement with NSAs in the health sector and what is known about the value for money of working with different types of NSAs in various ways. The paper details how DFID provides most of its support to health to the public sector. However there are cases where DFID provides funding directly to NSAs. In other cases, DFID support goes to the Government which then uses some of those funds to fund service delivery by NSAs. This can involve formal contracting out of services, often to NGOs, or less structured support such as providing training, drugs and supervision to NSAs so they can deliver better services.

The author argues that in addition to seeking value for money, it is important to consider equity. The evidence suggests that all income groups use non-state services but, as in most public sectors, there is higher use by the relatively better off. Whether working with the non-state sector provides better value for money will substantially depend on the quality of design and implementation. There is growing experience in contracting, social franchising, vouchers and performance incentives. The paper outlines various aspects which DFID might want to consider for the future including that in developing or reviewing health sector plans, they should consider opportunities to improve NSA efficiency and effectiveness and as a way to enhance access. Further more DFID might want to consider reviewing the procurement issues for directly funded work with NSAs, including the total market approach to social marketing.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44489&type=Document>

2. Franchising of health services in developing countries

Authors: D. Montagu

Publisher: College of Natural Resources, University of California, Berkley, 2002

This paper from The University of California, Berkley describes the structure and operation of existing franchises and presents a model of social franchise activities that

will afford a context for analysing choices in the design and implementation of health-related social franchises in developing countries. The author shows that whilst franchising has great potential to increase service delivery points and method acceptability, a number of challenges are inherent to the delivery model: controlling the quality of services provided by independent practitioners is difficult; positioning branded services to compete on either price or quality requires trade-offs between social goals and provider satisfaction; and understanding the motivations of clients may lead to organisational choices which do not maximise quality or minimise costs.

The author defines the different types of commercial and social franchise and introduces the theoretical model of franchising. The implications of this model are explored, first at the theoretical level, and then with respect to specific areas of franchise operation. The paper concludes that the primary advantage of business model franchising is the potential for fast, low risk expansion through local ownership, backed by a recognised brand with well-established attributes desired by consumers. With these advantages, the application of franchising to health services is more a matter of time than a matter of dispute. Already, franchising has been used in half a dozen countries to deliver reproductive health services to populations beyond the reach of government health programmes. While there is much potential for service franchising to expand access to a range of services with social benefits, there are a number of basic requirements before any franchise can be considered successful. These include an existing and underemployed private medical sector and sufficient local capacity to build and manage a large organisation, working in an effective for-profit manner.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44490&type=Document>

3. Clinical social franchising: an annual compendium of programs, 2009

Authors: Global Health Group

Publisher: University of California, Los Angeles, 2009

Social franchising represents one of the best known ways to rapidly scale up clinical health interventions in developing countries. Building upon existing expertise in poor and isolated communities, social franchising organisations engage private medical

practitioners to add new services to the range of services they already offer. The summaries provided in this compendium by the Global Health Group at the University of California, San Francisco, reveal some of the innovations in developing country health care delivery that social franchises offer. Specific examples are provided, such as the Confiance programme in the Democratic Republic of the Congo. The programme reports that its toll-free hotline for answering family planning-related questions and making referrals has proven to be a particularly effective way of addressing family planning concerns raised by men.

The document argues that standardisation, quality monitoring, and scalability make social franchising a model platform for the expansion and improvement of a wide range of medical services. The goals and definitions of social franchises reflected in this compendium were derived from a consensus meeting of leaders of major clinical social franchises from around the world, held in November 2008. Twenty-two programs fit the compendium's definition of clinical social franchise and an additional eleven programmes with incomplete data are listed at the end. Clinical social franchises examined include the Gold Star Network in Kenya which have found that using mobile phones for short messaging service is an ideal way to follow up with clients. Also Smiling Sun in Bangladesh estimates that its network of clinics, formerly run by multiple NGOs, covers 10% of the Bangladeshi population.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44491&type=Document>

4. Social franchising to increase access to and quality of health services in low- and middle-income countries

Author: T.P. Koehlmoos; R. Gazi; S.S. Hossain

Publisher: Cochrane Library, 2009

Governments are looking for ways to increase the access to and quality of health care services in low- and middle-income countries. This review from the The Cochrane Collaboration shows how a system called social franchising, which is not connected to the public sector, can provide health services. The concept of franchising for health services is similar to franchises in business. A franchiser develops a successful way to

provide the health services, and then other franchisees copy the model in other franchises. Each franchisee, though, has to follow the original model. There is also usually specific training, protocols and standards to follow, monitoring, and a brand name or logo which identifies that the provider is part of a franchise.

