



THE POWER OF PREGNANCY CLUBS

— *New Research on Group Antenatal Care* —

MSH's Quality of Care (QoC) Webinar Series

An Essential Pillar to Achieve Universal Health Coverage for Women, Children, and Adolescents

- **Highlight and share learning** from QoC initiatives that contribute to universal health coverage (UHC) for women, children, and adolescents
- **Initiate discussion** about strengthening QoC initiatives within UHC for more effective and efficient health systems

THE POWER OF PREGNANCY CLUBS: New Research on Group Antenatal Care (ANC)



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Highlights: New Research on Group ANC

- Group ANC model adapted through human-centered design
- Implementation research identified important nuances in feasibility and acceptability in Kenya and Uganda
- Found improved experience of care, enhanced learning and social support; some indication of improved self-efficacy, empowerment
- Further testing needed to explore mechanisms of change and address systemic barriers to implementation at scale

Background: ANC as a Missed Opportunity



- Coverage and content of services
- Equity across intersectional characteristics
- Quality of care, including respectful and responsive care and continuity of care
- Disconnect between women's expectations and needs and service models
- Systems-related challenges

Group ANC: New Service Delivery Model

- Alternative service design model to respond to needs and expectations across different cultural contexts
- Supports positive pregnancy experience (*WHO 2016 guidelines*)
- Promising, but limited evidence



Pregnancy Clubs: MSH and Scope's Approach

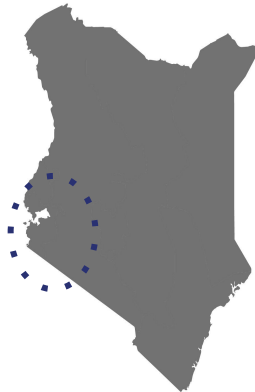
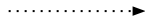


UGANDA

FEASIBILITY STUDY

**Mbale and
Bududa Districts
(2016)**

- Concept design
- 5-month feasibility study with Government of Uganda

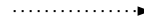


KENYA

PILOT STUDY

**Kakamega County
(2017)**

- Implementation and evaluation with Kenya Progressive Nurses Association & Government of Kenya



