

Women and Children First Participatory Learning and Action (PLA) methodology



The issue

Women, children and young people face problems that kill them, harm them or hold them back. Local communities have the answers, but are too often told what to do, treated as the problem or ignored.

The PLA methodology

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

Evidence

The PLA methodology is a sustainable¹, cost-effective² and equitable^{3,4} way of supporting communities to find local answers for global problems.

It is also effective. For example, when applied to maternal and newborn health it can:

- Reduce maternal mortality by 49% and neonatal mortality by 33%²
- Improve maternal and newborn home-care and care-seeking practices²
- Reduce moderate maternal depression⁵

Application

PLA works best in rural¹ settings, but there is increasing evidence that they can also work in urban and humanitarian settings. It can be scaled through local volunteers⁶, community health workers⁷, NGOs⁵ or hybrid systems.

For maximum impact, delivery in parallel with supply side interventions is advised.

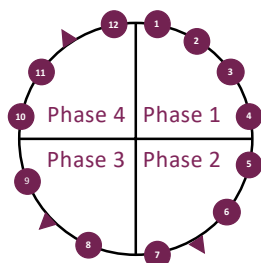
Policy

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

PLA tools.

- MNH tool, which can successfully improve mother and newborn health and survival. This approach is recommended by the WHO.
- FP tool, which can successfully improve family planning.
- PMTCT tool, which can promote transmission prevention activities during pregnancy, delivery and after birth..

Figure 1: The PLA cycle



Phase 1: Identify problems

Community members identify and prioritise the problems that cause the issue they are concerned about.

Phase 2: Identify solutions

They identify the practices to prevent and manage these problems, the barriers to these practices and feasible solutions to overcome these barriers.

Phase 3: Implement solutions

They collaborate to plan, resource and implement their chosen solutions to benefit the whole community.

Phase 4: Evaluate solutions

They work with the whole community to evaluate the impact of their solutions, make improvements and address new problems.

Figure 2: PLA picture cards

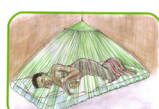
Three types of cards are used to stimulate and guide discussion in group meetings



Barriers



Problems



Practices

Prof. Anthony Costello
ex-Director of Maternal, Child and Adolescent Health, WHO

"Simply by meeting and resolving problems together, we now know that women can save the lives of mothers and their babies"

Richard Horton
Editor, The Lancet

"It's not a drug. It's not a vaccine. It's not a device. It's women, working together, solving problems, saving lives"

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 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.
- 2 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.
- 3 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.
- 4 Morrison, J et al. Disabled women's attendance at community women's groups in rural Nepal. *Health Promotion International*. 2015; 1-11.
- 5 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.
- 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

https://www.youtube.com/channel/UC_DEKo9S2cM8ZachqYgrlHg

Websites

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

