

# Women Investing Savings for Health

(WISH) groups offering improved access to healthcare

## The challenge: financial barriers to MNCH services

Extremely limited access to essential maternal, newborn and child health (MNCH) services contributes to the high maternal, newborn and child mortality rates in Northern Nigeria. The Nigerian Demographic and Health Survey (NDHS) of 2008 indicated that, in the northern region, 59% of pregnant women had no antenatal care (ANC) and nine out of ten women delivered their babies at home.

Research conducted by PRRINN-MNCH found that the key reasons for such poor access to health care include the paucity of nearby quality health facilities and financial barriers faced by families. Recent experience in Africa and elsewhere demonstrates that performance-based financing (PBF) initiatives can have a range of positive effects in increasing demand for appropriate MNCH services and improving the quality of those services.<sup>1,2</sup>

**Key messages:** WISH community groups were established to address financial barriers leading to poor access to essential maternal, newborn and child health services in Northern Nigeria. However, a pilot study found these weren't as successful as had been hoped.

- 1** Community-based women's savings groups form a potential vehicle to influence positive health-seeking behaviour.
- 2** A performance-based incentive scheme introduced by PRRINN-MNCH aimed to encourage WISH groups to support increased use of MNCH services.
- 3** Although there was an increase in savings through the incentive scheme and awareness of MNCH issues, this did not translate into higher use of critical services.
- 4** Further research is needed to explore the benefit that can be gained from such community groups and the investment required to achieve better health outcomes.

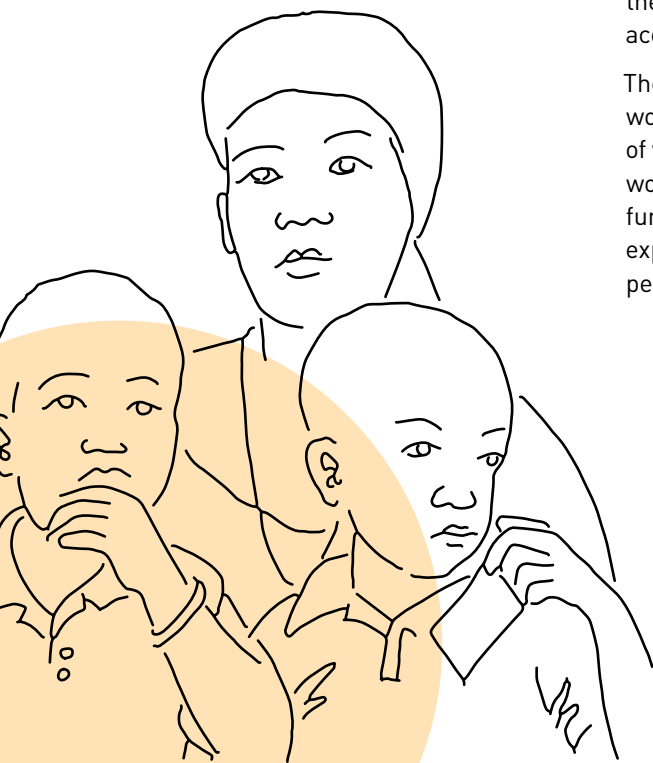
## The response: pilot study of WISH groups

PRRINN-MNCH is implementing a comprehensive programme of support to address both supply and demand-side weaknesses in the Northern Nigerian health system. This support included a pilot initiative to test the feasibility of using community-based women's groups as a vehicle to support their members and communities to access essential MNCH services.

The WISH groups are a specific set of women's groups, based on principles of voluntary membership and led by women, which build up an emergency fund of savings to cover health expenses. PRRINN-MNCH introduced a performance-based incentive scheme

that rewarded existing WISH groups for mobilising women to increase uptake of antenatal care (ANC), delivery at the facility, postnatal care (PNC), and routine immunisation (RI) for infants.

Fixed amounts for each service were agreed between state officials and community members, and WISH groups were paid according to the individual numbers accessing care, as well as a group bonus if they reached a pre-agreed target for each service. The demand-side motivation was complemented by an emergency transport system and quality improvement interventions in the health facilities. The pilot was implemented for one year between March 2012 and March 2013.



**THIS DOCUMENT IS ONE OF A SERIES OF KNOWLEDGE SUMMARIES THAT DRAW ON THE ACTIVITIES, RESULTS AND LESSONS LEARNED FROM THE PRRINN-MNCH PROGRAMME**

**Fig 1: WISH group principles**

The groups build up emergency funds of savings to cover members' health expenses.



The specific objectives of the study were to:

- Evaluate how effective women's savings clubs are for mobilising savings
- Examine the best ways to combine social and financial support to promote safe deliveries through the WISH model
- Assess the impact of these women's community savings groups (group incentives) on the use of MNCH services

### The results: insufficient incentives

The WISH groups had all established savings from member contributions before the PBF scheme was introduced, and although the incentive scheme increased the savings, member contributions dropped over time. Discussions with community members revealed that the incentives were not perceived to be sufficient and some did not feel they derived adequate individual benefit from their contributions.

However, community members, and particularly women, showed a higher level of awareness of key MNCH topics after mobilisation efforts. WISH groups actively conducted health outreach and mobilisation activities but faced challenges in convincing husbands to allow their wives to deliver at health facilities.

Monitoring of the use of services showed an irregular pattern with no obvious trend or significant changes over time. This is likely to be a result of the inability of WISH groups to overcome social and financial constraints to enable individual behaviour change.

### Policy implications

Community-based women's saving groups can be an effective channel to rally communities around shared areas of concern, develop increased social capital through group solidarity, and improve awareness of MNCH issues. However, achieving increased use of MNCH services will require broader social and cultural factors to be

addressed, through greater involvement of men and ongoing community mobilisation to ensure a critical mass of support for such activities. The benefits of individual versus group incentives also needs further exploration and research.

### Conclusion

This pilot study has demonstrated the potential value of using women's saving groups as a channel to encourage availability of funds for emergency MNCH problems within the community and to foster greater awareness about local health issues and actions required. However, translating this into increased use of critical MNCH services and improved health outcomes in these communities warrants further investigation into persistent social, cultural and financial barriers, and will likely require additional investments.



References:

1. [www.healthfinancingafrica.org](http://www.healthfinancingafrica.org)
2. Gorter AC, Ir P and Meessen B, Evidence Review, Results-Based Financing of Maternal and Newborn Health Care in Low- and Lower-middle-Income Countries, February 2013, study commissioned and funded by the German Federal Ministry for Economic Cooperation and Development (BMZ) through the sector project PROFILE at GIZ – Deutsche Gesellschaft für Internationale Zusammenarbeit