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**EXPLORING THE EFFICACY OF  
COMMUNITY WOMEN'S GROUP LEADERS  
TO DELIVER HEALTH INFORMATION ON  
HYPERTENSIVE DISORDERS OF  
PREGNANCY TO *EMPOWER WOMEN &  
ENHANCE LINKAGES TO CARE***

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# Outline

- **Introduction:** *Community Health in 2019*
- **Background:** *Ending Eclampsia project*
- **Methods:** *Training Leaders*
- **Results:** *Lead, Reach, Change*
- **Conclusions:** *Underutilized & Effective*

**“There is growing recognition that CHWs and other types of community-based health workers are effective in the delivery of a range of preventive, promotive and curative health services.”**

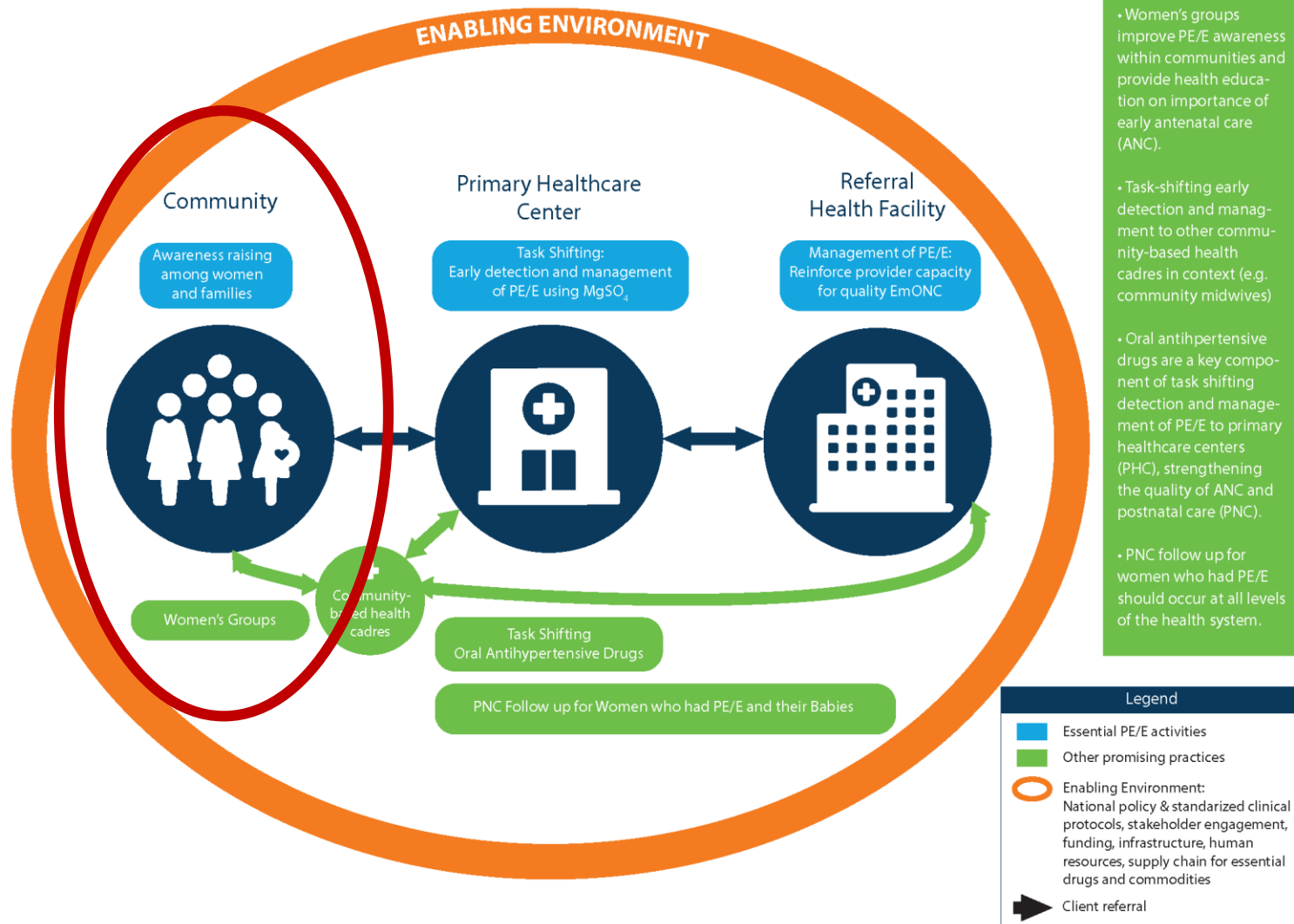
*– WHO, October 2018*

