

Female empowerment in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) programmes¹

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Question

- *What examples are there of successful RMNCAH programmes at scale that link to or include gender empowerment programmatic aspects?*
- *Who is doing this systematically, and what works?*

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¹ This report is a part of a series of three reports related to reproductive, maternal, newborn, child and adolescent health (RMNCAH).

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1. Summary

Women's empowerment refers to the process of providing women with greater access to vital resources - such as education, employment, and health care - for the purpose of increasing their ability to control their own affairs, and to reduce women's domination by men (Solanke, 2015). For the purposes of this rapid review on reproductive, maternal, newborn, child and adolescent health (RMNCAH) programmes, the focus is on links of such programmes with women and girl's empowerment; in terms of power (education and rights) and equality in health. This takes into account mothers (including adolescents), children, and health workforces in RMNCAH programmes (e.g. skilled birthing assistants and/or midwives) - the majority of which are female. Attention is given to DFID priority countries; however, successful examples of empowerment campaigns and accountability programmes from other countries are also included. Key highlights on what works are taken from grey and academic literature:

- The White Ribbon Alliance (WRA) has launched global campaigns such as *What Women Want*, as well as national projects (e.g. *Our Voices Project*: Kenya, Pakistan, Nepal), to address barriers to healthcare in national health agendas (e.g. *Be Accountable so Mothers Can Live*, Tanzania) - based on priorities set by women and girls themselves (i.e. self-care initiatives).
- Key issues about what has worked in preventing disrespect to mothers by staff whilst giving birth has been highlighted through *Respectful Maternity Care* programmes in Pakistan and Nepal. Mothers can also empower themselves to help their premature newborns after delivery, e.g. Kangaroo Mother Care programmes (Kenya and Mali).
- School and community-based programmes addressing sexual and reproductive health rights (SHRH) and 'early marriage' in adolescents have been successful in Ethiopia, such as *Berhane Hewan* and ODA Project programmes, and in India, e.g. Project RISHTA (Raj et al., 2019).
- Sporting programmes, i.e. *Global Goals World Cup*, have also been used to successfully empower women on their RMNCAH rights and entitlements.
- Government accountability for expanding maternal and reproductive care for women was found to be successful in empowering disabled mothers (Brazil).
- Citizen-Led Advocacy campaigns and Citizen Journalism training have both been shown to raise the issue of adolescent pregnancies among policymakers in Uganda (White Ribbon Alliance, 2016), as well as empower midwives in Malawi through the *Happy Midwives for Happy and Healthy Mothers* programme.
- Programmes involving various media platforms have not only helped understand local cultures, but also empowered women and children with their rights on RMNCAH care:
- UNICEF's U-Report SMS tool has been used to empower adolescents in terms of SHRH in Liberia and Uganda.
- Other technology such as the Safe Delivery App, which is used greatly in Ethiopian refugee camps (Maternity Foundation, 2018), and mHealth monitoring (Rwanda) have been used to empower midwives and community health workers (CHWs) in emergency settings (Hategeka et al., 2019).
- Partnerships with different government bodies and civil societies (e.g. *Girls Not Brides*) help develop RMNCAH policies in several countries, including DRC, India, Malawi, Mozambique, and Nepal.

2. Successful large-scale empowerment RMNCAH programmes

Introduction

Universal health coverage (UHC) is an essential framework to promote healthy lives and wellbeing for all people (Sustainable Development Goal 3). Improving the health of women, girls and adolescents, including their sexual and reproductive health and rights (SRHR), is at the centre of UHC's broad health and development goals, and critical to their achievement.

As countries define their UHC policies and programmes, there is a unique opportunity to ensure that UHC efforts include SRHR interventions that are grounded in evidence and based on principles of gender equality and equity in access.

When women and girls are involved in identifying the barriers and solutions to healthcare, progress accelerates.² Women's empowerment refers to the process of providing women with greater access to vital resources such as education, employment, and health care for the purpose of increasing their ability to control their own affairs and to reduce women's domination by men (Solanke, 2015).

