Behavioural Design *for*

MATERNAL HEALTHCARE

Proposed Solutions Malawi

June 2021

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Introductions

Acronyms

Below is a list of acronyms used in the document to enhance readability and consistent flow of the report content. Where needed, some of the acronyms have been used in full.

PW	Pregnant woman/women
MW	Midwives
HSA	Health Surveillance Assistants
MDHS	Malawi Demographic Health Survey
JHU	John Hopkins University
HCD	Human-centered design
HMW	How Might We

Background

95% of pregnant women in Malawi access ANC. Yet, only 51% of women complete (the previously recommended) four visits. Only 24% of women seek ANC during the first trimester. (2015-2016 MDHS survey)

According to USAID's 2019 statistics, Malawi has one of the highest maternal mortality rates in Africa and globally, with 439 maternal deaths per 100,000 live births. 95 per cent of pregnant women in this country access Antenatal care (ANC). Yet, only 51% complete four visits.

Jhpiego seeks to design, implement and study new service delivery models or tools that lead to:

- Earlier entry into care: ensure that PW are seeking and accessing ANC during the first trimester of pregnancy and that mothers and new-borns are accessing post-natal care (PNC) within two days of birth;
- Continued care: ensure that PW and newborns are accessing and receiving 4-8 ANC visits, delivering in the presence of a skilled provider and accessing 3 PNC visits per the WHO recommended schedule
- Quality of care: ensure that PW and newborns receive the comprehensive ANC and PNC services outlined in the WHO recommendations (or national guidelines).

In Malawi, Jhpiego's goal is to increase the proportion of women who seek ANC during the first trimester and who complete all recommended ANC contacts.

The purpose of the report is to provide an analysis of the output from the research and design activities conducted for the Antenatal Postnatal Research Collective (ARC) study in Malawi and recommendations for the implementation research activities that Jhpiego Corporation and John Hopkins University plan to conduct in the next phase of the study.

It contains a description of interventions that can adequately respond to the needs, attitudes, perceptions and beliefs that influence uptake of maternal health services and in effect, can contribute to reducing the maternal mortality rates in Malawi.

The information in the report has been developed by ThinkPlace Kenya limited, working closely with partners from John Hopkins Research Project in Blantyre, Malawi and Jhpiego Corporation.

The Approach

ThinkPlace's research and design approach used a human-centred design methodology, including a strong focus on identification of behavioral drivers that influence uptake of ANC services in Malawi. We used a diagnostic and exploratory approach during the research and design phases respectively. This is described below:

Diagnostic approach

Using desk-based research and existing knowledge of the local context, we gathered evidence about the most relevant drivers of behaviour. This perspective enabled us to create evidence that accurately addresses inherent needs and desires of PW, MWs, and husbands of pregnant women. A diagnostic approach also examined the local populations' response to already existing interventions such as health educational forums focusing on birth preparedness, Informational materials, and community-level interventions including outreach activities that are conducted by health facilities.

Exploratory approach

During the design phase, we embarked on an exploration of what is possible. We drew inspiration from information and the environment of interactions between PW and MWs. The designers were given space to be creative, using different streams of information and leveraging innovation perspectives to explore the possibilities of enabling new service delivery models.

ThinkPlace provided remote guidance to research assistants from JHU research project, during the research phase. The RAs also facilitated consultative workshops to generate ideas that responded to the identified problem areas. ThinkPlace thereafter led Co-design workshops with end-users to develop the final prototypes.

Summary of our findings

Earlier entry into care: What influences uptake of ANC services during the first trimester?

Motivators

- Perception of risk: Early ANC attendance is not seen as priority if there are no complications. Women are more motivated to go when they feel unwell and suspect that there could be a problem.
- Husbands' support: PW are more likely to start ANC early if their husbands are available to accompany them as required by the facilities or, provide transport money.
- First-time parent: Majority of those who go to ANC clinics during the first trimester are first time parents, as they are keen to learn how to take care of the pregnancy

Barriers

- Trust in past experience: Multigravidas feel that starting ANC early is unnecessary because they know how to care for the pregnancy. They prefer to start ANC visits when close to delivery.
- Perception of risk: PW are more motivated to go when they feel unwell or suspect that there could be a problem.
- Cultural beliefs: In rural settings, PW are don't announce pregnancy because of a belief they might miscarry as a result of witchcraft. They also want surety before sharing the news, in order to avoid ridicule incase the pregnancy does not survive in the first trimester.
- Health facilities encourage PW to attend first ANC when the pregnancy is palpable. As a result, women tend to delay until the pregnancy starts showing.

"…I went to hospital because I was vomiting, felt dizzy and had no appetite for food

3-MONTHS PREGNANT WOMAN | Malawi

"…If you go to the health facility before your pregnancy starts showing, the nurses will send you back home.

PREGNANT WOMAN | Malawi

Summary of our findings

Continued care: What influences pregnant women's attendance to 4-8 ANC visits?

Motivators

- Perception of risk: In some cases, PW go to the next scheduled ANC appointment when they feel that the pregnancy is at risk or want surety that the unborn child is progressing well.
- Preparation for delivery day: Especially among multigravidas, ANC visits are a way to obtain the health passport booklet, build a good relationship with MW, find out what is needed on the delivery day, (rather than a place for pre-natal care)
- Validation of modernity: Especially in rural settings, ANC attendance is seen as a modern concept. Attendance is motivated by desire to be seen as conforming to changing times.

Barriers

- The previous experience: Where PW experience a harsh, unwelcoming service from MW and one that does not adequately inform them about the pregnancy, in some cases they choose to drop off.
- Low risk perception: PW feel that it is unnecessary to go to ANC if they don't feel unwell or trust that they can take care of an a problem with the pregnancy themselves.
- No sense of belonging: Health facilities represent spaces that poorer and illiterate PW, feel that they do not fit into. They feel that to attend, one should have new-looking clothes, look clean.
- ANC schedules clash with livelihoods: PW (and men) feel that they have to choose between attending ANC and generating income or managing household chores. Often, PW choose the latter.

"…Those who don't go to ANC, they'll still go to hospital for delivery.

COMMUNITY MIDWIFE ASSISTANT | Zingwangwa

"I would come more often if they are checking my sugar level and blood pressure at each visit."

