THE POWER OF PREGNANCY CLUBS

New Research on Group Antenatal Care
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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Design Research Lead, Scope
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

Building evidence for scaling implementations

DISCOVER

UNDERSTAND

CREATE

IMPLEMENT

Converge

Diverge

INSIGHTS

STRATEGY

SOLUTION
FACILITATION MATERIALS

ANC MAT

CALENDAR BOOKLETS

ACCORDION SCROLLS
## Research Methods

### Data Sources

<table>
<thead>
<tr>
<th>KENYA</th>
<th>UGANDA</th>
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<tbody>
<tr>
<td>Interviews and focus group discussions (FGDs)</td>
<td>✔ 45 interviews with women, providers, facility managers, county health staff, health volunteers; 3 FGDs with women</td>
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<td>Data from registers</td>
<td>✔ Longitudinal tracking forms (ANC tracker) (n=1090)</td>
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<td>Client surveys, immunization visit</td>
<td>✔ Baseline (n=112) and endline (n=360)</td>
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<tr>
<td>Workflow and time use, context mapping</td>
<td>✔ Observations of women and health providers at baseline and endline at each project site</td>
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WHO Framework for MNH QoC

Health system

Quality of Care

PROVISION OF CARE
1. Evidence based practices for routine care and management of complications
2. Actionable information systems
3. Functional referral systems

EXPERIENCE OF CARE
4. Effective communication
5. Respect and preservation of dignity
6. Emotional support

7. Competent, motivated human resources
8. Essential physical resources available

Individual and facility-level outcomes
- Coverage of key practices
- People-centred outcomes
- Health outcomes
Experience of Care (Client Survey, Kenya)

* Rating of excellent or very good
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*
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*
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
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
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

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<tr>
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<th>TRADITIONAL</th>
<th>GROUP ANC</th>
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<tbody>
<tr>
<td>Average amount of counseling</td>
<td>6.1 min</td>
<td>55.2 min</td>
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<tr>
<td>time women received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average amount of time</td>
<td>18 min</td>
<td>21 min</td>
</tr>
<tr>
<td>providers spent per woman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average waiting time</td>
<td>67.3 min</td>
<td>156 min</td>
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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
Please type your questions into the chat box.
Visit our website for more: www.msh.org

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

Other webinars in our series include:

- Meeting the Challenge of Tuberculosis in Urban Afghanistan
- Setting the Standard for Quality Care: Rwanda’s Health Care Accreditation Program
- Improving Quality of Care in Fragile States: Experiences from the Democratic Republic of the Congo