However, promoting women's empowerment and transformative leadership is a slow process that requires long-term, systematic and dedicated commitment; as well as investment in context-specific interventions centred on women's political participation, and broader empowerment at all levels (Oxfam International, 2019: 26). This rapid review will focus on campaigns for awareness and programmes improving RMNCAH through empowerment for women and girls, examples of which will be highlighted below:

Main players

There are several international organisations which systematically include empowerment in their programmes:

1. White Ribbon Alliance (WRA) for Safe Motherhood: Its mission is to activate a "people-led movement for reproductive, maternal and newborn health (MNH) and rights accelerates progress by putting citizens at the centre of global, national and local efforts."³
2. The United Nations agencies have empowerment programmes for both women and children. These include:
 - United Nations Population Fund (UNFPA), which is "committed to actions to attack poverty and powerlessness, especially among women,"⁴ and "to ensure that every pregnancy is wanted, every childbirth is safe and every young person's potential is

²

https://static1.squarespace.com/static/5aa813dd3917ee6dd2a0e09e/t/5ab9109c352f5304cf14c1e8/1522077853083/WWW_campaign+overview+and+FAQ.pdf

³ <https://www.whiteribbonalliance.org/vision/>

⁴ <https://www.unfpa.org/resources/women%E2%80%99s-work-and-economic-empowerment>

fulfilled.”⁵ UNFPA focusses on women and young people, because these are groups whose rights often go unfulfilled.

- United Nations Refugee Agency (UNHCR) “helps women and girls transform the losses they’ve endured into opportunities for a brighter future.”⁶ This can involve providing education and addressing sexual and gender-based violence.
 - United Nations International Children's Emergency Fund (UNICEF), which aims to empower youth, especially girls (UNICEF, 2018: 13).
3. Save the Children includes empowerment of women and adolescent girls across their programmes and advocacy initiatives. It is a thematic priority in their 2019-2021 Strategy (Save the Children, 2018: 7, 9).

Large-scale female empowerment programmes

Global: Promoting maternal and reproductive healthcare access

1. What Women Want

What Women Want is a global advocacy campaign to improve quality maternal and reproductive healthcare for women and girls and strengthen health systems.⁷ It was set up by WRA India.⁸ To date, 356 additional partners are involved. Launched on April 11, 2018 - International Maternal Health and Rights Day - *What Women Want* plans to query one million women and girls worldwide, from capital cities to rural villages, about their top priority for quality maternal and reproductive health services until the end of March 2019. *What Women Want* aims to:

- Educate and empower individuals about the importance of quality, equity and dignity in women’s and girls’ healthcare;
- Support women and girls to demand access to high-quality and dignified care, and
- Place women’s and girls’ self-articulated needs at the centre of health policies, programmes and accountability.

Thus far, close to 500,000 surveys have been collected, with more being sent in every day. The results will be shared at the Women Deliver Conference in June 2019 in Vancouver, Canada- which intends to be “the world’s largest conference on gender equality and the health, rights, and wellbeing of girls and women in the 21st century.”

⁵ <https://www.unfpa.org/how-we-work>

⁶ <https://www.unrefugees.org/news/international-day-of-the-girl-empowering-refugees/>

⁷ <https://www.whatwomenwant.org/about>

⁸ White Ribbon Alliance (WRA) formed over a decade ago to give a voice to the women at risk of dying in childbirth.

National: Endorsing respect during delivery

1. Our Voices Project

A considerable amount of qualitative evidence reporting abusive treatment of women during delivery by health providers is available. However, there is a dearth of information regarding the actual prevalence and nature of such abuse (Bhattacharya and Sundari Ravindran, 2018). If the problem of disrespect and abuse is not addressed, it can be assumed that such harsh practices might promote home deliveries; which, despite being more unsafe, provide an empathetic environment in lieu of safe facility-based birthing options (Bhattacharya and Sundari Ravindran, 2018).

The *Our Voices Project* is working to ensure that adolescents, young women and girls can effectively engage with duty bearers around reproductive, maternal, and adolescent health issues:

Kenya

Impact: By collecting and amplifying young people's voices through youth accountability teams, WRA Kenya has increased engagement between adolescents and county government and RMNCAH service providers to address their needs.

2. Respectful Maternity Care (RMC)

RMC – which refers to care organised for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labour and childbirth – is recommended by the World Health Organization (2018):

Pakistan

Impact: WRA Pakistan's efforts around respectful maternity care led to the Healthcare Commission in Sindh endorsing the RMC and Social Accountability charter to be included in its patient's right charter, and a significant number of Parliamentarians agreed to make RMC part of their discussions and public speeches with constituents during their election campaign.