MIDDLE-AGED PREGNANT WOMAN | MPEMBA

Summary of our findings

Quality of service: What does high quality service mean to pregnant women, men and providers? *(A high quality service influences access to / receiving comprehensive care)*

- A space to express emotions: In addition to essential tests, PW want a place to express their fears, receive support and engage more with the provider
- An informative service: PW want an ANC service that tells them more about the pregnancy and guides her on how to care for it. They are keen to learn about the baby's development progress as this is a source of assurance that all is going well.
- Quick and convenient: They want a service that can be in-sync with their daily lives. They want minimal disruption to income generation or household chores
- Affirms masculinity: Men want a service that is differentiated from women's. They also want validation or assurance that it is normal for men to be involved in the pregnancy journey. They want to step in as the provider – by being informed about what to budget for, ahead of delivery.
- A service that rewards her: PW expect a good service experience to be one that will give her something back. This is often characterized by free products

> *"My ideal ANC is where people are friendly, I feel encouraged and I can explain my problems."*

3-MONTH PREGNANT WOMAN | Mdeka

Summary of behavioural levers

We identified six predominant behavioral drivers that influence how PW seek and access ANC services. Where relevant, we have introduced intervention components that respond to the identified influences.

1. **Modernity**: Most community members perceive ANC services at health facilities as of superior quality as compared to services from traditional birth attendants (TBA) who are also popular in the communities. Community members aspire to modernity.

2. **Pluralistic ignorance & Ingroup/outgroup influence**: We noted that men can individually acknowledge that their participation in ANC is important. However, this is not the case when in group settings. Especially in rural settings, the community sees men's participation in ANC as against the social norms. Men often want to see 'evidence' of other men participating in ANC in order to comfortably join in.

3. **Availability Heuristic**: The decision to attend ANC at a health facility is heavily influenced by the PW's previous experience at the health facility. In some cases, PW expect to receive inadequate care, unfriendly service and are time-constrained at health facilities. As a result, they deliberately delay or de-prioritize attending ANC clinics at health facilities.

4. **Convenience:** Due to competing priorities (house-chores, income generation and childcare) women especially multigravidas are more inclined to delay or deprioritize ANC attendance. For example in rural settings some women will opt to visit TBAs because of they are more convenient – they are closer to home and are likely to spend less time seeking prenatal care.

5. **Power distance:** Women feel distanced from people in positions of authority (health providers, husbands, mothers in law). This distance influences how, where and when PW seek and access ANC services. In health facilities, women tend to assume that MW are too busy and therefore, they do not expect a personalized service

6. **Relativeness / Risk perception:** Usage of ANC services is also heavily influenced by perception of risk. PW and men feel more motivated to seek services if they expect that there might be a complication or want to avoid a possible adverse effect. This was also seen in cases where women seek ANC services as a way to avoid conflict with MW on the delivery day.

> *…I would also like to go; but I am afraid people will think that my wife has bewitched me*

HUSBAND TOA PREGNANT WOMAN | MDEKHA

> *Going to health facilities is for the new generation…"*

26-YEAR OLD PREGNANT WOMAN | MALAWI

02

Our Aproach to Research

Research approach

ThinkPlace facilitated a diagnostic research exercise which involved an in-depth analysis of the extent to which a pre-selected set of behavioral drivers would be at play within the Malawi context. This was combined with a line of inquiry that would help the researchers to gain an understanding of the context. We used the below qualitative research tools:

- 'A day in the life' diary: a journal that PW used to document their day-to-day life, over a period of seven days
- Good advice corner: A 1-2 minute video clip featuring a character facing a particular challenge related to ANC. Research participants were tasked to advise the character on how to solve the challenge.
- Global Mums: Audio stories from women in different countries sharing their pregnancy journey. Research participants were tasked to share thoughts on the different types of experiences
- Visual Guides: A set of pictures used to stimulate conversations about the presented scenario.
- Champion Mom: This tool engaged research participants to design a skit that portrays a mother as a champion.
- Silent Debate: This tool comprises a set of statements about common pregnancy/motherhood-related scenarios. Research participants are tasked to indicate whether they agree or disagree with the statements presented.

**Findings from the research were validated during a consultative workshop held with service providers.*

Visuals of some of the research tools

4 Locations: rural & peri-urban

- Zingwangwa
- Limbe
- Mpemba
- Mdeka

68 Participants

- Young pregnant women (Between 20 – 25 years)
- Middle-aged pregnant women (Above 25 years)
- Men: Husbands to pregnant women
- Formal health service providers
- Informal health service providers
- Young men and women

6 Research assistants

2 weeks

1 Insight validation workshop

Research insights

Below is a summary of insights emerging from the research and accompanying opportunities for intervention design:

1

Nothing new to learn: Multigravidas do not see ANC visits as valuable because they are familiar with the pregnancy journey and know what to expect. Among this profile of women, ANC attendance in the early months of pregnancy is seen as for new mothers or those with complications. Compared to first-time mothers, majority of multigravidas feel that I is more important to focus on income generation or household chores rather than go for an ANC visit. They feel that it is necessary to go when they are close to delivery, in order to obtain the health passport booklet.

2

A converging point of frustration: While PW and community members feel that ANC attendance is important, a negative experience at the health facility – characterized by a space that does not encourage emotional support, a schedule that interrupts their livelihoods, unclear communication, unfriendly service providers - demotivates women and results to attendance discontinuation. PW want an opportunity for more personalized interaction with the health provider, in a more empathetic manner and with content that informs them about the progress of the pregnancy.

3

The dilemma of modernity and tradition: Especially in rural settings, communities perceive ANC attendance as a symbol of modernity. Both men and PW feel that the service at the health facilities is superior to the TBA's. While aspirational, participation in ANC is ill-fitting with the lifestyle of poorer, illiterate women. Women in rural locations walk for long hours to access ANC service. At the health facility, there is a power distance between this profile of PW and MWs, that hinders comprehensive care. Majority do not understand the information given by the MWs. Some also feel that they need new-looking clothes in order to go to ANC.

4

ANC clinic is in-adequately designed for men's participation: Men want to be involved in the pregnancy journey by receiving information about the progress of the pregnancy and information that can help them budget for prenatal and delivery day needs. While majority of health facilities motivate men to attend ANC through preferential treatment, their participation is hampered by activities that are considered as unmasculine such as singing songs, sitting with women and being in environments that are dominated by women. Men want to see their peers participate in ANC, in order to comfortably join in.