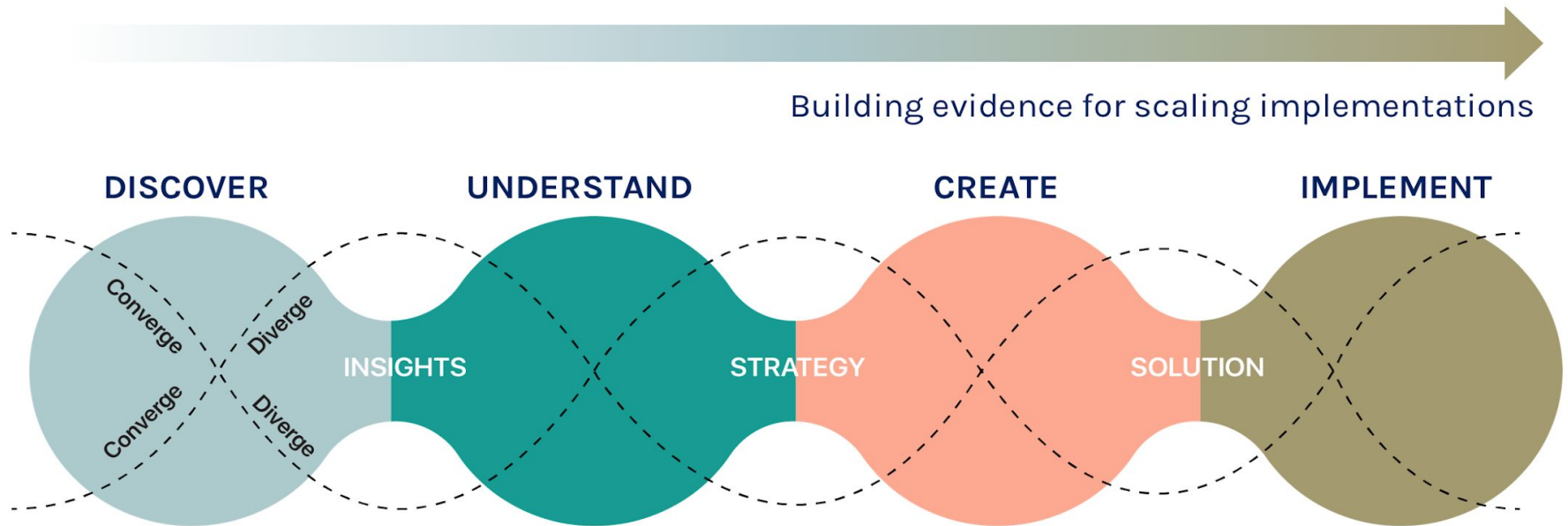
GUATEMALA

PILOT AND SCALE

**Quetzaltenango,
Guatemala
(2019)**

- 6-month pilot followed by evaluation and scale up
- Partnership with indigenous communities, local, and national government