Nepal

Impact: Since 2017, parliamentarians have included the RMC Charter in the Safe Motherhood and Newborn Healthcare bill, guaranteeing every woman a safe and respectful childbirth experience.⁹

⁹ <https://www.whiteribbonalliance.org/2017/11/13/mothers-rights-are-human-rights-celebrate-intlmhday-with-wra/>

National: Empowerment after delivery

1. Kangaroo Mother Care (KMC)

KMC empowers mothers in order to care for their premature neonates. KMC comprises of several components, including skin-to-skin contact between a mother and her newborn (kangaroo position), exclusive breastfeeding (kangaroo nutrition), and early discharge from hospital (kangaroo discharge). A supportive environment is crucial for these three pillars to achieve the intended results. Even though it is a simple and low-cost intervention, adopting and scaling up KMC depends on the strength and resilience of health systems.

Kenya

Impact: KMC is now being practiced in all the targeted health facilities in Kakamega County in Western Kenya, and has yielded substantial results (Mangala, 2018). Based on health facility registers and programme data, 300 preterm infants have benefited from the intervention so far, with newborn deaths reducing by as much as 67% at one of the facilities, with average reduction across the 25 facilities standing at 52%. In addition, some of the benefits of KMC have gone beyond the newborns. For instance, mothers at one of the health facilities have now formed a KMC club, a mother support group that meets on a monthly basis to discuss issues affecting their health as well as that of their children, including family planning, breastfeeding and immunisation.

National: Supporting accountability for maternal rights

1. Act Now to Save Mothers

Uganda

From 2013-2015 WRA Uganda enacted a campaign *Act Now to Save Mothers* to hold the Government of Uganda accountable to its commitment to provide emergency obstetric and newborn care (EmONC). The campaign had three objectives: (1) Ministry of Health to request and allocate sufficient funds for EmONC services in three pilot districts by 2015; (2) Minister of Health to allocate sufficient funds to improve recruitment, deployment, and motivation of community health workers (CHWs) at designated Level III and IV health centres¹⁰ by 2015, and (3) Minister of Health and Head of National Medical Stores to allocate enough funds for the procurement and delivery of EmONC equipment and supplies by 2015.

Impact: WRA Uganda's campaign *Act Now to Save Mothers* mobilised citizens to demand their rights, supported them to influence the planning and budgeting process for maternal health services through petitions, and trained citizen journalists to monitor progress and budget allocations. At the national level, WRA Uganda worked with policymakers to ensure that petitions signed by thousands of citizens were delivered and acted upon by the Parliament, resulting in the Government of Uganda accelerating progress on its global commitment to safe motherhood, and providing more women with access to lifesaving EmONC (White Ribbon Alliance, 2017b).

¹⁰ Uganda has a tiered health system with levels 1 – 4 providing services at the (1) village, (2) parish, (3) sub-county and (4) county levels.

Global: Educational forums on SHRH

1. Global Goals World Cup (GGWCup)

The aim of the GGWCup is to leverage the universal power of soccer and women to “excite and unite, and to direct that power towards realising the UN Sustainable Development Goals.”¹¹ The GGWCup is the initiative of Danish non-profit sports organisation Eir Soccer. One national example with successful results is from Kenya:

Kenya

In 2017, WRA Kenya was part of the GGWCup hosted in Nairobi, with the campaign targeted on Sustainable Development Goal 3 (SDG 3) – good health for all. Various educative forums for adolescents and youth, with a focus on SRHR, were undertaken through women-only football clubs. Preparatory forums presented a unique opportunity to unify youth to hold their local leaders to account on promises made and policies in place for RMNCAH. These also served as a platform to discuss the SDGs more broadly and other key commitments that Kenya has made around RMNCAH.

Impact:

- Secured MNH as part of the media agenda in the country.
- Partnered with key youth networks, building their capacity to engage around their key reproductive health concerns.
- Trained a network of senior and vibrant media staff that resulted in significantly improved reporting, and a pool of WRA experts who are called upon anytime to talk about RMNCAH rights and entitlements for citizens.
- Conducted a political economy analysis on citizen rights and entitlements awareness, which revealed key issues and recommendations for improved RMNCAH.
- Undertook a convoy from Nairobi to Kisumu educating citizens on their rights and how their actions can help ensure that no woman dies while giving life.
- Engaged and trained a pool of champions who have played key roles in supporting the WRA Kenya agenda.

