

Women and Children First

Life course tool

Ready for piloting



The issue

Every year there are 289,000 maternal deaths, 2.6m stillbirths, 5.9m deaths in children under five (including 2.7m newborn deaths — and 1.3m adolescent deaths. Many more suffer illness and disability and fail to reach their potential.

The Life Course tool

It supports communities to come up with local answers to improve the health and development of women, children and young girls. It engages community members concerned about these issues in groups and guides them through 12 monthly meetings in a four phase action cycle to: a) identify problems affecting women, children and young girls; b) identify local solutions to these problems; c) plan and implement these solutions; and d) evaluate these solutions. Local female facilitators use discussion prompts, picture cards and other tools to stimulate discussion.

Evidence

The Life Course tool is currently undergoing rigorous pilot testing in Oyam District, Uganda in collaboration with Doctors with Africa CUAMM. Interim results are expected in 2019.

The PLA methodology

The Life Course tool is based on the Participatory, Learning and Action (PLA) a sustainable³, cost-effective¹ and equitable^{4,5} methodology to support local communities to find local answers for global problems.

Application

PLA methods like the Life Course tool work best in rural¹ settings, but there is increasing evidence that they can also work in urban and humanitarian settings. They can be scaled through local volunteers⁶, community health workers⁷, NGOs² or hybrid systems. For maximum impact, delivery in parallel with supply side interventions is advised.

Policy

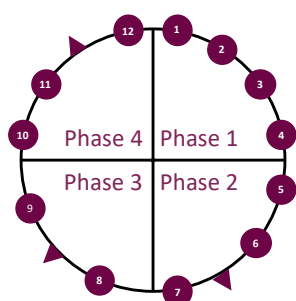
The Life Course tool can promote community engagement, a key area in the WHO Global Strategy for Women's, Children's and Adolescents' health (2016-2030).

Other tools

Other tools based on PLA:

- MNH tool, which can successfully improve mother and newborn health and survival. This approach is recommended by the WHO. **Ready for sale-up.**
- FP tool, which can improve FP knowledge and attitudes and practices. **Ready for pressure-testing.**
- PMTCT tool, which can promote transmission prevention activities during pregnancy, delivery and after birth. **Ready for pressure-testing.**

Figure 1: The MNH tool



Phase 1: Identify problems

- 1: Group formation
- 2: Identify child health problems
- 3: Identify adolescent health problems
- 4: Identify women's health

Phase 2: Identify solutions

- 5: Identify prevention and management behaviours
- 6: Identify solutions
- 7: Community meeting 1

Phase 3: Implement solutions

- 8: Plan solutions
- 9: Mobilise resources

Phase 4: Evaluate solutions

- 10: Evaluate solutions
- 11: Plan for the future
- 12: Community meeting 2

Figure 2: Key problems facing women's, children's and adolescents' across the life course

Women's health	Pregnancy, childbirth, postnatal care	Child health and development	Adolescent health and development
<ul style="list-style-type: none"> - SRH - Malnutrition - Communicable and non-communicable diseases - Cervical and breast cancer - Gender-based violence - Pre-conception health 	<ul style="list-style-type: none"> - Pregnancy health - Maternal and newborn complications - Safe abortion - PMTCT - Preterm birth 	<ul style="list-style-type: none"> - Responsive caregiving and stimulation - Infectious diseases - Malnutrition - Disabilities - Accidents and injuries 	<ul style="list-style-type: none"> - Communicable and non-communicable diseases - Malnutrition - Mental health - GBV - SRH - Accidents and injuries

Pilot > Transition > Scale-up

Pilot: Tool is ready for pilot testing.

Pressure-testing: Tool has been pilot tested and is ready for pressure-testing at scale.

Scale-up: Tool is effective and ready for scale-up.

The PLA methodology was developed in collaboration with partners

BADAS—PCP – Bangladesh; Ekjut and SNEHA – India; MaiMwana and MaiKhanda – Malawi; MIRA – Nepal; UCL – UK

References

- 1 Prost, A et al. Women's groups practising participatory learning and action to improve maternal and newborn health in low-resource settings: a systematic review and meta-analysis. *Lancet*. 2013; 381: 1736-46.
- 2 Tripathy, P et al. Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. *Lancet*. 2010; 375: 1182-92.
- 3 Sondaal, A. What happens when external support stops? A qualitative study exploring the sustainability of women's groups in rural Nepal. MSc Dissertation, UCL, London.
- 4 Houweling, et al 2015. Reaching the poor with health interventions: programme-incidence analysis of seven randomised trials of women's groups to reduce newborn mortality in Asia and Africa. *Journal of Epidemiology and Community Health*. 2015; (0): 1-11.
- 5 Morrison, J et al. Disabled women's attendance at community women's groups in rural Nepal. *Health Promotion International*. 2015; 1-11.
- 6 Fottrell, E. Community Led Evidence-based Action for Newborns (CLEAN) at scale through participatory women's groups and health workers in rural Bangladesh. Personal communication.
- 7 Tripathy et al. Effect of participatory women's groups facilitated by Accredited Social Health Activists on birth outcomes in rural eastern India: a cluster-randomised controlled trial. *Lancet Global Health*. 2016; 4(2): e119-e128.

More information

www.womenandchildrenfirst.org.uk

For more information please contact us:

Women and Children First,
United House, North Road, London, N7 9DP
+44 (0)207 700 6309

info@womenandchildrenfirst.org.uk