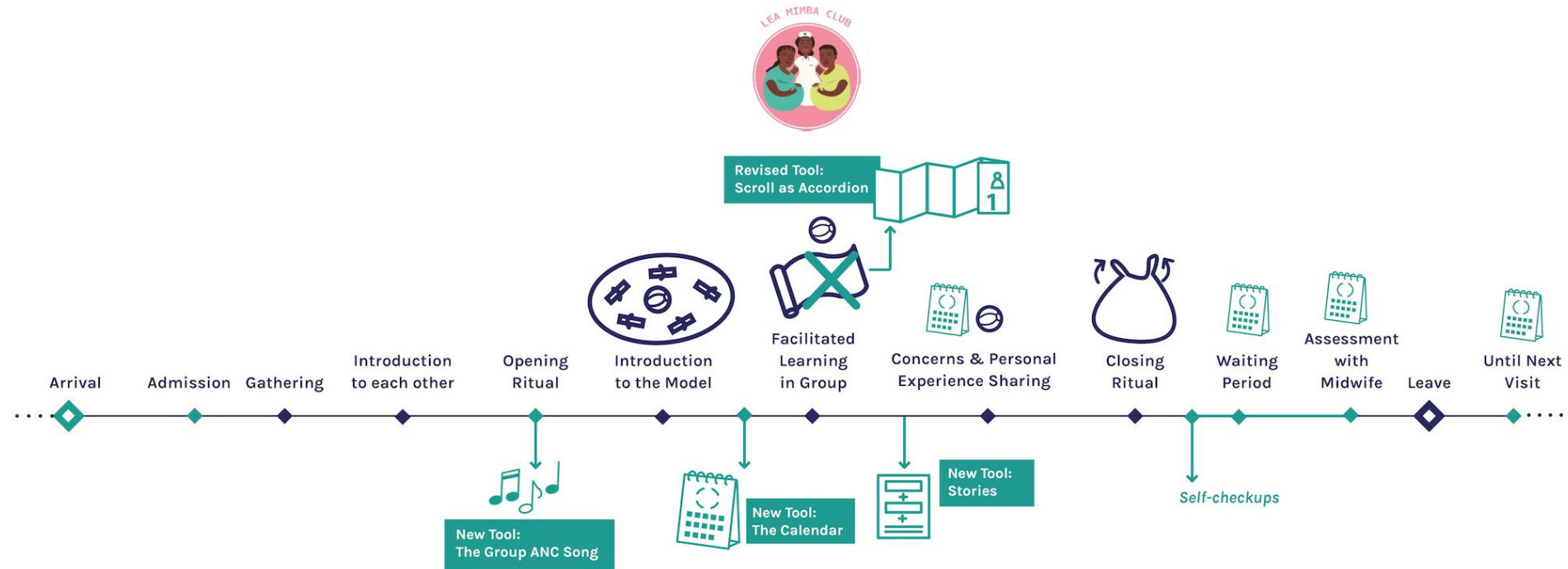
Human-Centered Design



CO-CREATION: Pregnancy Clubs' Service Design



Group ANC Navigator



FACILITATION MATERIALS



ANC MAT



CALENDAR BOOKLETS

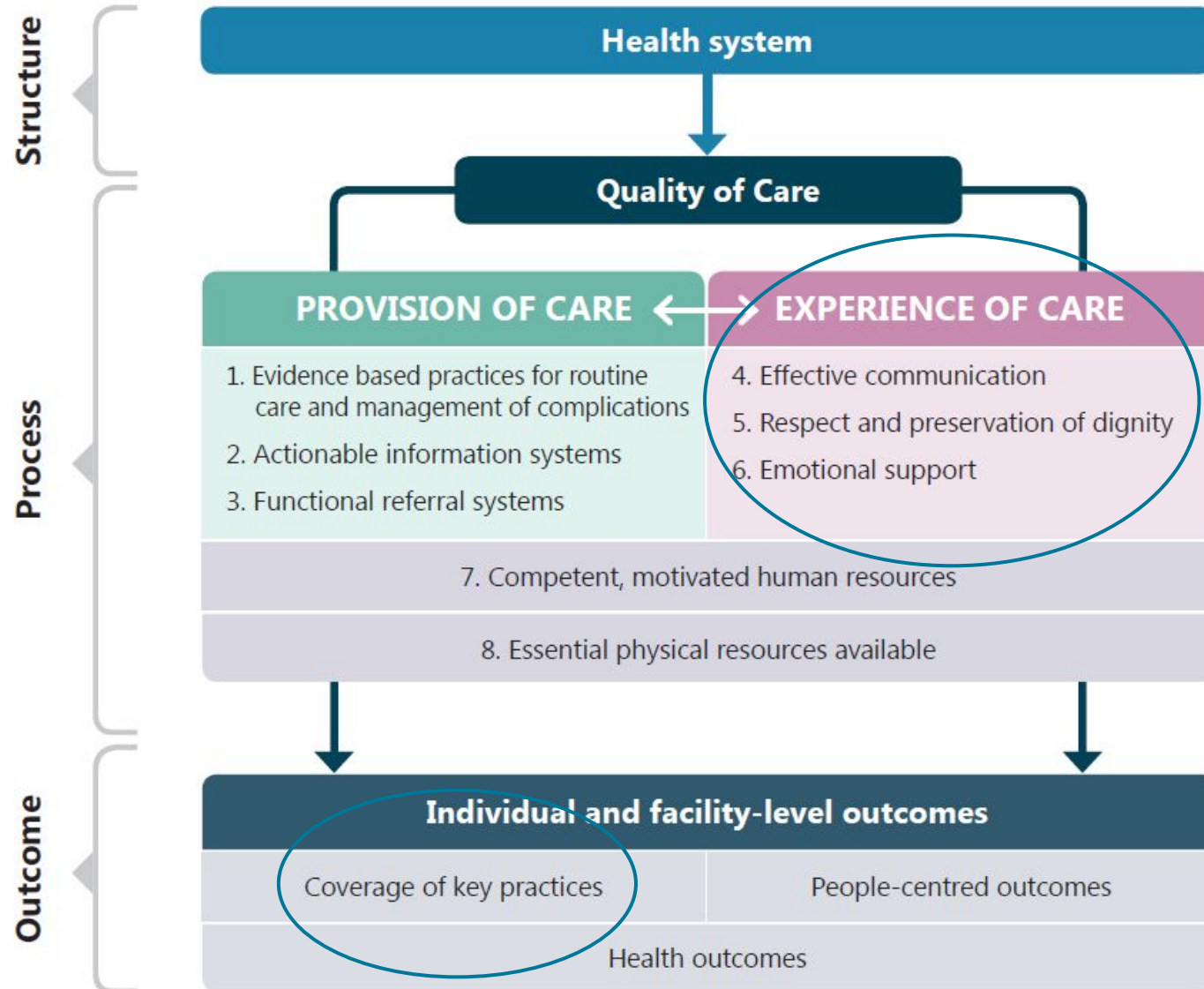


ACCORDION SCROLLS

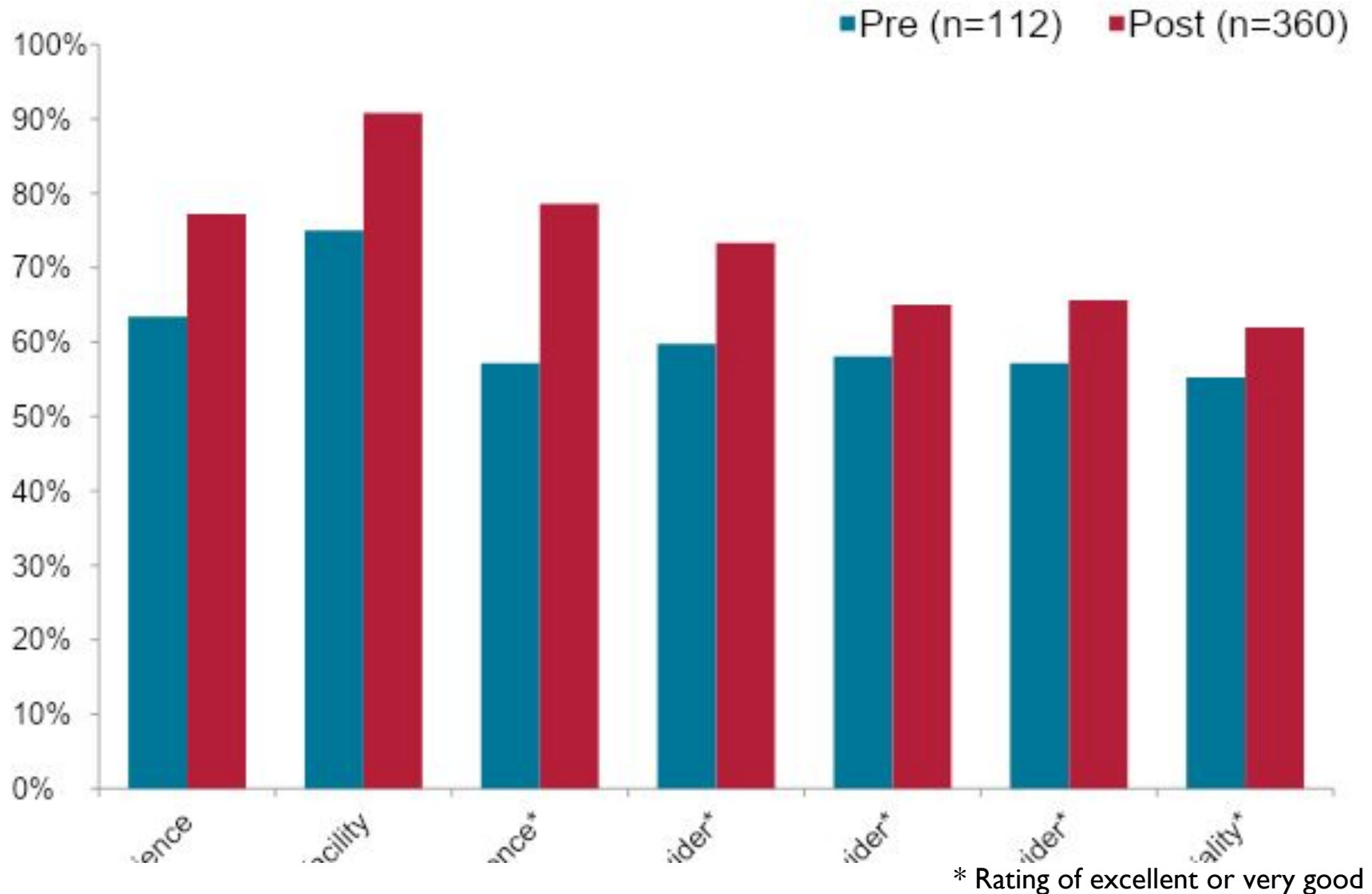
Research Methods

	KENYA	UGANDA
Interviews and focus group discussions (FGDs)	✓ 45 interviews with women, providers, facility managers, county health staff, health volunteers; 3 FGDs with women	✓ 34 interviews with women, providers, facility managers, district staff, community health workers; 2 FGDs with women
Data from registers	✓ Longitudinal tracking forms (ANC tracker) (n=1090)	
Client surveys, immunization visit	✓ Baseline (n=112) and endline (n=360)	
Workflow and time use, context mapping	✓ Observations of women and health providers at baseline and endline at each project site	