National: Addressing barriers to maternal healthcare

1. Be Accountable so Mothers Can Live

Tanzania

WRA Tanzania’s campaign, *Be Accountable so Mothers Can Live*, set out to address barriers to healthcare by building on the work of member organisations (e.g. JHPIEGO,¹² PLAN, and

¹¹ <http://ggwcup.com/about-ny/>

¹² An international, non-profit health organisation affiliated with The Johns Hopkins University, dedicated to improving the health of women and families.

Africare) and accelerating progress in Rukwa region, which serves a population of more than one million citizens. This approach allowed WRA Tanzania to demonstrate that the impact of their activities could be replicated in other regions. It also provided evidence and an entry point for national advocacy (White Ribbon Alliance, 2017a).

Impact: WRA Tanzania worked with member organisations, religious leaders, and village health teams to raise awareness amongst citizens of the gap between what had been promised and what was available. WRA Tanzania then mobilised more than 16,500 citizens to advocate for what was needed via petitions to their district and regional officials asking for the government commitment to be upheld. WRA Tanzania also played an essential role ensuring that citizens' frustrations were channelled into constructive advocacy efforts (White Ribbon Alliance, 2017a).

Latest reports show that 50% of all Rukwa health centres can provide life-saving services to women and newborns who need them. WRA are now duplicating that effort for the rest of the country.

3. Safe Motherhood Action Groups (SMAGs)

Zambia

The More Mobilising Access to Maternal Health Services in Zambia programme (MORE MAMaZ) programme worked with the Zambian government to scale up a community-based intervention that addressed MNH barriers and delays originating at household and community levels. An empowerment approach mobilised communities around an MNH agenda and built local capacity to take action.

Impact: Over 2,500 SMAGs have been established in 14 districts; servicing 78 health facilities with a total population of 758,400 and targeting 151,600 under five children and 36,700 women. After assessment in intervention sites in three districts (Chitambo, Serenje, Mkushi), one SMAG volunteer noted: "Under-supported women are now involving themselves in community activities: we had one who joined the Neighbourhood Health Committee (NHC). Some women who received less support are now being supported and escorted to the facility by their husbands. Communities are now concerned about the under-supported" (Health Partners International, 2016: 15; Klouda et al., 2018).

Global: Girls empowerment

SDG 5, which focuses on gender equality to empower women and girls, will monitor country-level progress on the elimination of child marriage, defined as the proportion of women aged 20–24 years who were married or in a union before age 18 years.¹³

Every year, 10 million girls marry before their 18th birthday; in low- and middle-income countries (LMICs) one in seven girls is married before age 15 years. In South Asia and Sub-Saharan Africa, more than 40% of girls are married by age 18. The UN recognises child marriage (defined as marriage before 18 years of age, also known as 'early marriage') as a serious human rights

¹³ United Nations. Sustainable Development Goals 2015. <https://sustainabledevelopment.un.org/topics>.

violation. However, married adolescent girls have been an underserved population in the fight to end child marriage and protect children.¹⁴

Child marriage also has numerous, and serious, consequences for the health and protection of girls. This threatens to violate the achievement of nearly all the SDGs.⁵ Married adolescents have poorer pregnancy outcomes, higher risk of HIV infection and unsafe abortion, and are more likely to suffer from domestic and sexual abuse, than non-married girls or older married women. Child brides also experience social isolation, as well as limited contact with their birth family and social circles. Furthermore, child marriage is dramatically correlated with early termination of education; child brides are less likely to benefit from economic development programmes, or have access to income generating opportunities.

Child marriage has a negative impact on reproductive health. One third of women in LMICs, and 55% in West Africa, give birth by age 20; 90% of these births are within wedlock. Young age, coupled with limited access to health services, a lack of reproductive health information, cultural pressures, and little control or autonomy for decision-making, leads to high-risk pregnancies.

