

## CHANGE FRAMEWORK FOR MATERNAL SURVIVAL BEHAVIOR CHANGE INTERVENTIONS: IMPLEMENTATION

HOUSEHOLD		COMMUNITY				FACILITY	
		LINKS					
Increased Knowledge, Improved Timely Use of Skilled Care/EmOC		Supported by Informed, Concerned Community		Connected to Improved Services		Delivered by Skilled, Caring Providers	
Gap	Intervention	Gap	Intervention	Gap	Intervention	Gap	Intervention
<p>Even in presence of danger sign recognition, and often within reach of improved services, women and families do not seek timely, skilled care.</p> <p>In some environments where skilled delivery attendance is feasible, women continue to prefer traditional or family birth assistance.</p>	<p><b>“Danger Signs Plus”</b></p> <p>Investigate complication narratives in more detail.</p> <p>Explain and address contextual factors such as detours and delays.</p> <p>“Localization”- create a lexicon of terms.</p> <p>Increase knowledge of danger signs and the triggers for action and re-set triggers if necessary. *</p>	<p>Developing and sustaining community involvement in improving maternal survival remains a challenge.</p>	<p><b>“Birth Preparedness Plus”</b></p> <p>Adapt and implement a linked birth preparedness card.</p> <p>Establish home visitors or community “links.”</p>	<p>Cultural differences in family and community birth preferences and facility childbirth care procedures limits use of care even when improved services are available.</p> <p>Perceived poor quality of care and other access factors limit timely use of skilled attendance, EmOC and early postpartum care (EPPC).</p>	<p>Assess and strengthen link care sources in communities.</p> <p>Test the acceptability of repositioning traditional birth attendants as link care providers.</p> <p>Promote a new “image” of improved services by skilled providers.</p>	<p>Quality of care, especially provider attitudes and behaviors, limits or delays use of services.</p>	<p><b>“Skilled Attendance Plus”</b></p> <p>Adapt and implement caring provider assessment and training.</p>