WHO Framework for MNH QoC



Experience of Care (Client Survey, Kenya)





RESPECT AND DIGNITY

“ In the normal ANC clinics, you will find some nurses are tired and they will not attend to you well. But in Lea Mimba club, the nurses did not discriminate against anyone. When you go to other clinics, you are told you are dirty... here you attended to the way you are.
Pregnancy Club member, Kenya



EFFECTIVE COMMUNICATION

“ What I learned made me excited! At the health facility they teach us pregnant mothers about life, health, and pregnancy. I learned that if you feel bad and have pains in the womb, you need to tell your mother in-law or husband and quickly get to the health facility. *Pregnancy Club member, Uganda*



EMOTIONAL SUPPORT

“ Sometimes you are hurting out there, but when you come to your colleagues that you study with, you calm down and relax because the midwives teach us about togetherness and love... and so we made friends.
Pregnancy Club member, Uganda



PROVIDER EXPERIENCE

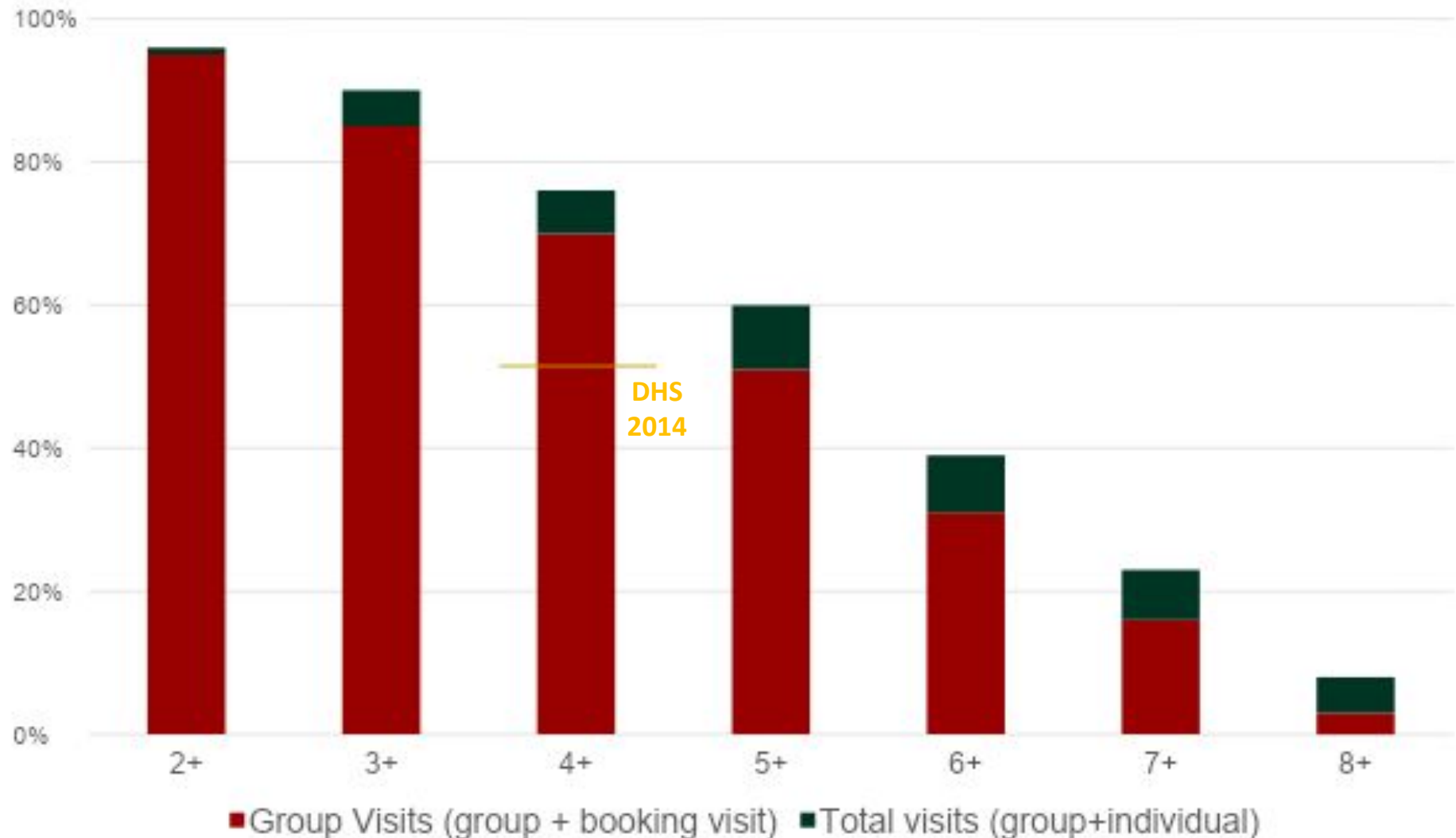
“ We... learn a lot from these groups in terms of how [women] perceive the services that I am providing...they get used to you and to the facility and they are free...If there is a concern, they can tell you. So it is also a way of getting feedback from them. *Health provider, Kenya* ”



