

Women and Children First MNH tool Ready for scale-up



The issue

Every year, predominantly in poor rural communities, 300,000 women die in pregnancy and childbirth and 2,500,000 children die before one month of age.

The MNH tool

It supports communities to come up with local answers to improve the health and survival of mothers and newborns. It engages community members concerned about maternal and newborn survival in groups and guides them through 11 monthly meetings in a four phase action cycle to: a) identify problems affecting women and children during pregnancy, childbirth and newborn period; 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 MNH tool is effective:

- Reduces maternal mortality by 49% and neonatal mortality by 33%¹
- Improves maternal and newborn home-care and care-seeking practices¹
- Reduces moderate maternal depression²

The PLA methodology

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

Application

PLA methods like the MNH 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

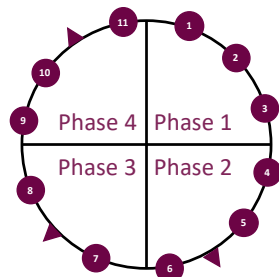
The MNH tool has a WHO global recommendation. The MNH tool is endorsed under the Every Newborn Action Plan (2014) and can promote community engagement, a key area in the WHO Global Strategy for Women's, Children's and Adolescents' health (2016-2030).

Other tools

Other tools based on PLA:

- FP tool, which can successfully improve family planning. **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 maternal health problems
- 3: Identify newborn health problems

Phase 2: Identify solutions

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

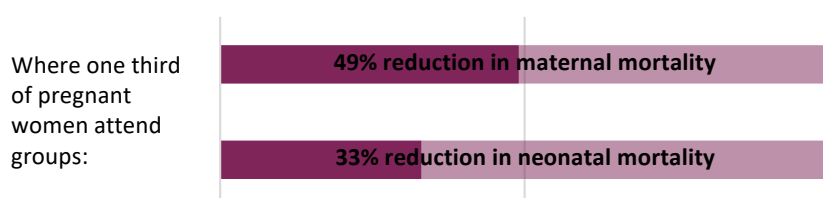
Phase 3: Implement solutions

- 7: Plan solutions
- 8: Mobilise resources

Phase 4: Evaluate solutions

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

Figure 2: Maternal and neonatal mortality



WHO Global Recommendation, 2014

"Implementation of community mobilization through facilitated participatory learning and action cycles with women's groups to improve maternal and newborn health is recommended, particularly in rural settings with low access to services"

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 (2018). Sustainability of community-based women's groups: reflections from a participatory intervention for newborn and maternal health in Nepal, *Community Development Journal*, bsy017, <https://doi.org/10.1093/cdj/bsy017>
- 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

Films

Bangladesh – Reducing child mortality and improving maternal health – BADAS-Perinatal Care Project
https://www.youtube.com/watch?list=PLKY2vCmiZBr6d8Mzylfko_J6uFAp_Edbx&v=GDBn7WvZmAc&feature=player_embedded

India – Improving maternal and neonatal health in rural India – Ekjut
https://www.youtube.com/watch?v=weslNtOAIQg&feature=player_embedded&list=PLKY2vCmiZBr6d8Mzylfko_J6uFAp_Edbx

Malawi – Umodzi (Together) – MaiMwana Project
https://www.youtube.com/watch?feature=player_embedded&list=PLKY2vCmiZBr6d8Mzylfko_J6uFAp_Edbx&v=S3b2-07zOgl

Nepal – A lens on our lives – Mother Infant Research Activities (MIRA)
https://www.youtube.com/watch?feature=player_embedded&v=CESLKqRKM8g

Uganda - Participatory learning and action groups for maternal and neonatal health – Amref
<https://www.youtube.com/watch?v=rMYgDqQCDaY>

Websites

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