5

Discretion is the hallmark of the first trimester: In the first trimester, PW prefer to keep news of pregnancy discreet in order to avoid miscarriage, believed to be caused by witchcraft. Additionally, PW want surety that the pregnancy will survive past the third month, before celebrating or starting to care for it. Health facilities also encourage women to start ANC after three months. This presents a gap in access to care within the first three months of pregnancy

03

Prototyping Approach

Prototyping approach

ThinkPlace worked closely with JHU to facilitate consultative workshops with ANC service providers, pregnant women and men. Out of these workshops we developed a set of 18 concepts. Six concepts were developed into mid-fidelity prototypes. These were further refined during a two-day Co-design workshop in Blantyre.

INSIGHTS	DESIGN CHALLENGES	PROTOTYPES
A CONVERGING POINT OF FRUSTRATION While PW and community members feel that ANC attendance is important, a negative experience at the health facility demotivates attendance	**How might the service at health facilities be more responsive to PW's need for emotional support, an informative and quick service?**	**Words of Wisdom I Mother Support groups I Basket of love I Sisters in Health I One-stop shop I Feedback toolkit I Reminder buddies I Empathy cards**
NOTHING NEW TO LEARN Multigravidas do not see ANC visits as valuable because they are familiar with the process and know what to expect. As a result, they intentionally delay or de-prioritize ANC attendance	**How might we (HMW) design a service that is valuable for multigravida women?**	**Words of wisdom I Reminder Buddies**
THE DILEMMA OF MODERNITY AND TRADITION PW and community members aspire to attend ANC, which is a symbol of modernity. However, ANC is often ill-fitting with the lifestyle of poorer, illiterate women	**HMW leverage modernity and also position ANC as a place for all profiles of women?**	**Feedback Toolkit I Empathy Cards**
ANC IS INADEQUATELY DESIGNED FOR MEN Men's participation in ANC is hampered by a service that is at odds with the community's definition of masculinity	**How might we enable men's optimal participation in ANC?**	**Azibambo groups I Bambo SMS**
DISCRETION IS THE HALLMARK OF THE FIRST TRIMESTER PW want a sense of privacy / discretion in the first months of pregnancy – an element that is misaligned with the requirement for ANC attendance at health facilities	**HMW enable women to access seek and receive care within the first three months of pregnancy?**	**Smart pregnancy test kit I One-stop shop**

● *Prototypes that progressed to the final round of design*

● *Prototypes that did not progress to the final round of design*

Codesign workshop overview

Below is an overview of the prototypes explored during the co-design workshop:

- Bambo SMS: For this prototype, we aimed to understand how we might best design men's interaction with the health systems during pregnancy.
- Feedback toolkit: We used this prototype to explore how we might leverage information to increase the value of attending each ANC visit as scheduled.
- Reminder buddies: We used this prototype to understand how we might leverage reciprocity to motivate ANC attendance.
- Empathy cards: This prototype helped us to understand how to create a warm / reassuring atmosphere between PW and MWs' without adding to providers' workload
- Smart Pregnancy test kit: We used this prototype to explore how we might trigger women to seek and receive ANC service within the first three months of pregnancy
- One-stop shop: We used this to understand they types of service delivery models that can work well at community level

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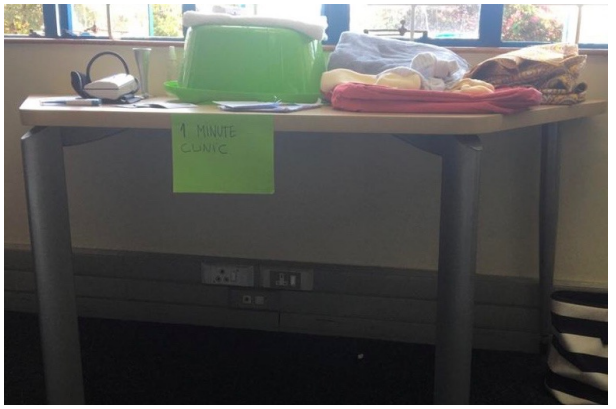
A midwife and pregnant woman role-playing using empathy cards



Simulation of the one stop shop

Men designing interaction points during the pregnancy journey

The next slides present learnings from the prototypes developed during the codesign workshops.

We use the learnings as to inform the opportunity areas and two final proposed solutions:

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Learnings from prototyping

BAMBO SMS

What is it? : Bambo SMS is a messaging platform designed for husbands of pregnant women. The husbands will periodically receive messages about the progress of the pregnancy, what to prepare ahead of delivery day, upcoming ANC visits and participation of other men from the community.

What assumptions did we have?

- Providing husbands with information about the pregancy, preparation needs and receiving updates about other men's participation in ANC will trigger stronger interest in the pregnancy and as a result, increase the support they give to the wife in issues related to ANC attendance.

Assumptions per message:

- Information about how many men are attending ANC: This will trigger the individual man's interest to also attend, in order to be part of their peers
- Information about the baby's development: This will create a stronger bond between the father and the child and as a result, motivate his ANC attendance
- Information about preparation: This will create clarity about the items needed, and as a result motivate him to be more supportive

Learnings:

What did we validate?

Men want to be involved in pregnancy specifically by:

- Receiving information related to the pregnancy in order to adequately plan for the prenatal needs and upcoming delivery day.
- Knowing about their peers' attendance: This motivates individual's participation
- Receiving information about the baby's progress: This provides assurance that there is no complication. **We did not validate that this type of information creates a stronger bond between the father and the baby.*

What assumptions were not validated?

- We did not validate that providing husbands with information about the pregnancy increases support for ANC. We noted that husbands are interested to participate in ANC. However, they are discouraged by the service format at the ANC clinic.

What does this mean for future interventions?

While SMS system is a possible format, we noted that an optimal way to engage men is a more active channel, such as through ANC visits. Men are interested to attend as this is perceived as modern. However, currently the environment at ANC clinics is dominated by women – this is uncomfortable for men. Men also do not want to participate in activities such as singing songs during health education. They want a service that affirms their masculinity.

Learnings from prototyping

ONE STOP SHOP

What is it? : The one-stop shop is anchored on enabling convenience by bringing ANC services closer to pregnant women. Accessible at the community, the one-stop shop embodies the idea of a mini-market for pregnant women where they can quickly buy products they need to take care of the pregnancy or will need on delivery day, while at the same time access ANC service.

