



Save the Children

Milken Institute School
of Public Health

THE GEORGE WASHINGTON UNIVERSITY

Advancing progress towards scalable approaches to improve RMNCH-FP service use among first-time mothers:

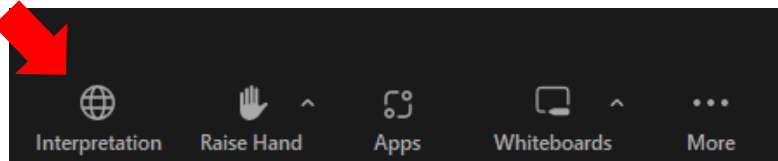
Results and learning from Bangladesh
and Tanzania

July 31, 2023

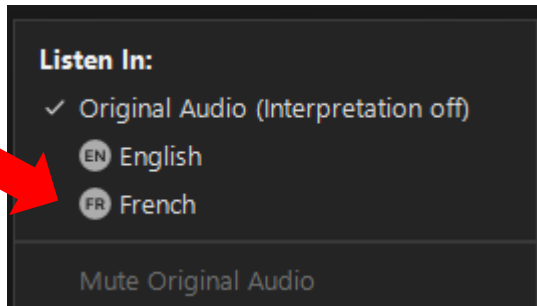


Pour écouter en français

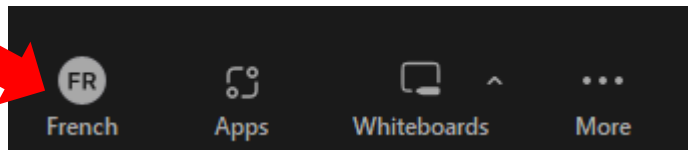
1. Cliquez sur "interprétation" dans votre menu Zoom./ Click "interpretation" in your Zoom menu.



2. Sélectionnez « French » pour écouter en français./ Select "French" to listen in French.



3. Vous pouvez alors voir sur votre menu Zoom que vous écoutez la chaîne francophone./ You can then see on your Zoom menu that you are listening to the French language channel.



Today we'll cover:

- Why do we need investments in scalable approaches for first-time mothers?
- What do scalable PFP and PNC approaches for FTMs look like in two different country contexts?
- What results have we seen in small-scale testing?
- What is the way forward?
- Discussion

Overview

Perspectives we'll hear today (in order)

- **Melanie Yahner** – Connect Project Director, Save the Children
- **Gwyn Hainsworth** – Senior Program Officer, Family Planning, The Bill & Melinda Gates Foundation
- **Dr. Syeda Nabin Ara Nitu** – Manager, Shongzog (Connect) Project, Save the Children Bangladesh
- **Lilian Kapinga** – Connect Team Lead, Save the Children Tanzania
- **Emma Cook** – Senior Research Associate, George Washington University
- **Dr. Jennifer Seager** – Associate Professor, George Washington University
- **Dr. Ahmad M Makuwani** – Director of Reproductive and Child Health Section, Ministry of Health, Tanzania
- **Dr. Nurun Nahar Begum** – Line Director-Clinical Contraception Service Delivery Program Unit, Ministry of Health and Family Welfare, Bangladesh
- **Dr. Venkatraman Chandra-Mouli** – Scientist – Adolescent Sexual and Reproductive Health, Department of Sexual and Reproductive Health and Research, World Health Organization, Geneva

We'd like to hear your perspectives

Use the chat to introduce yourself, and share:

1. Have you worked on interventions that showed promise...but couldn't be sustained beyond the donor funded project?
2. What were the limitations to sustainability?



Why do we need investments in scalable PFP and PNC approaches for FTM?

Gwyn Hainsworth
The Bill & Melinda Gates Foundation

Background

Globally, there is an increasing focus on first-time mothers (FTMs; ages 15-24).



Holistic, multi-level interventions show promise to improve service uptake...



...but have proven challenging to fully scale-up and institutionalize.



Could incremental shifts to existing platforms improve PFP and PNC use among FTMs?



The Connect Project

- **Aims:** To develop, evaluate, and document scalable integrated approaches to improve use of **postpartum family planning (PPFP)** and **postnatal care (PNC)** among FTMs
- **Approach: Light-touch “enhancements”** layered onto health & community systems
- **Geographies**
 - Bangladesh
 - Tanzania
- **Timeline:** 2019-2024

What do we mean by “enhancements”?

Light-touch interventions that leverage existing government and community health platforms to improve FTMs’ RMNCH-FP service utilization





**What do scalable
PPFP and PNC
approaches for FTMs
look like in two
different country
contexts?**

Connect timeline

2019-2021

Phase I (complete):

- Formative assessment
- Small-scale testing and quasi-experimental evaluation



2021-2022

- Program refinement
- Scale-up planning



2022-2024

Phase 2 (ongoing):

- Scale-up
- Geographic expansion
- Institutionalization
- Evaluation and learning