A systematic review on published interventions and grey literature to prevent child marriage among young people in LMICs found a wide range of high-quality, impactful interventions which can inform researchers, donors, and policy makers about where to make strategic investments to eradicate child marriage (Kalamar et al., 2016). The following are country examples of successful empowerment programmes for girls:

1. Girls Not Brides

Age at first marriage is significantly related to women's fertility behaviour and empowerment (Solanke, 2015). By identifying adolescent first-time mothers through antenatal care (ANC) and providing services, often outside of health facilities, reproductive health, safe abortion and family planning needs can be met. This impacts child spacing, improving maternal and child health outcomes, and creating positive effects on population growth and demographics.

Girls Not Brides is a global partnership of more than 1,000 civil society organisations committed to ending child marriage and enabling girls to fulfil their potential. This programme has gained different impacts in several countries:¹⁵

Democratic Republic of Congo (DRC)

Impact: Tosalisana is a network of 26 non-governmental organisations (NGOs) in the DRC that advocate for women's and girls' rights at the local, provincial, and national levels.¹⁶ Tosalisana

¹⁴

https://www.who.int/pmnch/knowledge/publications/summaries/knowledge_summaries_22_reaching_child_brides/en/

¹⁵ <https://www.girlsnotbrides.org/members/tosalisana/>

¹⁶ For more information on economic empowerment see: Tull, K. (2018). *Community empowerment for improving health services*. K4D Helpdesk Report 490. Brighton, UK: Institute of Development Studies. <http://opendocs.ids.ac.uk/opendocs/handle/123456789/14244>

addresses girls' economic empowerment by providing them with vocational training and skills-building.

India

Impact: Civil society is coming together in several states to form coalitions to address child marriage.

Malawi

Impact: The newly formed *Girls Not Brides* National Partnership played a key role in making the child marriage ban a constitutional provision and including child marriage in the new strategy on women and adolescent girls.

Mozambique

Impact: *Girls Not Brides Mozambique* is working with different Ministries to implement the national strategy to end child marriage.

Nepal

Impact: The *Girls Not Brides* National Partnership helped to develop and implement the costed action plan to address child marriage, despite recent floods.

2. The Adolescence Kit

The *Adolescent Kit for Expression and Innovation* is a package of tools and supplies developed by UNICEF. Its aim is to engage adolescents aged 10-17 years affected by conflict and other crises.

Impact: It was dispatched for the first time in 2017 to Bangladesh, Iraq, Nigeria, South Sudan and Sri Lanka. The kit, which is designed for 50 adolescents and four facilitators, includes Emotion Cubes that facilitate expression of feelings, especially for physically and visually challenged adolescents (UNICEF, 2018: 13). Braille is being explored on a future design as kits continue to be monitored and evaluated to better address the needs of young people.

In 2018, an improved Water, Sanitation and Hygiene (WASH) & Dignity Kit was developed to contain a wider variety of Menstrual Hygiene Management (MHM) products. MHM supplies (disposable sanitary pads, reusable menstrual pads with female underwear and multipurpose cloth) will allow more flexibility of choice to girls and women. UNICEF is also scaling up Pre-Exposure Prophylaxis (PrEP) to prevent HIV infection among sexually active adolescents, along with the scale-up of Point-of-Care HIV testing. The vision is for UNICEF supplies to serve the specific health and educational needs of young people while understanding their changing contexts (UNICEF, 2018: 13).

3. Berhene Hewan

Ethiopia

Impact: The *Berhane Hewan* (Light for Eve, in Amharic) programme was piloted in 2004 in rural Ethiopia. It identified girls through ANC services, and enrolled them in community-based programmes, including girls' groups and home visits. It expanded to 36 communities in three districts of the West Gojjam Zone of the Amhara Region in northern Ethiopia, and has influenced more than 11,000 girls. UNFPA, together with the Ministry of Youth and Sports, the Amhara Region Bureau of Youth and Sports, and the Population Council, started the programme to empower adolescent girls, both married and unmarried.¹⁷ Utilisation of family planning services and voluntary counselling and testing for HIV are other notable result areas of the programme, both for adolescent girls and community members.

