Annex 1 **Summary of studies on the use of women's groups to improve reproductive and neonatal health outcomes in different countries**

Study area & reference: Burkina Faso, 2002–04 [26]
Health focus: Malaria knowledge & management
Aims: Evaluate an intervention aimed at improving case management of malaria in children aged < 5 years through primary caretaker with local women groups & existing health centres

Group profile	Mode of delivery	Strategies	Location of group meetings	Facilitators	Management	Evaluation	Benefits	Limitations
70 women group leaders.	Training of group leaders in malaria management, who later trained average of 15 mothers in sub-villages.	Women group leaders sold chloroquine & paracetamol to women of febrile children, supervised 1st dose & visited child on 2nd & 3rd days of treatment.	Women leaders met women of febrile children at their own home on 1st visit, followed by visit to child's home on 2nd & 3rd day of treatment	Women group leader, supervised by health centre staff.	Health worker from local health centre visited each group leader monthly for supervision & drug provision (at cost which allowed small profit as an incentive); Drugs from health centre were provided using a revolving fund.	Comparison with baseline & control villages; *In vivo* drug efficacy testing for children with uncomplicated facliparum malaria.	Intervention bridged gap between health workers at peripheral health centres & mothers; Self-reported chloroquine treatment of fever at home & referral to health centres increased over the study period; Prevalence of anaemia & malaria decreased in intervention & control villages.	Lack of intervention effectiveness attributed to: contamination; Pre-existing differences in coverage of malaria treatment in both study groups; Increased resistance against chloroquine.

Study area & reference: **rural Bolivia, 1991–93 [27]**
Health focus: **Prenatal care, newborn care, breastfeeding & deliveries by skilled attendants**
Aims: **Evaluate potential effect of organizing women's group on perinatal mortality. Identify impact of project components e.g. increasing prenatal care, improving immediate newborn care, breastfeeding & deliveries by skilled attendants. Impact of community organization of women on perinatal outcomes**

Group profile	Mode of delivery	Strategies	Location of group meetings	Facilitators	Management	Evaluation	Benefits	Limitations
Local women from 50 communities, in 3 geographic zones.	Initiating & strengthening women's organizations; Developing women's skills; Training community members.	Skills training in problem identification & prioritization; Training community members in safe birthing techniques.	Women's organizations.	2 auxiliary nurses.	Not mentioned.	Perinatal mortality per 1000 births; Number of women participating in women's organizations; Number of organizations; Proportion of women receiving prenatal care & initiating breastfeeding on1st day after birth.	Doubling of participation in women organizations; Women encouraged to discuss obstetric complications; Training in literacy; Increased use of credit programmes; Family planning; Safe motherhood educational programmes; Increased number of women who received prenatal care.	Recall bias; Incorrect classification of time of death & hence misclassification between fetal death & perinatal death; Before & after study design.

Study area & reference: rural Nepal, 1999-2003 [28]
Health focus: Various newborn and maternal health problems
Aims: Reduce neonatal mortality rates in intervention clusters by women group activities. Reduce stillbirths and maternal mortality. Improve uptake of antenatal and delivery services, home care practices and health care seeking

Group profile	Mode of delivery	Strategies	Location of group meetings	Facilitators	Management	Evaluation	Benefits	Limitations
Local women mostly illiterate. Total 111 women groups.	Development & implementation of participatory project to improve perinatal care at community level.	Establishing mother and child health funds; Producing clean home delivery kits ; Operating stretcher scheme; Home visits to newly pregnant women by women's group members.	Within the intervention communities.	Paid, local women, selected on merit & trained in facilitation techniques; Each facilitator lead 9 groups per month; Every 3 facilitators were backed by a supervisor.	Group managed community-generated funds.	Reduction in neonatal & maternal mortality rates.	30% reduction in neonatal mortality in intervention clusters; 78% reduction in maternal mortality rates; Establishment of mother & child health funds, production of clean home delivery kits, stretcher schemes; Increased support to newly pregnant women.	Intervention & control areas had some differences in literacy & poverty indicators.

Study area & reference: Nepal, 1999–2000 [29]
Health focus: As determined by the groups (e.g. scabies, diarrhoea, pneumonia, headache abdominal pain, poor eyesight)
Aims: Working with women's groups to promote health in the community using the health analysis & action cycle

Group profile	Mode of delivery	Strategies	Location of group meetings	Facilitators	Management	Evaluation	Benefits	Limitations
7 ethnic- specific women groups.	Full cycle of health analysis & action	Women's group members Identified & prioritized health problems, determined perceived causes & possible solutions; created & implemented plan; monitored & evaluated project.	Within intervention communities	Local women (supported by men in cross-cultural communication), supported by project worker.	Within study districts.	Monitoring visits by community health development programme staff, researcher & group members.	Capacity building; Enhancement of group women's confidence & self-esteem, Enhancement of group women's ability to identify & prioritize issues & to implement & evaluate solutions; Construction of latrines & provision of clean water supply for community.	Time-consuming approach; Unable to resolve some issues of understanding; Women's position in the society remained unchanged.