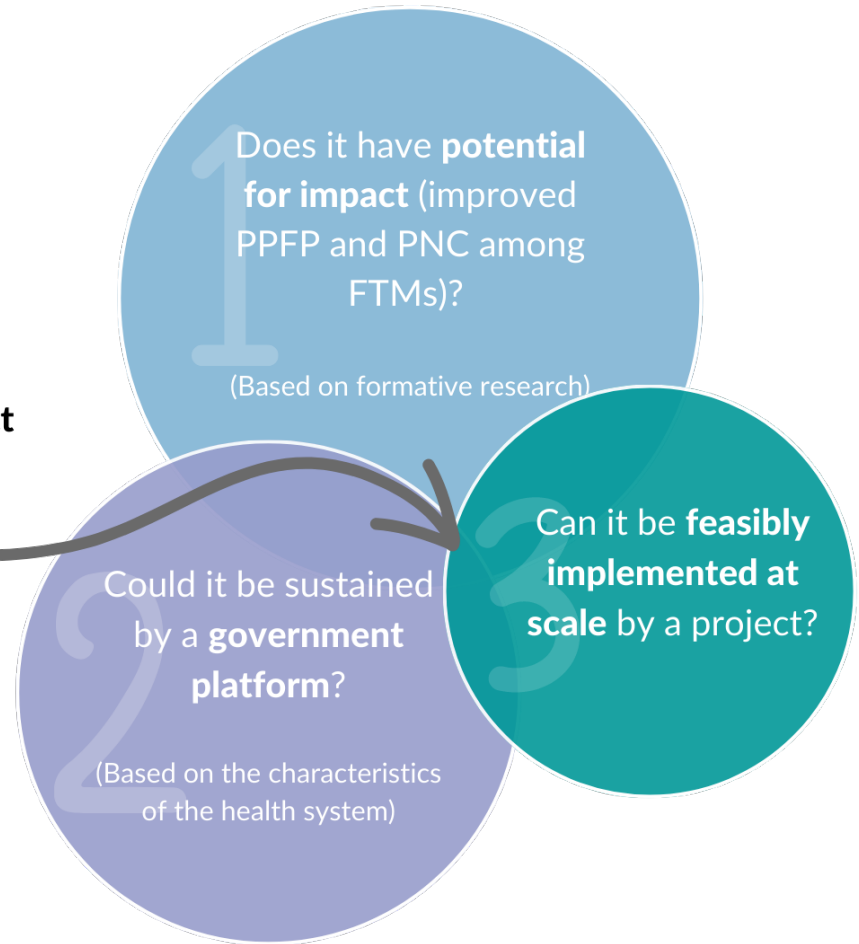
Enhancements designed for impact *and* for sustainability

The design process considered:



The process adapted a systems thinking model to develop a “Viability Assessment Tool” to guide teams to consider health system characteristics

Potential for sustainable impact



Data and learning assessed feasibility, acceptability, effectiveness

Routine monitoring

- Existing government systems
- Regular field visits
- Project records

Rapid quantitative surveys (2021)

Collected information on sociodemographic and cultural characteristics, impact of program enhancements, and FTMs' experiences with enhancements

Implementation learning

- Qualitative feedback from:
 - FTMs
 - Male partners
 - Older female relatives
- Pause and reflect meetings with frontline implementers

Stakeholder inputs

- Technical Advisory Group
- Joint supervision visits

Sources in **teal** are reflected in this presentation



Bangladesh

Enhancement design

Feedback from frontline implementers and FTMs

Dr. Syeda Nabin Ara Nitu

Save the Children Bangladesh

Considerations for impact: Key barriers to PNC & PPFP



Family (especially mother-in-law and male partner) preference and tradition



Pressure to become pregnant again soon



Increased restrictions on movement outside home for 40 days postpartum



Limited information about the purpose of services across the continuum of care



High ANC use, but high rates of home delivery and private facility deliveries result in low PNC use

To produce impact (improved PPFP and PNC) enhancements must address these barriers by:

1. Reaching FTM's regardless of place of delivery and accounting for postpartum restrictions on movement;
2. Engaging family to encourage supportive social norms, and addressing factors encouraging discontinuation;
3. Integrating PPFP into other RMNCH touchpoints.

Enhancements strengthen gov't facility & community platforms



Facility Level

Facility & Community Level



Community Level

Existing government platforms leveraging MaMoni MNCSP

RMNCH services in public facilities

SMS system (MaMoni MNCSP)

FWA-led home visits

Courtyard meetings through the Expanded Programme on Immunisation

Connect's "enhancements"

- Strengthened PPFP **counseling** beginning in ANC
- **Pre-discharge counseling** checklist
- **Strengthened PNC** services

- **SMS with information and reminders**

- **New:** Printed materials (**mother-baby booklet, invitation card**) delivered by FWAs & facility providers

- **FWA home visits** using an **algorithm to prioritize mother-baby dyads with risk factors**
- Integrated PPFP and PNC **counseling**, facility **referrals**, provision of short-acting FP methods

- PPFP and PNC included in **courtyard meetings**; FTMs and families invited

- Strengthening of key system functions:**
- Referral mechanisms
 - Coordination between facility providers and community providers
 - Supportive supervision

Select considerations for institutionalization at design stage



Community Level



Facility Level

Enhancement

Targeted home visits from FWA

Courtyard meetings

Pre-discharge counseling checklist

Key System Challenges

- High FWA vacancies
- Low coverage

- FWA workloads

- Facility readiness to keep mothers after delivery
- Busy discharge times, workloads

Possibilities for institutionalization *(if findings support)*

Add value by sharing the algorithm to prioritize home visits to balance workload and maximize coverage

Already institutionalized

Explore potential to integrate into national training curriculum through inclusion in Operational Plan

Feedback showed enhancements are feasible to implement...



FWA perspectives on algorithm

- Helps FWAs to build rapport with mothers, deepens understanding of risks
- High FWA vacancy rates remain a challenge
- Use of phone calls started during COVID-19 lockdowns:
 - alleviated work burden,
 - improved ability to track FTM's who travelled following birth,
 - encouraged FTM's to report early births.

"I used the algorithm after receiving news of a home delivery. Baby's condition was bad—they struggled to breathe, and movement stopped. I referred to the hospital. [...] The child recovered and returned home. Mother is fine too."



Provider perspectives on checklist

- Guides assessment of conditions/risk factors to check, helping with a smooth discharge process.
- Helps mothers to understand next steps
- Documents mother/baby status at discharge

"[when we use the checklist] mothers feel that we are giving them special priority. They and their families are happy."