4. Act Now to End Teenage Pregnancy

Uganda

In Uganda, 1-in-4 (25%) girls aged 15-19 years old is a mother or pregnant with her first child. Teen pregnancy also contributes to thousands of deaths and disabilities to young girls and newborn every year, with consequences for mother, child, family, community, and nation.¹⁸

Impact: WRA Uganda is implementing a comprehensive, multi-sectoral campaign to reduce teen pregnancy, rooted in the knowledge that it will act across Ministries of Health, Education, Economic development and more to ensure that girls are given the best chance at life for themselves and the country as a whole. *Act Now to End Teenage Pregnancy* is a youth-driven campaign that unites advocates at national and local levels around reproductive, maternal, newborn, child and adolescent health. These young leaders are demanding that decision makers be held accountable for improved adolescent sexual and reproductive health (White Ribbon Alliance, 2017b).

3. Successful empowerment programmes for RMNCAH workforces

National programmes have been used to empower midwives/skilled birthing assistants and CHWs, in order for them to empower mothers and children. One such programme, *Happy Midwives for Happy and Healthy Mothers*, advocates for increased midwife positions and promoted respectful maternity care for mothers and babies.¹⁹ These skilled birth attendants also

¹⁷ <https://www.unfpa.org/news/award-winning-programme-gives-ethiopian-girls-safer-transition-adulthood>

¹⁸ <https://www.whiteribbonalliance.org/uganda/>

¹⁹ For further details see Tull (2019). Inequity and leave no one behind: approaches to maternal and newborn healthcare. K4D Helpdesk Report 556. Brighton, UK: Institute of Development Studies. <http://opendocs.ids.ac.uk/opendocs/handle/123456789/14408>

conducted Maternity Open Days in their communities, opening the facility for everyone to see, helping women and families feel more comfortable accessing the facility when the need arises.

They've regularly attended and spoken out at citizen hearings, high-level policy meetings and other venues where their unique professional perspective informed efforts across the health sector. Many of them also use social media to connect directly with colleagues and community members:

1. Safe Delivery App

This app aims to empower skilled birth attendants to provide “a safer birth for mothers and newborns everywhere.”²⁰ It is a smartphone application that provides skilled birth attendants with direct and instant access to evidence-based and up-to-date clinical guidelines on Basic Emergency Obstetric and Neonatal Care. The App leverages the growing ubiquity of mobile phones to provide life-saving information and guidance through easy-to-understand animated instruction videos, action cards and drug lists. It can serve as a training tool both in pre- and in-service training, and equips birth attendants even in the most remote areas with a powerful on-the-job reference tool.

Impact: To date, it has been used successfully in over 40 countries, including in emergency situations:

Ethiopia

Nguenyiel Refugee Camp in Western Ethiopia, which is currently hosting about 75,000 South Sudanese refugees. Midwives there are trained by Danish development organisation Maternity Foundation on basic emergency obstetrics and neo-natal care (basic EmONC), and the Safe Delivery App is an integral part of their everyday work in the clinic, where they have up to 35 deliveries per week.

Impact: Since 2017, 57 midwives across six refugee camps in Gambella have been trained through the Safe Delivery App. In 2018, Ethiopia was the highest user of the app in Africa (Maternity Foundation, 2018).

2. mHealth monitoring

Rwanda

RapidSMS, an open source SMS application platform, was developed to track the pregnancy life cycle, enabling instant reporting of a pregnancy-related event and timely notification for emergencies by alerting health facilities, hospital and ambulances. To improve access to proven MNH interventions, Rwanda implemented a mobile phone (mHealth) monitoring system called RapidSMS. RapidSMS was scaled up across Rwanda in 2013.

Impact: This mHealth platform was modified for use in Rwanda to facilitate communication between CHWs and the ambulance system, health facilities staff, and the central government

²⁰ <https://www.maternity.dk/safe-delivery-app/>

(Hategeka et al., 2019). CHWs are now empowered to request an ambulance in case of emergencies.

4. What works

Successful empowerment programmes should include the following:²¹

a. Multi-level co-operation and partnerships

UNFPA further expands the scope of its work by partnering with civil society, academic institutions and the private sector. In 2013, it formed a Civil Society Advisory Panel to encourage dialogue with organisations, networks and partners on programming and policies. UNFPA also works regularly with parliamentarians to review progress in implementing programmes of action.

UNICEF, in collaboration with other partners such as UNHCR, has supported the Ministry of Health of Kenya in the development of KMC operational guidelines and policy review.

At country level, commitments from the Ministry of Health or other relevant bodies will help create a national momentum towards programmes such as KMC (Chan et al., 2017; Arora, 2018). Increased communication among policymakers, CHWs, and other stakeholders is needed to improve the implementation process.