Study area & reference: Pakistan, 2002–05 [30] *Health focus:* Undernutrition *Aims:* To improve nutritional status of girls in government primary schools and to attract & retain girls not attending school; to create awareness of better living concepts in the community; to introduce capacity building for community empowerment								
Group profile	**Mode of delivery**	**Strategies**	**Location of group meetings**	**Facilitators**	**Management**	**Evaluation**	**Benefits**	**Limitations**
School committees (average 12 members); 28 districts; 50 000. mothers; other community women; community organizer; schoolteacher; 2 student representatives	Collective decision-making to enhance school meals for girls.	Provision of freshly prepared, nutritionally balanced lunches in schools; Health education, training.	Schools.	Community organizers.	School committee responsible for school development funds provided by government.	Anthropometric analyses; Menu analyses; Frequency of meetings & supervisory visits by various stakeholders.	Women's empowerment Improved nutrition of girls; Improved awareness of health & nutrition issues.	Short intervention period; Lack of continuous follow-up.

Study area & reference: Guatemala City, Guatemala, 1999 –2001 [31] *Health focus:* Advantages of breastfeeding, early breastfeeding, overcoming difficulties in breastfeeding and complimentary feeding *Aims:* To assess the impact of mother-to-mother support programme of La Leche League Guatemala on early initiation of breastfeeding and on exclusive breastfeeding								
Group profile	**Mode of delivery**	**Strategies**	**Location of group meetings**	**Facilitators**	**Management**	**Evaluation**	**Benefits**	**Limitations**
Local community women who were pregnant or had child age < 6 months.	Counsellors (initially voluntary, later funded) mother-to-mother support groups.	Local, trained, breastfeeding counsellors facilitated mother-to-mother support groups, visited women homes, contacted women in markets & other public areas & referred women to local health centre.	Mother's homes, churches, schools, & other public places.	Breastfeeding counsellors.	Not mentioned.	Comparison of breastfeeding behaviours for infants aged < 6 months at the baseline & 1-year follow up in 2 programme & 2 control communities.	Mothers who participated in support groups were more likely to exclusively breastfeed than mothers who did not participate.	Effect of intervention was not significantly different; Short follow-up period, Details of mother-to-mother support activities were not clear; Participant self-selection might explain differences in breastfeeding initiation & exclusive use.

Study area & reference: Kerala, India, 2003 [32] *Health focus:* No direct health focus *Aims:* To examine association between female participation in microcredit programme and women's health								
Group profile	**Mode of delivery**	**Strategies**	**Location of group meetings**	**Facilitators**	**Management**	**Evaluation**	**Benefits**	**Limitations**
36% of adult women in study area were members of self-help group.	Small groups of women supported by nongovernmental organization (NGO) or local government engaged in savings & loan activities.	Groups were involved in income generation, skills training & women's rights & awareness campaigns. Each group determined the procedure for loan allocation & interest rates	Not mentioned	NGO	Women made weekly contributions that were deposited in a commercial bank. After initial saving period, members become eligible for loans.	Cross-sectional survey to determine health determinants & health achievements between participant & non-participant women.	Self-help group participants faced less exclusion to health care, had lower health risks & had greater health achievements	Cross-sectional design; Selection bias; Health status was self-reported; Limited, non-validated questions on mental health; Women were either head or spouses of head of households.

Study area & reference: Bangladesh, 1998 [33] *Health focus:* Family planning, immunization, nutrition, education, prenatal & postnatal care, water & sanitation *Aims:* To assess the contribution of microcredit programme in improving health knowledge among poor women in rural Bangladesh								
Group profile	**Mode of delivery**	**Strategies**	**Location of group meetings**	**Facilitators**	**Management**	**Evaluation**	**Benefits**	**Limitations**
Community health volunteers & community women.	Awareness raising about various dimensions of health among participants of microcredit programmes by annual courses & monthly meetings.	Group meetings & focus group discussions; Mandatory health checkup at the time of credit delivery to women; Training in literacy & about how to seek basic health care.	Not mentioned.	NGO staff & community health volunteers.	Not mentioned.	Cross-sectional survey to determine differences in health knowledge among participant & non-participant women in credit programme.	Improved health knowledge e.g. vaccination, measures to prevent child diseases & death, prenatal & postnatal care.	Cross-sectional study design.