...and acceptable to FTMs



FTM perspectives

Home visits widely appreciated

- FTMs & families like home visits from trusted FWAs
- Counseling in presence of family empowered decision-making
- Preference for receiving services at home
- Husbands have limited interest in participating

“I would have not been able to save my son’s life if Soma di [FWA] was not there by my side.”

Mixed experiences at facilities

- Overall positive, but concerns included:
 - Rude treatment
 - Being rushed (e.g., into C-section, or to be discharged)
 - Lack of cleanliness, infrastructure



Tanzania

Enhancement design
Feedback from frontline
implementers and FTMs

Lilian Kapinga
Save the Children Tanzania

Considerations for impact: Key barriers to PFP in Tanzania



Limited power in household decisions



Harsh and judgmental treatment from providers



Missed opportunities to integrate FP into other touchpoints and reach FTM through CHWs



Myths about family planning

To produce impact (improved PFP) enhancements must address these barriers by:

1. Strengthen inclusion of FTMs in community outreach efforts, such as home visits, community groups
2. Engaging household/family influencers to build support for FTMs and improve knowledge about FP
3. Addressing disrespectful care at the health facility level

“Enhancements” in Tanzania



Facility Level

Existing platforms
Government platforms
Lishe Endelevu project (USAID)

Government:
National Guidelines for
Gender and Respectful
Care

Government:
CHW cadre
(unpaid, project-driven)

Lishe Endelevu:
community support
groups (CSGs) for mothers

Lishe Endelevu:
SMS with nutrition, WASH
information

Connect's "enhancements"

- Support to MOH to develop **respectful care on-the-job training** for facility-based providers
(recently launched)

- **Increased enrolment** of FTMs in CSGs
- **4 PFP activities** added to CSG toolkit
- **Home visits** to FTMs by CHWs
integrated PFP-nutrition counseling, referrals, commodities
- **Male partners, older female relatives** engaged in home visits when available

- FTMs in CSGs enrolled in **SMS** system



Community Level

Select considerations for institutionalization at design stage



Community Level



Facility Level

Enhancement

Community support groups

Home visits to FTMs

Gender and respectful care OJT

Key System Challenges

CHWs rely on external projects for training, resources, support

Resources required to expand OJT to other areas and facilities

Possibilities for institutionalization *(if findings support)*

- Incorporate job aids into national CHW resources/ materials
- Support other partners working with CHWs to:
 - Increase reach of FTMs,
 - Adapt and apply tools in community activities

MOH can encourage other partners to train providers in OJT

Feedback showed enhancements are feasible to implement...



CHW perspectives

- Families and FTMs overall supportive of home visits
 - Some challenges in raising discussion of FP with families
- Job aids improve their ability for conducting the sessions and providing counseling
- CHWs feel respected and appreciated by community members
- Challenges in improving attendance for CSGs, and to encourage younger FTMs to participate

“Sometimes I can plan with the FTM about my visit. Then she tells me 'Wait a bit, mother is still here'. This is an indication that parents do not understand PFP.”

- System-level challenges:
 - Challenges in accessing FP commodities for community distribution
 - Stock-outs at facility level
 - Long waits or rough treatment affect receipt of service by referred FTMs

“Our clients complain about [stock-outs] because we encouraged them to go to the facility, but they cannot get service. This discourages them even to attend sessions because they cannot get what they want”.

...and acceptable to FTMs



FTM perspectives

Community support groups

- The content of the sessions was generally liked, particularly regarding infant nutrition and income generation
- Overall low group attendance
- Some FTMs (especially younger and unmarried) were uncomfortable with FP content in group setting
- Expectations of incentives for participation in groups

Home visits:

- Well-liked by FTMs and families
- Led FTMs to decide on two years of spacing
- Allowed private discussion of FP needs and questions
- Taught them how to use their method of choice

“I invited the CHW to talk with my husband about FP issues. That was the entry point that influenced him to engage into FP.”



Quick questions



What results have we seen in small-scale testing?

Emma Cook
Dr. Jennifer Seager
The George Washington University

Quasi-experimental quantitative evaluation

To explore whether light-touch enhancements demonstrate effectiveness to improve PFP adoption and PNC (*Bangladesh only*) among FTM

Focus on adolescent (15-19) and young (20-24) FTM in two distinct contexts:

Bangladesh

Tanzania

Outcomes of interest:

Adoption of a modern method of PFP

PNC coverage, timing, & quality

Secondary outcomes:

Current use of and plans to adopt modern PFP; **Couple communication**; **Decision-making**; **Family planning self-efficacy**; Knowledge and attitudes around FP and *PNC (Bangladesh only)*