1. Utilising correct implementation agents

A study conducted by Chan et al. (2017) systematically reviewed the barriers and enablers of KMC within a health system, where health facilities and HCWs were the two prominent implementation agents. Establishing KMC protocols at the facility-level (Chan et al., 2017; Arora, 2018). At country level, commitments from the Ministry of Health or other relevant bodies will help create a national momentum towards KMC. Increased communication among policymakers, HCWs and other stakeholders is needed to improve the implementation process.

2. Government accountability

National conferences continually result in new policies. In Brazil, the most significant policy may be the *National Plan for the Rights of Persons with Disabilities: 'Living Without Limits'*, which was a result of the first and second national conferences. *Living Without Limits* directly addresses SRHR in several ways, including significant policies for expanding maternal and reproductive care for women. It also held the government accountable, resulting in Brazil allocating Brazil Real 7.6 billion (USD 2.4 billion) to the implementation of *Living Without Limits* and specifying responsibilities for its implementation to all 15 federal agencies (UNFPA, 2018: 240).

²¹ For further details on considerations for policy makers, see Tull (2019). Inequity and leave no one behind: approaches to maternal and newborn healthcare. K4D Helpdesk Report 556. Brighton, UK: Institute of Development Studies. <http://opendocs.ids.ac.uk/opendocs/handle/123456789/14408>

3. Multi-tier involvement

Mali serves as a best-practice example where two tiers of involvement are facilitated. Firstly, there are “refresher sessions” on KMC in facilities and development of strong referral links between district hospitals and community health centres (Chan et al., 2017; Arora, 2018). Secondly, success stories are shared for advocacy at different levels.

4. Dialogue model

Use of the Dialogue Model, a participatory process, allows beneficiaries to be involved with other community stakeholders having different perspectives and types of knowledge in an advisory process, and to articulate their suggestions on a combination of social accountability intervention components (Mafuta et al., 2017).

5. Self-Care initiatives

In 2015, White Ribbon Alliance (WRA) in partnership with Bayer Healthcare, committed to work on self-care initiatives focused on improving MNH. These include:

- Promote improved policies on self-care through the development of policy recommendations for international and national policymakers.
- Implement two community-based self-care programmes focused on birth preparedness, nutrition, and newborn care.
- Contribute to learning on self-care by documenting lessons and sharing them across the Global Alliance and other key partners.

For example, WRA Zimbabwe is informing community members of their rights to receive quality, respectful care. It works closely with provincial and district health authorities to integrate self-care policies, working with the National Ministry of Health and Child Care (White Ribbon Alliance, 2017c).

b. Schools and communities

Ethiopia and India

The Oromia Development Association (ODA) Comprehensive Adolescent/Youth Sexual and Reproductive Health project is a school-based programme which began in 1993 in Oromia, Ethiopia. It is implemented by teachers and operates both within schools and through community outreach.

Project RISHTA, first implemented in 2001 in Jharkhand, India, is a community-based programme delivered by trained youth leaders. While implementation of the programme differed slightly, the programme aims were consistent.

Both programmes incorporate instruction on adolescent marriage, the health effects of early pregnancy and childbirth, family planning and contraception, and vocational training.

Impact: According to recent analysis of these programmes, the enrolled girls were three times more likely than non-enrolled girls to use contraceptives, to know about counselling and testing services, and to have stronger social networks (Raj et al., 2019).

c. Social media platforms and partnerships

1. SMS messaging tool

U-Report is a free messaging tool from UNICEF that empowers young people around the world to engage with and speak out on issues that matter to them. It is basically designed to strengthen community-led development, citizen engagement, and positive change. SMS polls and alerts are sent out to U-reporters and real-time response information is collected:

Liberia

In 2015, U-Report celebrated one of its biggest successes so far, exposing a ‘Sex 4 Grades’ scandal in schools after UNICEF staff gained knowledge of a possible problem, but didn’t have any data to back it up. Working in partnership with the Ministry of Education and the Ministry of Gender, U-Reporters in Liberia were asked via text (SMS) if they thought ‘teachers exploiting children by awarding grades or pass marks in return for sex’ was an issue at schools in their community.

