

CHANGE FRAMEWORK FOR MATERNAL SURVIVAL BEHAVIOR CHANGE INTERVENTIONS: OVERARCHING

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	Tool/Approach	Gap	Tool/Approach	Gap	Tool/Approach	Gap	Tool/Approach
<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>Differences in “readiness to change” patterns of careseeking among individuals, family members and communities not considered when designing behavior change strategies and interventions</p>	<p>“Danger Signs Plus” Build on experience to enhance tools that identify and systematically address factors other than recognition of danger signs that contribute to careseeking delays</p> <p>Identify, adapt, implement and assess tool/approach that facilitates household level change toward improved use of skilled delivery assistance and early postpartum care</p> <p>Develop a tool to assess and measure changes pre/post intervention in “readiness to change” skilled childbirth care use patterns</p> <p>Develop behavior change interventions specifically tailored to individual and household “readiness to change” (stage-of-change based interventions)</p>	<p>“Generic” behavior change strategies, approaches and messages aimed to reduce maternal deaths have not had the intended impact at family/community level to increase use of skilled care</p> <p>Sustaining community involvement in improving maternal survival remains a challenge</p>	<p>Apply a strategic approach to planning and implementation of national behavior change interventions that include prioritized, setting-specific behaviors and interventions</p> <p>“Localization”- lexicon of terms</p> <p>“Birth Preparedness Plus”</p> <p>Adapt, expand and assess effectiveness of existing approaches to participatory community-based behavior change interventions</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>The full range of behavior change methodologies, including social marketing, have not been consistently and aggressively applied to reducing maternal deaths</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>Improve “image” of skilled providers and facility-based care</p> <p>Employ proven social marketing and other techniques to “reposition” skilled childbirth attendance, increasing acceptability, desirability and demand among families</p> <p>Adapt, expand and apply world view and other methodologies to identify and reduce barriers between providers and communities</p>	<p>Despite skills training and infrastructural improvements, maternal care providers continue to provide less than optimal EmOC and EOC services ,in some settings</p>	<p>“Skilled Attendance Plus”</p> <p>Research – based identification and continual reinforcement of the behavioral aspects of improved clinical practice</p> <p>Develop, implement and assess a research-based package of interventions to identify and address the behavioral aspects of provider performance</p> <p>Strengthen team building and facilitative supervisory techniques for group problem solving adapted to a hierarchical care environment</p> <p>Introduce appreciative inquiry approach and other non-threatening performance assessment</p> <p>Widespread promotion of “socially responsible obstetrics”</p>

*Policy changes can be a critical component for behavior change, but CHANGE does not work in the policy area.