BEHAVIOR SHIFTS

**“ I never imagined I could take care of my pregnancy.
I never saw myself taking care of a child and using family planning,
I thought it was a lot of work.
But after the Lea Mimba lessons, I can do all of these things!
*Adolescent, Kenya***

Retention in ANC among Women Enrolled in Pregnancy Clubs (n=1090)



Findings from workflow and time analysis

	TRADITIONAL	GROUP ANC
Average amount of counseling time women received	6.1 min	55.2 min
Average amount of time providers spent per woman	18 min	21 min
Average waiting time	67.3 min	156 min

Pathways to Scale

- Improved experience of care for many women, but some still prefer traditional care
- Social support and learning likely interact to produce effects in behavior change
- Pose challenges for implementation at scale due to differences from other primary health services





TESTING MODEL FOR SCALE IN GUATEMALA



OUR SINCERE THANKS TO

- The women and health providers who gave their time, opinions, and insights for the studies
- Study teams and project staff in Kenya and Uganda
- Partners including national ministries of health, district and county health management teams, community health workers, and health providers
- County Innovation Challenge Fund (CICF, Kenya)
- MSH board and leadership team

QUESTIONS?

Please type your
questions into
the chat box



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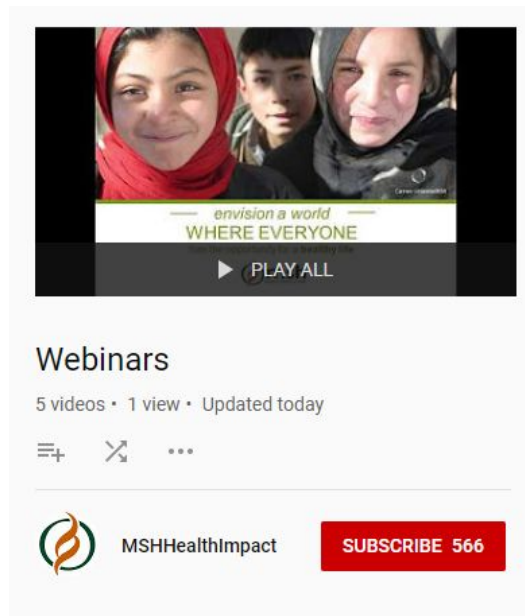
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Contact Shafia Rashid: srashid@msh.org

THANK YOU FOR JOINING!

A recording of this and all webinars from our QoC series can be accessed on www.youtube.com/MSHHealthImpact



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- Setting the Standard for Quality Care: **Rwanda's** Health Care Accreditation Program
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