**At the Co-design workshop, this prototype adopted a brand: 1-minute clinic. It was positioned as a place to quickly access both information and ANC services and at the same time buy items that PW women need.*

What assumptions did we have?

- Convenience: creating a central point where pregnant women can easily access ANC services without interrupting their day-to-day life is likely to increase chances of continued uptake.
- Time-save branding: Positioning the service point using a time-save aspect will attract women to visit the ANC service point.

Learnings:

What did we validate?:

- Women reported that enabling ANC service access at the community would enable a more way to access services and information. This would be especially beneficial to those in rural areas. **Presentation at the community-based service points can be further observed in situ.*
- Women reported that a time-save messaging was desirable. **This can be further observed in-situ*

What does this mean for future interventions?

There is need to set-up service access points at community level, as a way to make ANC more convenient. This also works to reduce the clash between ANC attendance and PW's livelihoods. PW, especially multigravida or those with a low risk perception often choose to deprioritize ANC attendance as compared to income generation.

Learnings from prototyping

EMPATHY CARDS

What is it? : This is a card deck that infuses the ANC consultation with a personal, human touch. The cards contain personal questions, words of advice and of encouragement around medical and non-medical topics. The midwife asks the pregnant women to choose a card which one or both respond to.

What assumptions did we have?

- Empathy: By asking non-medical questions during counselling, MW will be able to demonstrate care and as a result create a more positive experience for PW
- Selectability: By providing the pregnant woman with a choice (choosing a card, deciding on how to answer it) she is more likely to feel valued and listened to, therefore creating a more positive counselling experience and motivating the intention to return to the facility.
- Reciprocity: Being asked non-medical questions makes the pregnant woman feel like the midwife is truly interested in her as an individual which encourages her to reciprocate this interest with genuine answers that truly talk about how she feels. This results to more comprehensive care.

Learnings:

What did we validate?

- Empathy: The Empathy cards triggered conversation between PW and MWs, which suggested that they can be used to create space for engagement and conversation, hence a more positive experience for the PW.
- **The Empathy cards should be observed again in-situ to validate selectability and reciprocity assumptions. These two learnings can be better understood by observing the intervention within a health facility environment*

What does this mean for future interventions?

There is need to create spaces for more personalized and interactive counselling, in contexts where PW participate in mass education forums – such as the health education sessions in Malawi which adopt the format of a large gathering. While informative, women feel that the session is rushed and does not allow for more comprehensive learning. PW desire an opportunity for personalized interaction in the format of a one-on-one counselling.

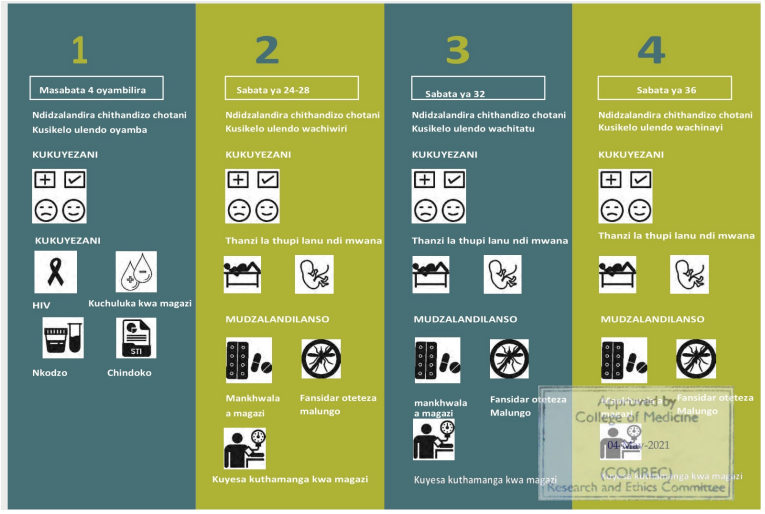
Learnings from prototyping

FEEDBACK TOOLKIT

What is it? : The Feedback Toolkit is a concept that seeks to give pregnant women a better understanding of what they should expect during each ANC visit as well as provoke conversations with service providers about the different activities that happen during ANC.

Key Assumptions:

- By informing PW about the services to be received at each ANC visit, this will increase the perceived value of each appointment and as a result, increase the likelihood of attending all visits as scheduled.



A visual of the feedback toolkit

Learnings:

What did we learn?:

While informing women about the services to be received at each ANC was validated as desirable, women also receive this information from HSAs and peer women. We noted that a stronger motivation to attend all scheduled sessions is through designing counselling sessions that respond to PW's need for emotional support, information and faster service.

What assumptions were not validated?

- We did not validate that by providing information about the content of each ANC visit, PW would be more motivated to prioritize attendance. We noted that majority of PW already feel that ANC attendance is important. A stronger reason for non-attendance is that ANC does not meet their desire to be more informed, a space that meets their emotional needs and allows for convenient access to ANC service.

What does this mean for future interventions?

There is an opportunity to use the feedback toolkit as a tool that enables interaction between PW & MWs, with an aim to enable a more informative counselling session. This responds to PW's desire for service that inform s her. This toolkit can be iterated to explore more interactive formats such as using a check-box against each service offered.

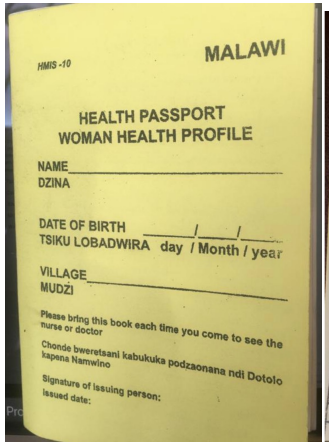
Learnings from prototyping

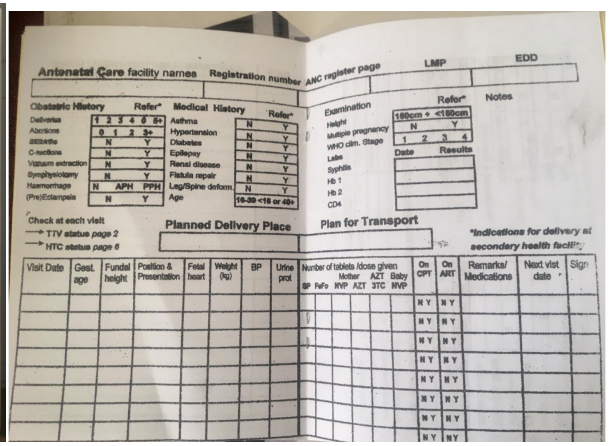
REMINDER BUDDIES

What is it? : This is an ANC appointment reminder system that leverages the power of peer influence, social validation and reciprocity to trigger women PW, especially multigravidas to attend all ANCs as scheduled.