Pilot data from two contexts

Bangladesh

455 FTM's

Aged 15-25

Living in two Upazilas in
Noakhali District: Companiganj
and Kabirhat

Surveyed December 2021

Tanzania

351 FTM's

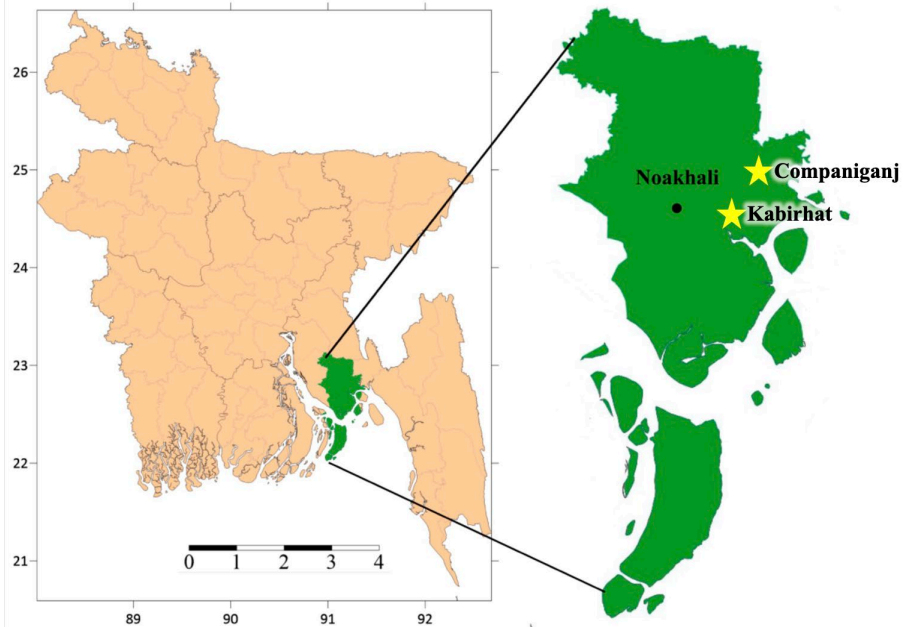
Aged 15-25

Living in 12 villages of Kongwa
District, Dodoma Region

Surveyed November 2021

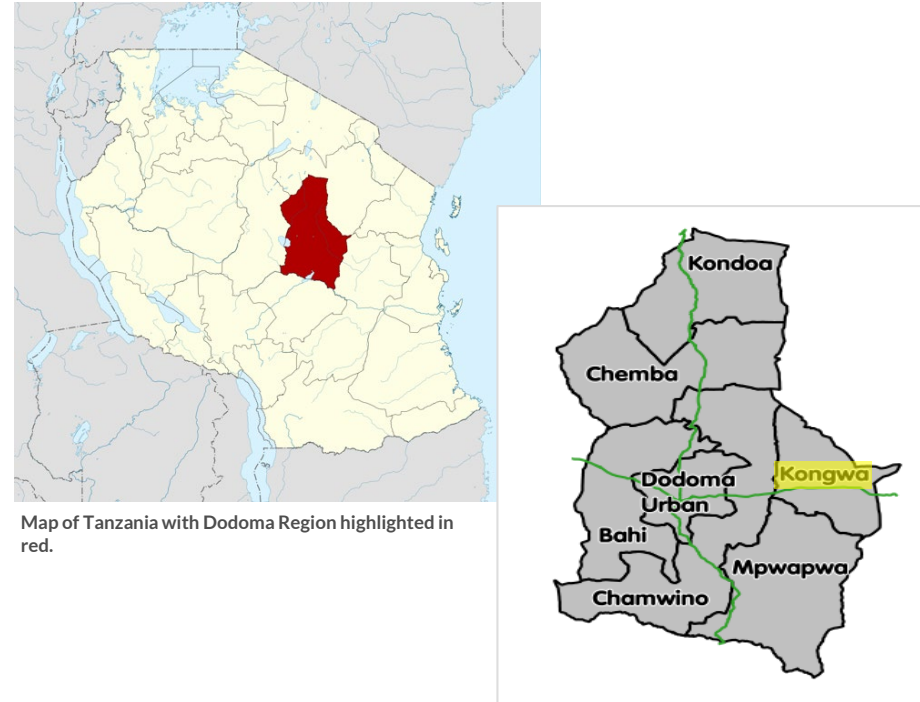
Study area

Bangladesh



Map of Noakhali District in Bangladesh and Companiganj and Kabirhat Upazilas.

Tanzania



Map of Tanzania with Dodoma Region highlighted in red.

Map of Dodoma Region with Kongwa highlighted in yellow.

Sample characteristics

Characteristics	Bangladesh	Tanzania
Age	20	19.5
Currently Pregnant	2.2%	13.7%
Has living child	98.5%	86.9%
Married / Partnered	98.9%	55.8%
Age of Marriage (if married)	17.9	17.8
Lives with Mother-in-law (if married)	78.0%	21.7%
Lives with Mother	5.9%	44.4%
Literate	89.6%	78.1%
Self-employed	0.2%	70.7%
Has mobile phone with SMS	83.5%	12.0%

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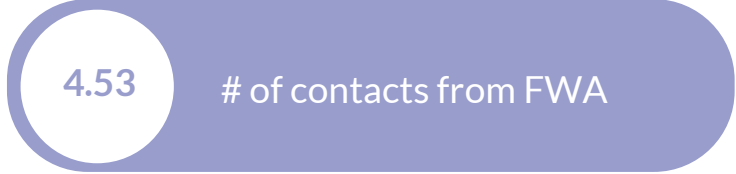
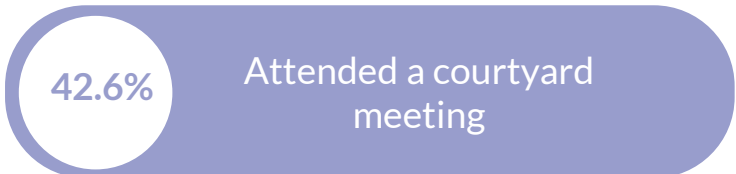
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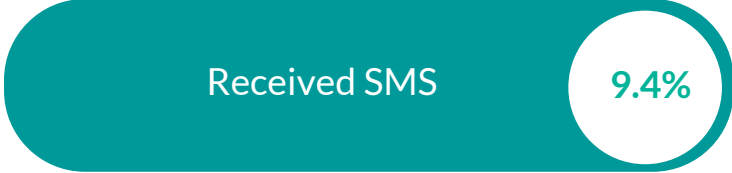
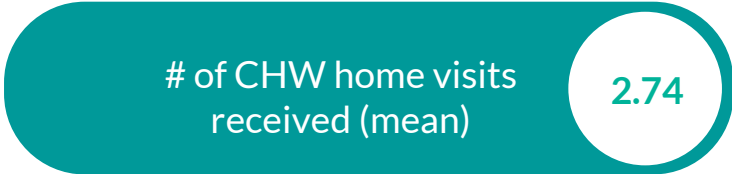
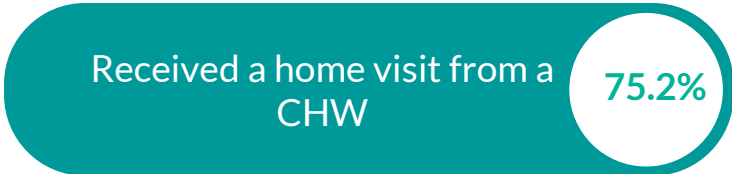
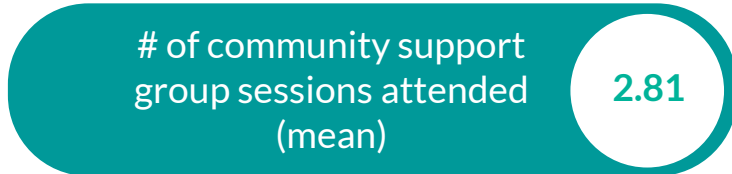
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Engagement with enhancements