Early work reports that social franchising may improve the spread of health services across low- and middle income countries. But this Cochrane review does not find any rigorous evidence to demonstrate the effect of social franchising on access to and quality of care in low- and middle-income countries. Well designed studies are needed.

[Please note the full text of this document is only accessible freely for selected countries. More information is available on the website]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44494&type=Document>

5. Working with the non-state sector to achieve public health goals

Authors: S. Bennett; K. Hanson; P. Kadama

Publisher: World Health Organization, 2005

In both urban and rural settings, private for-profit and non-profit health care providers and suppliers of health related commodities serve both the rich and the poor. This paper from the World Health Organisation aims to start developing consensus about key challenges and effective strategies in working with the non-state sector to achieve public health goals. The authors consider the critical challenges for low income countries dividing these into priority challenges and root cause challenges. The document then examines how to tackle the manageable problems in countries, and what is effective and feasible. The document identifies mechanisms to improve service coverage and quality and also highlights appropriate roles and capacity of government and non-state sector stakeholders.

Priorities for action are then discussed and divided into three sections: government role and basic regulation, capacity building and the generation and synthesis of information. The authors consider the gaps at international level and details ways of moving forward

through a small working group who's objectives will include the review of evidence and past lessons. The working group will also develop tools to enable governments and other actors such as medical associations, to reach out to and work with non- state sector actors.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health&id=44495&type=Document>

Announcements

1. Job: Save the Children seeks Health, Newborn and Child Survival Programme Manager, Liberia

Closing date: 25 September 2009

Save the Children is the world's leading independent child rights organisation. We seek to make immediate and lasting change for children through a portfolio of high impact activities aimed at reducing child mortality.

The Save the Children Alliance has adopted a new strategic priority to expand our work on Newborn and Child Survival to help achieve Millennium Development Goal 4 - a two thirds reduction in child mortality. We work to ensure that children no longer die needlessly for want of access to quality essential health services, food and nutrition. We work to ensure that children realize their right to health and freedom from hunger regardless of economic or social status.

Save the Children UK has been fully operational in Liberia since 1991 with an emergency programme focusing on the immediate needs of children affected by war. The programme is at an exciting and interesting stage – moving from humanitarian and emergency interventions to long-term rehabilitation and development approaches with the aim of fulfilling the rights of Liberia children to health, education, and protection. Our work in health focuses on strengthening systems and capacity of government at national, county and community levels to deliver high quality primary health care services with particular focus on child and maternal health, reproductive and adolescent

health. In addition we directly support 22 health clinics and five county health teams and through our health work we are improving management of GBV.

This vital role will see you steering the development and implementation of all aspects of the country's Health, Newborn and Child Survival programme. You will prepare operational plans, budgets, and human resource plans; fundraise, and network at various levels within the country and region especially with Ministry of Health, donors, partners etc to strengthen our advocacy position and build our influence and profile. You will provide inspirational leadership to the national team and develop staff capacity to drive forward our health thematic plans.

Please click on full details link for more information.

More details available online at: <http://www.eldis.org/go/jobs&id=44538&type=Item>

2. Meeting: 2nd International Meeting on Innovations & Progress in Healthcare for Women, 'Prevention, Screening and Risk Prediction in Women's Health'

Dates: 9-11 November, 2009

Location: Royal College of Obstetricians and Gynaecologists, London, UK

This is the 2nd international meeting on 'Innovations & Progress in Healthcare for Women' and it is being jointly held by the UCL Elizabeth Garrett Anderson Institute for Women's Health in collaboration with the Royal College of Obstetricians and Gynaecologists (RCOG).

The theme of the meeting will be 'Prevention, Screening and Risk Prediction in Women's Health' and each day will be dedicated to one specialty area. The three specialty areas are: obstetrics and neonatal; gynaecology and reproductive health; gynaecology and cancer.

In parallel to the main programme there will also be specialist workshops and seminars taking place.

For more information and to access an online interest submission form, please use the full details link.

More details available online at: <http://www.eldis.org/go/events-and-announcements&id=42681&type=Item>

See the complete list of announcements at: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements

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- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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The views expressed in this newsletter and on the Eldis website are the opinion of the authors and do not necessarily reflect the view of Eldis, IDS or its funders.

Eldis currently includes descriptions and links to over 4,500 organisations and over

22,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet. Eldis is one of a family of Knowledge services at IDS - <http://www.ids.ac.uk/go/knowledge-services>

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