What assumptions did we have?

- Peer influence / in-group/outgroup & reciprocity : By engaging a peer mother to remind a PW to go to ANC for the next scheduled visit, the PW is more likely to go, out of the need to reciprocate.





The health passport booklet is used to inform PW about the return date

Learnings:

What did we learn?:

- We learnt that multigravidas are more motivated to attend ANC when there is fear of complications or they perceive the pregnancy as being at risk, more than out of reciprocity or peer influence. First-time mothers are more likely to return to health facilities for ANC visit when they are accountable to people they trust such as close family members.

What assumptions were not validated?

- We did not validate that having a peer mother remind a PW to attend the next ANC appointment would result to an increased likelihood for attendance. We noted that majority of PW remember to attend when there is a higher perception of risk or pregnancy complication.

What does this mean for future interventions?

Majority of PW, especially first-time mothers will often return to ANC for a scheduled appointment. There exists an opportunity to ensure that PW prioritize ANC attendance by looping in close family members in the PW's ANC journey. Such a prototype would adopt the format of a 'Family ANC'.

Majority of multigravida women often de-prioritize ANC attendance for household chores or income generation. While a reminder-type of intervention is not optimal for this profile of PW, there is an opportunity to increase likelihood of attendance through designing a service focused on enabling convenience.

Learnings from prototyping

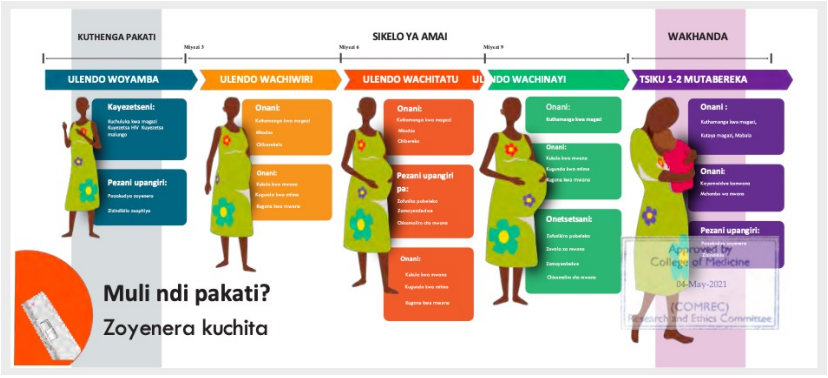
THE SMART PREGNANCY TEST KIT

What is it? : The Smart Pregnancy test kit is a pullout attached to a pregnancy test kit, and contains prompts on what steps to take immediately after a woman discovers that she is pregnant.

The test-kit contains information on what to expect at each ANC consultation. It also provides a connection to care through a digital / phone-based contact that the woman can use to receive additional care at a health facility

What assumptions did we have?

- The information detailed in the smart pregnancy test kit triggers woman to seek ANC counselling immediately upon confirming pregnancy.
- Using a test kit as the channel for communication will reach more women who are within the first trimester of pregnancy
- Women are open to receiving ANC counselling through a phone call-back feature attached to the smart pregnancy test kit



Learnings:

What did we learn?

We learnt that majority of PW do not use a pregnancy test kit as a tool to confirm pregnancy. Women often wait to confirm pregnancy when it is palpable / at the third trimester of pregnancy. Prior to the third month pf pregnancy, women primarily engage or receive care from close family members such as sisters, mothers, mother-in-law.

What assumptions were not validated?

- We did not validate that by providing information about the content of each ANC visit and using a pregnancy test kit as the channel, women will be more likely to access this information and it would motivate them to go for the first visit within three months. We noted that majority of PW do not use test kits to confirm pregnancy. We learnt that PW prefer to keep this news a secret during this period.

What does this mean for future interventions?

At the discovery phase, women prefer to receive information about the pregnancy in a discreet manner. PW want to get advice on what to do next from other women who have gone through a pregnancy experience.

04

Recommendations

Opportunity areas

ANC 2.0

Main objective:

Create an ANC service that addresses the different types of needs of pregnant women, encourages men's participation and addresses midwives' overwhelming schedules.

What it is…

- Health education sessions at community level address the different needs of multigravida and first-time pregnant women
- ANC consultation at health facilities that is shorter and more focused on conducting needed tests and screening
- A partnership with small chemists where women can receive some essential services such as BP management, weight, Urinalysis and also buy hygiene and nutrition products
- Partnership with women groups that involve multigravida and new mothers to provide health education
- Health education forums at the community are linked to small pharmacies in the community where women can buy products such as healthy food, women's products and as well access services such as BP management, weight, urinalysis.
- A counselling tailored for men: At the facility men who accompany their wives participate in the one-on-one consultation, and receive information that they need to plan for the delivery day / care for their wives

MOTHERS MATTER INITIATIVE

Main objective:

Reduce power distance between women and health providers, and make ANC more accessible to poorer and more illiterate women

What it is…

- A dedicated room in health facilities where pregnant women can change or freshen up before they meet health providers.
- Messaging: 'Come as you are'/'Friendly encounter'/'Professional is private'. A message that is embraced by the health facility as a whole and is driven by health providers. It acts as a reassurance to pregnant women. It is brought to life through channels that PW directly engage: health education forums, ANC consultation, Health passport booklet.
- Empathetic counselling: Counselling that is infused with a personal, human touch. It puts the focus on comprehensive counselling by including the sharing of non-medical information.
- Simplified information: Information that is packaged in formats that pregnant women across social and educational backgrounds can easily engage with
- Introduction of incentives: Tangible motivation for women in their first trimester to participate in ANC is an effective strategy to trigger the decision to attend. The sustainability of this model relies on ensuring a positive first trial that encourages women to return and champion the service relevance to her peers.

