

## 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
Even in presence of danger sign recognition, and often within reach of improved services, women and families do not seek timely, skilled care	“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	"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	Apply a strategic approach to planning and implementation of national behavior change interventions that include prioritized, setting-specific behaviors and interventions  “Localization”- lexicon of terms  “Birth Preparedness Plus”	Perceived poor quality of care and other access factors limit timely use of skilled attendance, EmOC and early postpartum care (EPPC)  The full range of behavior change methodologies, including social marketing, have not been consistently and aggressively applied to reducing maternal deaths  Cultural differences in family and community birth preferences and facility childbirth care procedures limits use of care even when improved services are available	Improve “image” of skilled providers and facility-based care  Employ proven social marketing and other techniques to “reposition” skilled childbirth attendance, increasing acceptability, desirability and demand among families  Adapt, expand and apply world view and other methodologies to identify and reduce barriers between providers and communities	Despite skills training and infrastructural improvements, maternal care providers continue to provide less than optimal EmOC and EOC services ,in some settings	“Skilled Attendance Plus”  Research – based identification and continual reinforcement of the behavioral aspects of improved clinical practice  Develop, implement and assess a research-based package of interventions to identify and address the behavioral aspects of provider performance  Strengthen team building and facilitative supervisory techniques for group problem solving adapted to a hierarchical care environment  Introduce appreciative inquiry approach and other non-threatening performance assessment  Widespread promotion of “socially responsible obstetrics”
In some environments where skilled delivery attendance is feasible, women continue to prefer traditional or family birth assistance	Identify, adapt, implement and assess tool/approach that facilitates household level change toward improved use of skilled delivery assistance and early postpartum care	Sustaining community involvement in improving maternal survival remains a challenge	Adapt, expand and assess effectiveness of existing approaches to participatory community-based behavior change interventions				
Differences in “readiness to change” patterns of careseeking among individuals, family members and communities not considered when designing behavior change strategies and interventions	Develop a tool to assess and measure changes pre/post intervention in “readiness to change” skilled childbirth care use patterns  Develop behavior change interventions specifically tailored to individual and household “readiness to change” (stage-of-change based interventions)						

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