Bangladesh



Tanzania



*In Bangladesh, phone calls substituted during COVID lockdown

Source: Rapid surveys of FTMs

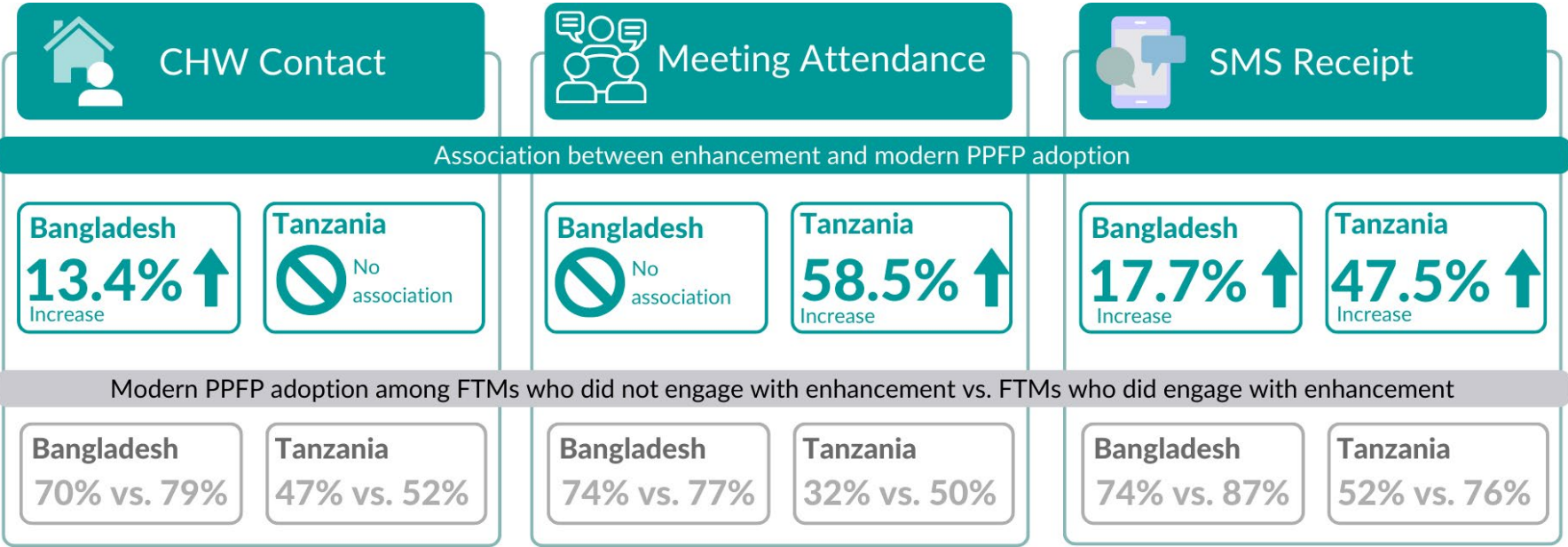
Estimate regressions of outcomes of interest on engagement with enhancements:

$$Y_i = \alpha + \beta_1 \text{Enhancement}_i + X_i' \gamma + e_i$$

- Y: PFP adoption, PNC coverage and timing, couple communication, family planning self-efficacy
- Enhancements: community health worker contact, meeting attendance, SMS receipt
- X: FTM age, child age, number of household members, FTM literacy, household assets, location (Bangladesh), partnership status (Tanzania)