ANC 2.0

INSIGHTS

A CONVERGING POINT OF FRUSTRATION

While PW and community members feel that ANC attendance is important, a negative experience at the health facility demotivates attendance

NOTHING NEW TO LEARN

Multigravidas do not see ANC visits as valuable because they are familiar with the process and know what to expect. As a result, they intentionally delay or de-prioritize ANC attendance

ANC IS INADEQUATELY DESIGNED FOR MEN

Men's participation in ANC is hampered by a service that is at odds with the community's definition of masculinity

DISCRETION IS THE HALLMARK OF THE FIRST TRIMESTER

PW want a sense of privacy / discretion in the first months of pregnancy – an element that is misaligned with the requirement for ANC attendance at health facilities

ANC 2.0

What is the desired strategic outcome?

Health facilities in Malawi currently have a health education forum, which adopts the format of a mass sensitization. This forum takes place ahead of the 1:1 consultation for essential screenings (blood test, urinalysis, HIV, syphilis e.t.c).

ANC 2.0 proposes to re-structure the ANC service delivery format, by moving the health education component from the facility to be done during community-based activities. This would be followed by a scheduling of the PW to the health facility for the needed tests/screening or an optional offer to do the tests before visiting the health professional.

The outcome that this will have are:

- Increase the perception of value of ANC attendance by address the different needs of multigravidas and first-time mothers
- Reduces the time that PW spend at health facilities while seeking ANC services. This time between the group health education and the 1:1 was particularly frustrating for women.
- Increase men's participation in ANC clinics by offering a quicker and more tailored process at the health facilities
- Enables nurses and midwives to better target the time they spend with pregnant women and their husbands, thereby increasing their social capital (as opposed to be).
- Make basic ANC checks easier to access within the first trimester by introducing complementary triggers to seek support/services.

ANC 2.0 service format

(journey illustration)

- Community-based health talks: PW visits 1-minute clinics located in market or communal area, to receive health education
- Referral: HSA briefs PW about the additional tests that she should seek at the nearest clinic, and schedules her visit
- ANC Consultation: PW visits the clinic. Consultation is only focused on the needed tests/screenings hence is faster

What already existing systems / structures can we leverage?

- Multigravida women from existing women groups: We propose to enroll multigravida to shadow HSAs during health education. They would work as support and eventually help to increase coverage of ANC health information.
- Wide coverage of pharmacies, retail shops: We propose to partner with small pharmacies where women can access Blood pressure, weight measurement and fetal check services. These would be noted on the health passport and taken to the health facility.

Artefacts and resources

Familiar 1 minute service booths

Description:

These are information booths – (commonly used in Malawi by different suppliers) - that are used by HSAs when they are providing health education. The metallic booth is branded as a '1-minute clinic'. Alternative names include: Fast track ANC; Walk-in ANC; Rapid ANC.

The metallic booths are placed at strategic locations in the community that women can easily access. This includes market areas or other commercial centres e.g.near chemists, clothing and air credit booths.

Connected branding and quality

Description:

This branding will be applied on the metallic booths and at health facilities to emphasize that the care provided at the booth is safe, professional and of quality.

The brand-name is selected to appeal to pregnant women as they want to spend as minimal time as possible.

Through partnerships with chemists (e.g. pregnancy kits, pain killers) and suppliers of hygiene products (e.g. sanitary pads, wraps, soap), the booths can attract girls and women and offer additional convenience to its users.

Referral tool: Feedback toolkit

Description:

As part of the booth's branding, an information journey in large scale will cover its walls. The same in small scale, is attached to the health passport booklet, the HSA will use this to describe the service that the pregnant woman will receive at the facility. This toolkit will be color coded to as a way to signify the phase of pregnancy.

HSAs and multigravida women

Description:

A HSA will be in charge of the service booths – providing health education to pregnant women. We propose to have multigravida women from select women groups in the community work closely with HSAs to conduct health education sessions at the service booths.

ANC 2.0 service format

KEY ACTIVITIES

PLANNING

- Develop a schedule describing a weekly operational plan for the 1-minute clinics. This happens in parallel to the continuous presence of a provider who is continuously present at the booth.
- Identify locations in rural and peri-urban areas, where the 1-minute clinics will be set up. In rural areas, these will be locations where women can access the service within 5-10 minutes of walk.
- Identify and brief HSAs who will be in charge of providing health education at the 1-minute clinics.
- Identify, brief and train multigravida women who will work with HSAs during the health education sessions at the 1-minute clinics.
- Identify small chemists where PW can be linked by HSA to get blood pressure, weight, foetal assessment.

EXECUTION – KEY CONSIDERATIONS

STEP 1: AT THE COMMUNITY

- Reception: The HSA will explain the service that will be given. This should also include showing interest by asking non-medical questions.
- Counselling: The HSA will provide a personalized counselling service. This should include seeking to understand what information the PW wants. (Dependent on whether she is a multigravida or first-time mother, there will be differences in the types of information that they feel is of value.
- Referral: After counselling, the HSA will refer the PW to a health facility for additional care. The HSA will brief the PW about the tests that she will receive at the health facility. This is an opportunity to demystify fears (e.g. pain, dealing with hygiene, etc) and concerns (e.g. waiting time, procedures, relevance) and reduce the ambiguity of the process.

STEP 2: AT THE FACILITY

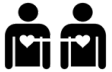
- Reception: The pregnant woman will bring the health passport booklet, which will detail information received at the 1-minute clinic and pharmacy
- Screening: The pregnant woman will directly meet the midwife for consultation and screening. The screening should aim to run for a short time.
- Scheduling next appointment: The midwife will indicate in the health passport booklet when the pregnant woman should receive the next consultation and touch points at the 1-minute clinic and chemists

ANC 2.0

STAYING HUMAN-CENTRED

Linkage to the health facility: When referring the PW to a health facility, the HSA should include information on the type of tests that the PW will receive at the health facility. This is a way to help the woman understand what to expect, and as a result increase the perceived importance of visiting the health facility as referred. Where needed, the HSA can link the PW to a chemist for smaller tests e.g BP, Weight before clinic.

Increasing men's participation: To encourage men's attendance, the health facilities should remove or reduce activities that might result to a large gathering of women as this makes men shy away from engaging. On the other hand, health facilities should explore ways to increase activities that are men-focused during ANC clinic days.



Showing interest: This is a significant component at both the 1-minute clinic and health facility. While PW desire a more intimate counselling they don't expect it as they as they expect that midwifes are time-pressed. This also reduces their chances of receiving comprehensive counselling. Showing interest should be done by asking non-medical questions.