# Community Women's Groups in Nigeria



# Ending Eclampsia Project

## Primary Health Care Pre-Eclampsia/Eclampsia Model



Promising practices from PE/E research

- Women's groups improve PE/E awareness within communities and provide health education on importance of early antenatal care (ANC).

- Task-shifting early detection and management to other community-based health cadres in context (e.g. community midwives)

- Oral antihypertensive drugs are a key component of task shifting detection and management of PE/E to primary healthcare centers (PHC), strengthening the quality of ANC and postnatal care (PNC).

- PNC follow up for women who had PE/E should occur at all levels of the health system.

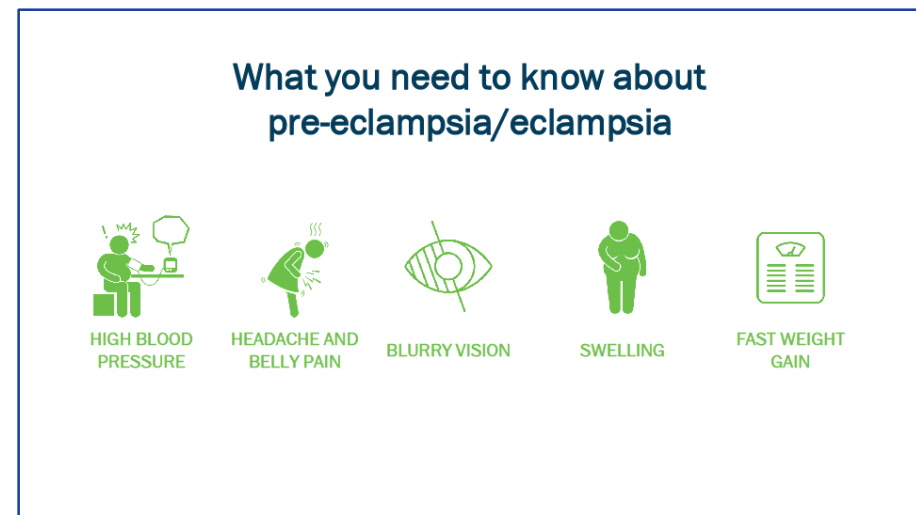
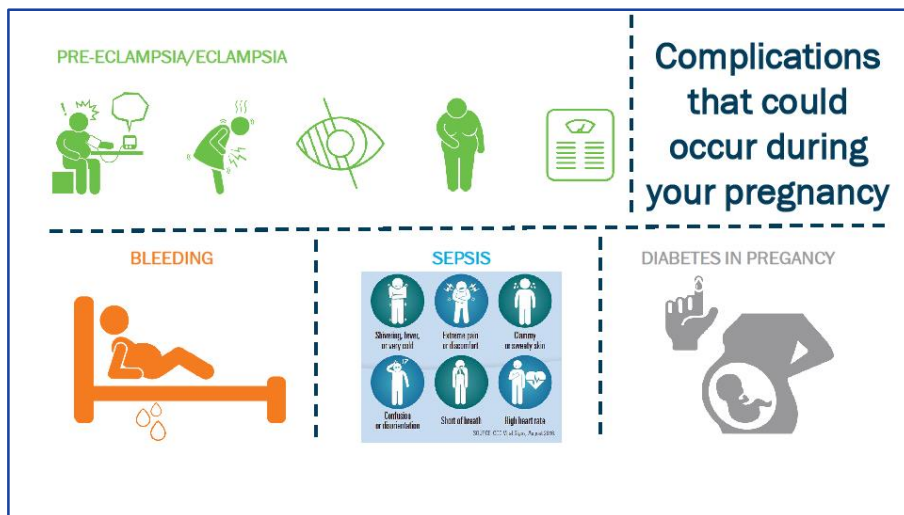
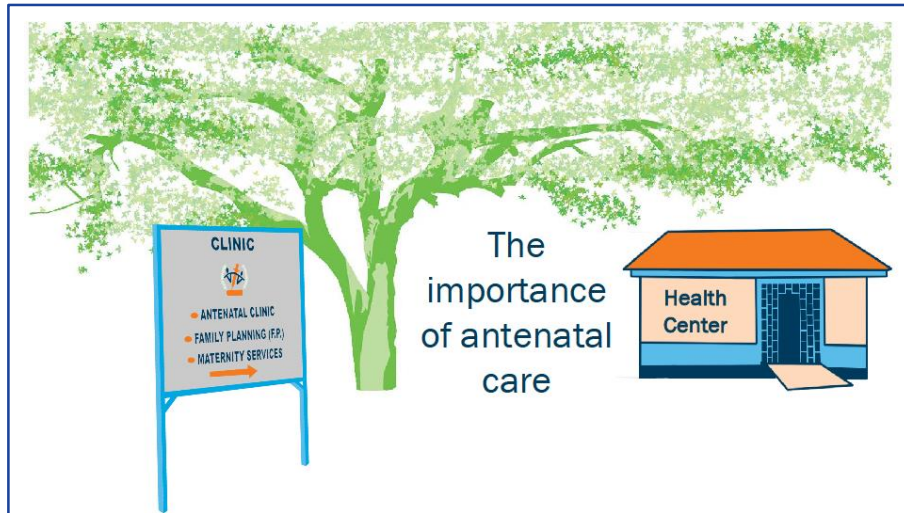
# Community Women's Group Leader Training in Cross River