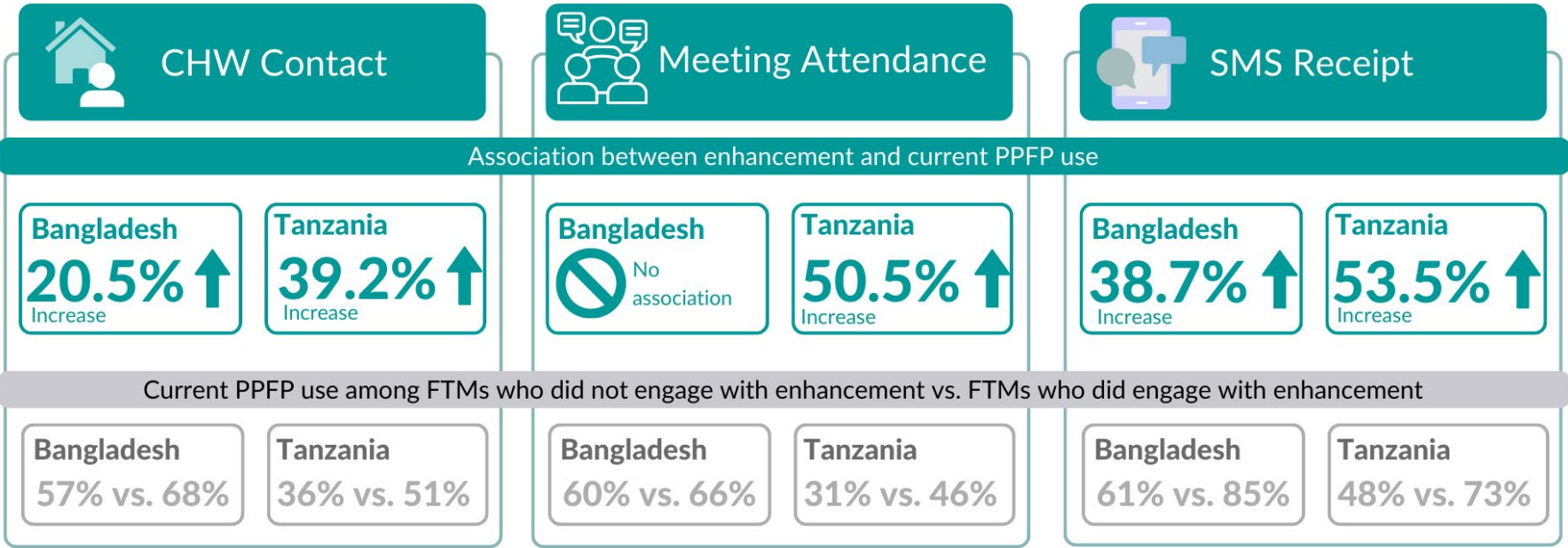
Association of enhancements with adoption of modern PFP

FTMs who engaged with enhancements were more likely to adopt modern PFP than those who did not engage



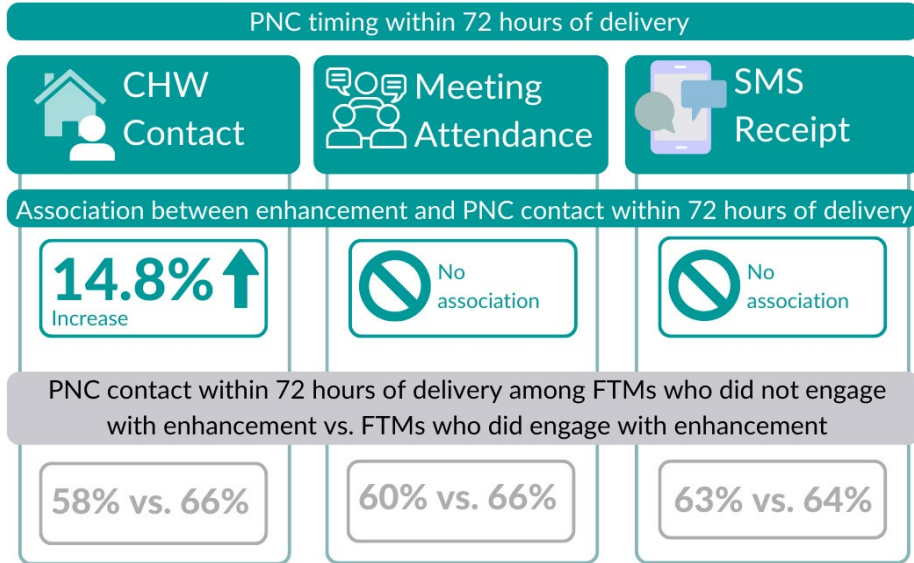
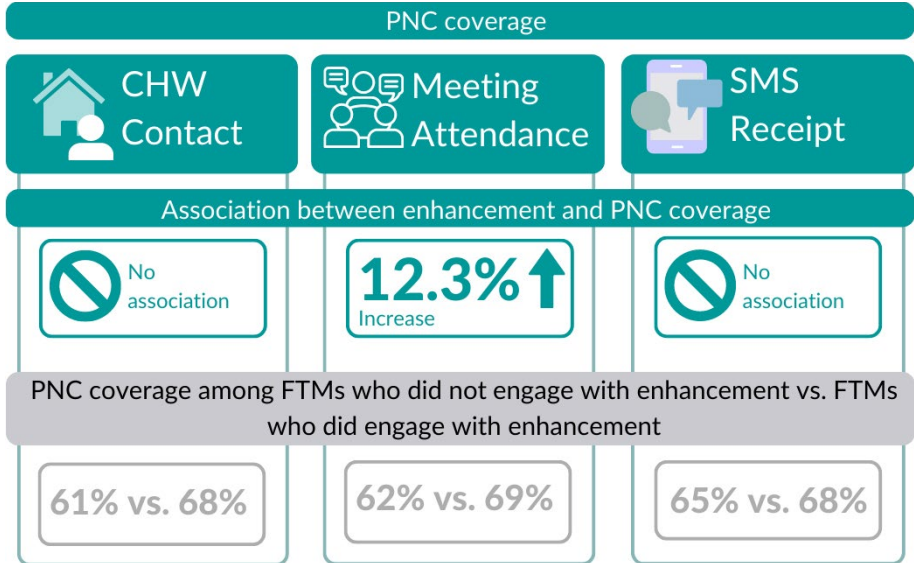
Association of enhancements with current use of modern PFP

FTMs who engaged with enhancements were more likely to currently use modern PFP than those who did not engage