Timing: The 1-minute clinics should be scheduled on a non-market days. These are more suitable as pregnant women are less likely to be distracted by income generation activities and therefore more able to seeking ANC service

Locations: The select locations should be in market or communal areas where pregnant women frequent when running day-to-day activities. This is aimed at addressing logistics-related barriers and enabling convenience.

BEHAVIOUAL LEVERS

- **Ambiguity effect**: by providing the PW with information about what tests she will receive at the health facility, she is more likely to buy into the importance of attending and therefore more likely to go
- **Reciprocity**: being asked non-medical personal questions makes the pregnant woman feel like the midwife is truly interested in her as an individual, which encourages her to reciprocate this interest with genuine answers that truly address how she feels.
- **Convenience**: by providing ANC service access points at central points that women will easily access, we are increasing the likelihood of having ANC sync with their daily lives, hence increasing chances of uptake

ANC 2.0

WHAT IT NEEDS IN ORDER TO SUCCEED

- **Buy-in from local community leaders besides county/subcounty administrative councils**: Chiefs carry a strong authority and influence in the community. They can play a part in generating awareness of the 1-minute clinics and encouraging pregnant women to use them. As part of the preparation activities, the implementation team should consider briefing Chiefs and seeking their support to drive awareness.
- **Partnership with women groups** : In consideration of the limited number of health providers, we propose that health facilities work closely with multigravidas who can be selected from existing women groups – e.g village banks or faith-based groups. This will provide an opportunity to mentor Multigravidas and build their capability to deliver accurate information at the 1-minute clinics. Gradually, this will increase coverage where multigravidas act as extensions of health facilities.
- **Facility-driven innovations**: To ensure that PW spend minimal time at the health facility during screening, health facilities need to identify innovative opportunities to ensure a faster screening process. At the moment, different facilities have varied operational formats. This also presents opportunity for them to learn from each other.

HOW MIGHT SUCCESS BE MEASURED?

1

Reduce the time spent at health facilities by separating the health education forums from ANC screening

Quantitative

- Length of time that women averagely spend at the health facility
- Length of time that a screening takes, pre-intervention and post-intervention

Qualitative

- Activities women are able to carry out with additional time

2

Create a more conducive environment for men's participation in ANC clinics

Quantitative

- Number of men who accompany their wives to ANC clinics

Qualitative

- Active participation and feedback from men

3

Increase the perception of value of ANC

With emphasis on multigravidas and 1st time mothers in first trimester **Quantitative**

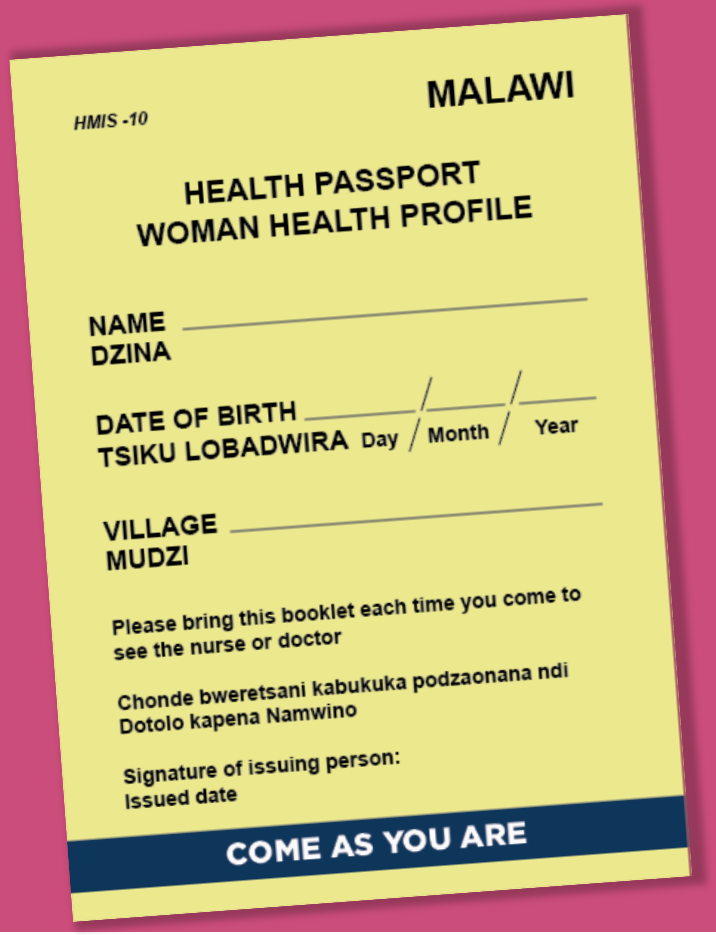
- Number of PW who visit and refer to 1-minute clinics (in particular those with no previous intention to attend ANC)
- Number of PW who visit health facilities after referral from 1-minute clinics
- Number of prevented complications

Qualitative

- Feedback from pregnant women who visit the 1-minute clinic and health facilities
- Improvement in capacity to retain and share information following a consultation
- Feedback of health providers about their interaction with PW

Mothers Matter

A SERVICE FOR WOMEN



INSIGHTS

THE DILEMMA OF MODERNITY AND TRADITION

PW and community members aspire to attend ANC, which is a symbol of modernity. However, ANC is often ill-fitting with the lifestyle of poorer, illiterate women

A CONVERGING POINT OF FRUSTRATION

While PW and community members feel that ANC attendance is important, a negative experience at the health facility demotivates attendance

Mothers Matter

What is the desired strategic outcome?

Mothers matter aims to position ANC services in health facilities as for women from all walks of life - from urban and rural areas, all social-economic statuses and educational background.

This is a way to ingrain a sense of belonging among poorer and illiterate women who want to visit the health facility for ANC services but feel that they may be out of place. This is mostly characterized by PW's expectations that, to attend ANC women need to be exceptionally clean, shaved and have new-looking clothes.