## Approach:

- **46** women's group leaders trained using:
  - Pictorial job aides
  - Flip charts/infographics
  - Original songs
- **24** local government areas (LGAs) as part of intervention



# Leaders' flip chart







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Ideas. Evidence. Impact.

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# PRELIMINARY FINDINGS

# Women's groups: Leaders & reach



n = 46

43

Avg. age

91%

≥ secondary  
education

67%

farmers



7

Avg. # sessions given/  
leader

12

Avg. # sessions given/  
women's group

349

Avg. # women  
reached/ leader



56\*

# women  
reached/ session

211\*

# sessions held

11, 816\*

# total women  
reached

\*estimates based on preliminary data

# Health information sources reported by women at endline



	Intervention (n=50)		Comparison (n=34)	
Had ever heard of PE/E	41	82%	10	29%
Women's group meetings	28	68%	0	0%
Church meetings	28	68%	1	10%
Health facility providers	5	12%	8	80%
Other (radio, traditional birth attendant, neighbor)	14	34%	4	40%

# Women's group beneficiaries' knowledge & behavior change

84%



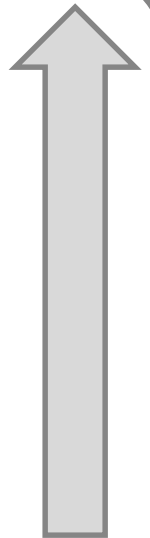
60%



25%

55%

43%



# Support for sustaining women leaders' training programs

“The only thing they should do to improve is to **empower that woman [leader]** so that she will have the strength to interest other women in this meeting, and others, like me, will join.”

*– Women's group beneficiary, 36 years old*

# Improve maternal health system to meet leaders' referrals

**“What we need is to make sure [government] supports the health center with drugs for the pregnant women.”**

*– Women's group leader, 35 years old*

**“Tell the health centers. They used to give them ‘Mama’ kits, but now the government says it's finished, and they give no more.”**

*– Women's group leader, 31 years old*

# Women beneficiaries' health-seeking behaviors

“As a pregnant woman, I was ignorant about it [pre-eclampsia/ eclampsia].

**Through this information I am okay now, because immediately when the sickness occurred I went to the health center, and they conducted the test and checked my BP. Now I understand my problem.”**

*– Women's group beneficiary, 27 years old*

# Implications for policy and programs

- 1. Sustain** training and information support to community women's group leaders
- 2. Improve** primary health center capacity to manage women who reach ANC from women's groups referrals
- 3. Empower** women beneficiaries with information & tools for personal health agency