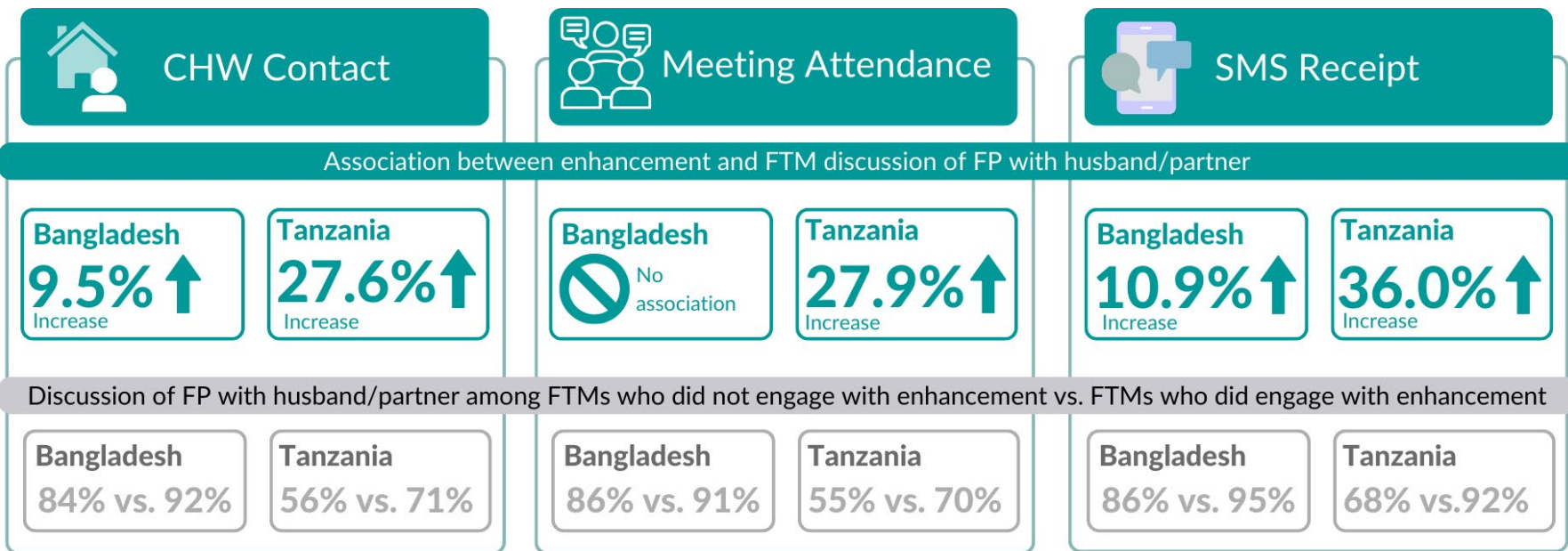
Association of enhancements with PNC coverage and timing (Bangladesh only)

FTMs who attended a meeting are more likely to have received PNC and FTMs who received CHW contacts were more likely to have earlier PNC visits



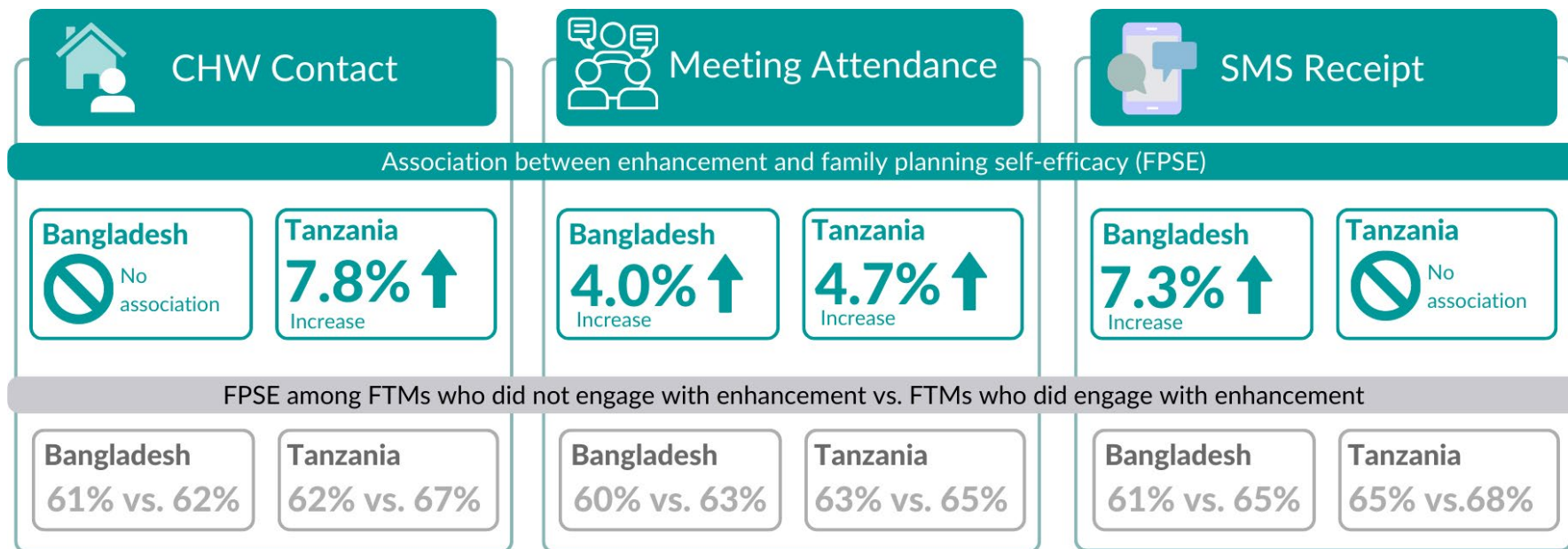
Association of enhancements with couple communication

FTMs who engaged with enhancements were more likely to discuss family planning (FP) with their partners than those who did not engage



Association of enhancements with FP self-efficacy (FPSE)

FTMs who engaged with enhancements were more likely to have increased FPSE than those who did not engage