The outcome that Mothers Matter will have include:

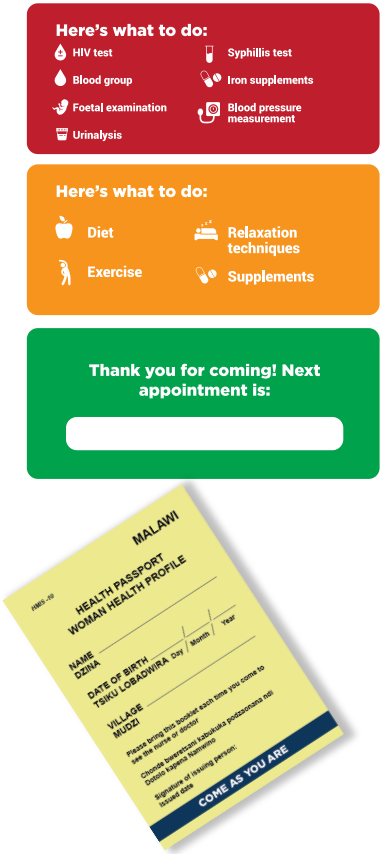
- Increase ANC visits by poorer and illiterate women, often from rural areas by virtue of a positive and rewarding experience
- Enable a deeper, more interactive counselling between poorer, illiterate pregnant women and health providers
- Increase buy-in from the wider community about the need to encourage pregnant women to visit health facilities for ANC services.

What already existing systems / structures can we leverage?

- Community outreach activities: Currently HSAs run outreach activities that closely engage women. The 'Come as you are' messaging can be integrated into these outreach activities in order to reach pregnant women who might not be found at the health facilities
- Health education forums: Women participate in health education sessions before ANC consultations. These sessions can be used as forums to reinforce the message that ANC is a space for women from all types of background*

* It is important to highlight the need to distribute women per age groups in order to avoid obstacles of engagement due to the effect of the high prevalence of power distance.

Artefacts and resources



Informational stickers that would be attached to the health passport booklet

Empathy cards: This is a card deck that midwives and pregnant women use to interact during counselling. The Empathy cards prompt the midwife to ask non-medical questions that can help to demonstrate interest and promote a warmer relationship.

'Come as you are' poster and strip branding on the health passport booklet: A message that both MWs and PW can easily engage with / pass on during health education forums, ANC consultations and in community-based forums.

This branding can be used on various touch points that already exist, such as on walls as murals, or incorporated onto providers' uniforms, referral tools.

Informational stickers: These are color-coded stickers that can be attached to the health passport booklet. The color-codes aim to simplify interpretation of results from tests/screening as below:

- Green sticker: Pregnancy is progressing well
- Orange sticker: The pregnancy is safe but may need attention
- Red: There is need for immediate attention from health provider

Incentives: There is an opportunity to use incentives to motivate early and continued attendance, as a tactic to encourage trial of the desired behavior. These can be in form of cloth wraps given to pregnant at during the last ANC visit.

Care points: Care-points are strategic spaces in health facilities that can be set up with water / wet wipes, sanitizer, tissue paper, mirrors, shoe brush. An alternative to offering women a cloth as incentive is to make a reusable cloth available to use during consultation for those who can not afford it.

Pregnant women are invited to use these spaces to freshen up before going in for ANC consultations.

Mothers Matter format

KEY ACTIVITIES

Sample poster used as at a facility e.g as a wall mural

EXECUTION

KEY TOUCH POINTS

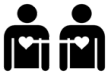
- Engagement points: The messaging embodied in the 'Come as you are' tagline should be disseminated by midwives and HSAs during;
  - ✓ Health education and ANC screening
  - ✓ Integration with other outreach activities: Messaging can be woven into Under 5 or PNC outreach activities
- Simplifying communication: This requires health providers to be more conscious when engaging PW, aiming to ensure that they understand the information given during ANC. A way to do this is:
  - ✓ Health passport booklet: Put color-coded stickers on the health passport booklet (e.g back-page,) to communicate about the progress of the pregnancy and mother
  - ✓ The color coding in the health passport booklet should be coordinated with wall murals, as one way to enhance awareness and understanding
- Facility re-arrangement: This involves creating spaces within the health facilities, where PW can freshen up ahead of the ANC counselling. These spaces can be equipped with simple items such as water, soap, sanitizer and a mirror.
- Counselling: Midwives to use Empathy cards to infuse a human-touch into the counselling. The cards enable a MW to genuinely show interest in the PW and as a result, transform the counselling experience.
- Incentive: This will be in form of cloth wraps that PW will receive from the health facility; used as a tool to incentivize ANC trial. This incentive can be gradually faded out once ANC attendance behavior is established.

Mothers Matter

STAYING HUMAN-CENTRED

Simplifying communication: This is a core component of delivering services that poorer illiterate women can relate with.

A key communication and documentation artefact linking pregnant women to health facilities is the health passport booklet. There is an opportunity to use this booklet to enhance understanding, using the color-coded informational stickers.



Empathy during counselling: This intervention can be expected to be successful if midwives are able to genuinely show interest in pregnant women during ANC counselling sessions.

A component of this is using the Empathy card deck to create conversational points beyond medical check-up. MWs can also explore additional tactics to show interest in the PW.

Focus on all pregnant women but emphasize on poorer, illiterate: While the content of the 'Come as you are' messaging should focus on PW from all walks of life, it should strongly address poor, illiterate women, aiming to inculcate a sense of belonging in the health facility.

BEHAVIOUAL LEVERS

- **Ambiguity effect**: by providing the PW with information about what tests she will receive at the health facility, she is more likely to buy into the importance of attending and therefore more likely to go
- **Reciprocity**: being asked non-medical personal questions makes the pregnant woman feel like the midwife is truly interested in her as an individual, which encourages her to reciprocate this interest with genuine answers that truly address how she feels.

Mothers Matter

WHAT IT NEEDS IN ORDER TO SUCCEED

- **Buy-in from health facilities' leadership:** This will enable stronger support of the messaging by midwives and HSAs and confidence when disseminating the messages during community engagement forums and at the facility.
- **Engaging communication tools** with a focus on making them easily consumable: a key information tool that PW often interact with is the health passport booklet

HOW MIGHT SUCCESS BE MEASURED?

1

Increase ANC visits by poorer and illiterate women, often from rural areas

Quantitative
- Number of women from rural areas who visit health facilities in the first trimester
- Activities women are able to carry out with additional time

2

Enable a more in-depth interaction between midwives and poorer, illiterate pregnant women

Qualitative
- Active participation and feedback from poorer, illiterate women who visit health facilities
- Improvement in capacity to retain and share information following a consultation

3

Increase buy-in from the wider community about the need to encourage pregnant women to visit health facilities for ANC services.

Qualitative
- Feedback from poorer, illiterate women who visit health facilities

Quantitative
- Number of women from rural areas who visit health facilities (with emphasis on those who report coming due to an incentive)

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