Impact: In less than 24 hours 13,000 people had responded, with the vast majority (86%) confirming UNICEF’s suspicions.²² After the Sex 4 Grade poll in Liberia, all participating U-Reporters were given Ministry of Education information on how to report abuse, showing Ministry-level adoption of the technology as an important child protection tool. In the space of one week a taboo issue was exposed, and the people’s voice brought UNICEF and the Ministries closer together to protect children.

Mozambique

Girls in Mozambique have few places to access free, reliable and confidential information about SRHR and HIV/AIDS. Therefore, *SMS Biz/U-Report*, a platform that enables information sharing and engagement via SMS, was deployed in collaboration with government counterparts, a national youth coalition, and UNFPA,

Impact: UNICEF’s U-Report platform created the opportunity to connect youth activists with an audience of over 57,000 registered users.²³ *SMS Biz/U-Report Mozambique* is part of a national strategy called Geração Biz (Biz Generation). Most of the SMSs exchanged involve questions around sexual and reproductive health, HIV/AIDS and STI’s and relationships.

2. Radio health programmes

South Sudan

In 2015, South Sudan ranked 159 out of 179 countries for maternal and child well-being indicators in the latest State of the World’s Mothers report (Save the Children, 2015: 60). Following decades of civil war in the region, South Sudan lacks a functioning healthcare system

²² <https://liberia.ureport.in/story/219/>

²³ <https://ureport.in/story/352/>

and has some of the worst maternal and child health indicators in the world. Funded by DFID under the Global Grant project, BBC Media Action produced a weekly radio health magazine programme, *Our Tukul (Our House)*, from 2013 to 2016 in South Sudan. During the first year of the project, BBC Media Action also produced the weekly 15-minute radio drama *Life in Lulu*²⁴ under the Global Grant. These programmes were broadcast nationally, and were designed to influence knowledge, attitudes, discussion and social norms identified as most likely to drive the RMNCH behaviour of women and their families (Doherty and O'Connor, 2017).

Impact: Women, in particular, said they felt empowered to participate in solving problems in their local area.²⁵

3. Media partnerships

Tanzania

Impact: Through media partnerships, WRA Tanzania was able to ensure that health officials and other government leaders heard the stories and evidence collected from mothers and their families, and that community demands were discussed and addressed. With the help of the media, the gap between what had been promised and what was available became evident and policy makers were forced to respond to their constituents (White Ribbon Alliance, 2017a).

4. Citizen Journalism

Uganda

Impact: WRA Uganda is utilising Citizen-Led Advocacy campaigns and Citizen Journalism to raise the issue of adolescent pregnancies among policymakers. In 2016, 120,000 signatures - 70% from adolescents - were collected and presented to the Prime Minister along with the demand that reducing teenage pregnancy must be placed at the top of Uganda's national health agenda (White Ribbon Alliance, 2016).

d. Understanding of local cultural complexities

Culture is the most important factor influencing gender inequality which burdens women with unequal division of gender roles that subsequently impact the health of under-five children (Ringo et al., 2018). Inequality between men and women subjects under-five children to the hands of less empowered women, or possibly missing power to make immediate decisions to avert health problems - which results in under-five mortality (Chant et al., 2017; Ringo et al., 2018).

The majority (83%) of studies in a systematic review revealed at least one positive association of measures for women's agency with immunisation coverage. These relationships varied by

²⁴ *Life in Lulu* aimed to help people in South Sudan understand the importance of healthy maternal and child health practices. Like *Our Tukul*, *Life in Lulu* expanded to incorporate broader humanitarian issues in 2013. By echoing the experience of ordinary people across the country, the programme sought to motivate listeners to reflect on their attitude towards maternal health and adopt new behaviours. From July 2014, *Life in Lulu* was funded by other donors to focus exclusively on humanitarian issues, peace and conflict resolution.

²⁵ <http://downloads.bbc.co.uk/mediaaction/annualreports/2017-2018.pdf>

geographic location, and most studies focused on women's decision making rather than freedom of movement (Thorpe et al., 2016).

These researchers advise that empowering mothers is a means to increase vaccination coverage in children; yet, the empowerment pathways of the “maternal resource-child vaccination” relationship are under-studied, including pathways capturing a mother’s “agency” or capacity to influence and enact decisions that may enhance the vaccination coverage of children (Thorpe et al., 2016).

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