Pilot study conclusions

- New evidence that light-touch interventions may be effective at improving FTM PFP uptake in two diverse contexts
 - **CHW contacts** are an effective means at increasing access to PFP and couple communication
 - **PFP content in community meetings**
 - Successful at increasing PFP uptake and couple communication in Tanzania, where attendance rates are higher and content more intensively delivered
 - Increase FPSE in both contexts
 - **SMS** appears to be highly effective, but very low reach
- In Bangladesh, evidence that **community meetings** increase PNC utilization and **CHW contacts** improve timing of first PNC contact
- Continued research to test these approaches at scale with randomized impact evaluations in each country

Where to find more in-depth results

For additional findings, please see the pilot reports linked here or contact us:

Bangladesh



Tanzania



Includes:

- Additional outcomes
- Associations of outcomes and interaction with multiple enhancements
- Disaggregation by age, **partnership status (Tanzania)**, and **location (Bangladesh)**
- **Bangladesh:** associations of invitation cards and mother-baby booklet with outcomes of interest

Next steps for quantitative evaluation

- This year, we launched **randomized impact evaluations** in Bangladesh and Tanzania to evaluate the impact of the refined enhancements at a larger scale
 - Design: cluster-randomized controlled trial (cRCT)
- **The Connect Project is expanding** to additional areas in Bangladesh and Tanzania
- Using pilot learnings, we **refined the enhancements and evaluation tools**

cRCT goal:

To evaluate the impact of Connect's community-level interventions on adoption and continued use of modern PFP methods (Bangladesh and Tanzania) and PNC uptake (Bangladesh) among adolescent (ages 15-19) and young (ages 20-24) FTMs.

Impact evaluation

	Bangladesh	Tanzania
Study design	cRCT	cRCT
Study area	4 upazilas in Noakhali and Madaripur Districts	2 districts in Dodoma Region
Unit of randomization	FWA (CHW) supervisor	Village
Inclusion criteria	<p>First-time mothers ages 14-25 who either:</p> <ul style="list-style-type: none">• Are pregnant with their first child (i.e., have no living children); OR• Gave birth in the past 3 months to their first child (and are not currently pregnant)	<p>First-time mothers ages 14-25 who either:</p> <ul style="list-style-type: none">• Are pregnant with their first child (i.e., have no living children); OR• Gave birth in the past 10 months to their first child (and are not currently pregnant)
Enhancement evaluated	<ul style="list-style-type: none">• Courtyard meetings enhanced with FTM targeted PPFp content• FWA phone call and risk screening for FTMs who deliver at home• At-risk FTMs identified through FWA phone call referred to facility and/or prioritized for early postnatal• FWA home visits FWA home visits which include PNC and PPFp counseling• Invitation card and mother baby booklet provided by FWA at home (if no facility visit)	<ul style="list-style-type: none">• First time mother focused PPFp content in community support groups• Community health worker home visits for first time mothers



Questions?

For more information on the Connect Impact Evaluation, please contact:

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School of Public Health, George Washington
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School of Public Health, George Washington
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What is the way forward?

Bangladesh

Dr. Nurun Nahar Begum

Line Director

Clinical Contraception Service Delivery Program
Unit

Directorate General of Family Planning
Ministry of Health and Family Welfare
Bangladesh



What is the way forward?

Tanzania

Dr. Ahmad M Makuwani
Director
Reproductive and Child Health Section
Ministry of Health
Tanzania



Discussion

Dr. Venkatraman Chandra-Mouli
Scientist - Adolescent Sexual and Reproductive Health
Department of Sexual and Reproductive Health and
Research
World Health Organization, Geneva

Conclusions: Takeaways from small-scale testing phase

- Challenging **trade-offs needed for scalability**
 - Dosage, coverage, engagement of male partners and mothers-in-law
- Contrasting visions for institutionalization in different country/system contexts
- Despite trade-offs, our **streamlined “enhancements” demonstrate promise**
 - **Improved PFP and PNC use**
 - **Improvements in intermediate outcomes** (couple communication, knowledge, self-efficacy, decision-making power)
 - **We will know more from next phase** 

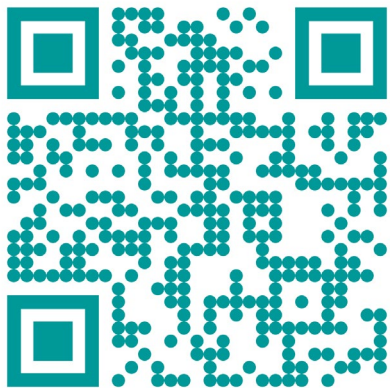
Next steps:

- Expansion to additional areas in each country (underway)
- Efforts to institutionalize facility- and community-level enhancements (underway)
- More robust evaluation and learning efforts:
 - cRCT
 - Qualitative “systems” evaluation
 - Costing study
 - Monitoring
 - Responsive feedback efforts

We want to hear from you!

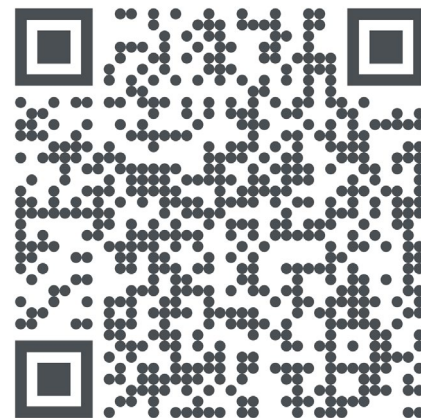
Please share your insights through the survey by scanning the QR code **on the left** or clicking the link shared in the chat box:

Scan now to
provide your
insights!



1. What lessons have you learned in attempting to design for scale and/or to institutionalize approaches into existing systems?
2. The Connect team is planning to package and share our tools, results, and learning. What types of tools and resources would you want to have access to?
3. Any other feedback for us?

Scan to access
Connect project
resources





Thank you!