# Healthy Women, Healthy Families: Designing a Group Model for first-time parents in Gazipur.

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Healthy Women, Healthy Families
সুস্থ মা, সুস্থ পরিবার
Healthy Women,
Healthy Families
সুস্থ মা, সুস্থ পরিবার

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# Introduction.

# Background.

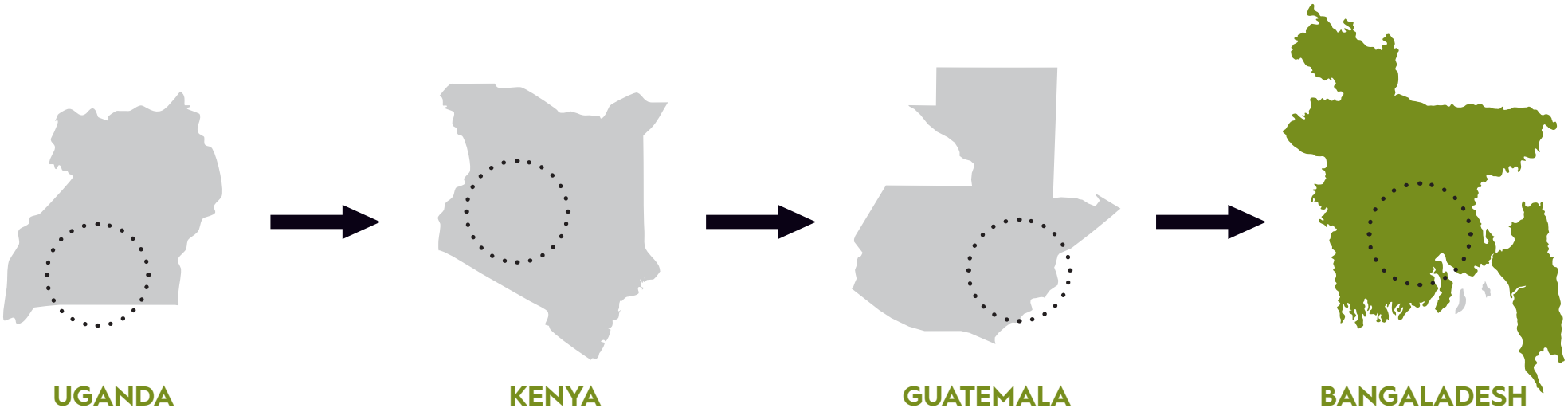
In **2016** Scope, then known as M4ID, collaborated with Management Sciences for Health (MSH) team to cocreate and customise Group Antenatal Care (GANC) model for Uganda by applying co-design methods with communities in Mbale and Bududa, Uganda.

In **2017** Scope adapted the model to the Kenyan context in Kakamega county, co-designing key elements with a diverse set of stakeholders using Human-Centred Design (HCD) approach.

In **2019** Scope further adapted key elements of the GANC service model and linked tools from Kenya and Uganda to suit the context of Guatemalan Highlands while leveraging HCD.

In **2021**, building on the previous work done in Uganda, Kenya and Guatemala, Scope was tasked to help MSH to co-design a user-centric service delivery model inclusive of ANC and Postnatal Care (PNC) for married first-time parents living in the informal settlements of Gazipur, Bangladesh, as part of the Healthy Women, Healthy Families (HWHF) initiative. This report contains the service delivery model and linked tools that were created after several rounds of design research, secondary research and partner consultations.

# Group ANC Model Timeline & Locations.



## UGANDA

**Feasibility Study**
**Mbale & Bududa Districts (2016)**
Concept design & feasibility study

## KENYA

**Pilot Study**
**Kakamega County (2017)**
Implementation & evaluation

## GUATEMALA

**Pilot & Scale**
**Quetzaltenango (2019)**
Adaptation & pilot followed by scale-up

## BANGALADESH

**Pilot & Evaluate**
**Dhaka (2021)**
Adaptation to urban setting & pilot with external evaluation

# Our design challenge.

Blending learning from previous group ANC and first-time parents programs, explore and co-create solutions to improve the quality and use of MNCH/FP services among young couples exploring the following areas:

- Young couples' aspirations, preferences and practices
- Realities of life, social connections, and work for young couples and health workers
- Family/household dynamics
  - Family types
  - Family member roles
- Healthcare interactions and structures
  - Community health worker practices
  - Facility-based experiences
- COVID-19 pandemic experiences and safety precautions

**NEW!**

**First-time parents**
**Husbands**
**Companions**
**Postnatal care**
**Urban setting**

**BANGALADESH**

**Pilot & Evaluate**
**Dhaka (2021)**
Adaptation to urban setting & pilot with external evaluation

# Healthy Women, Healthy Families.

**PURPOSE:** To improve the quality and use of maternal, newborn, and child health (MNCH) and family planning (FP) services and information among young women and their partners in the urban municipality of Tongi in Gazipur, Bangladesh.

**OUTCOME 1:** Improved maternal, newborn, and child health in the Tongi region of Gazipur, Bangladesh.

**OUTCOME 2:** Adoption of evidence-based recommendations for improving youth MNCH/FP services in national policies and programs in Bangladesh and globally.


LEARNING FROM PREVIOUS ITERATIONS:

# Key characteristics of women's experience.


### WELCOMING

Arrive and feel like there is a warm reception from a friendly face.

### RESPECTFUL

Feel that they are treated well, that the provider gives them time, listens to them patiently, and values them.

### EMOTIONALLY SUPPORTIVE

Feel that they can share their joys, concerns, and fears with other members.

### INFORMATIONALLY RICH

Feel knowledgeable about how to have a healthy pregnancy and newborn and to cope with any challenges that arise.

### FUNCTIONAL SUPPORT

Feel that there are people in her life who can be called upon to help with tasks or issues such as finance or transport as needed.

### SELF-EFFICACY BUILDING

Feel that they are able to take the actions needed to have a healthy pregnancy and delivery and care for their newborn.

LEARNINGS FROM SECONDARY RESEARCH:

# Group ANC and PNC: A promising approach to improve the quality and experience of care for women in the perinatal period.

**1** **Increase in knowledge** about healthy behaviors and dangers signs:

- Numerous studies in LMICs have found that women in GANC have increased knowledge as compared to traditional ANC
- Several studies found that women participating are more likely to create birth plans
- Qualitative studies show that women value how GANC enables learning in new ways

**2** **Increased adoption** of healthy behaviors:

- Several studies show increased use of family planning and facility delivery among members

**3** **Improved quality and experience** of care:

- Two studies found that women attending GANC were more likely to receive quality care
- One study found that women's ratings of overall quality of care increased
- Qualitative studies indicate that
  - Women may find the group care more respectful
  - Women have increased feelings of social and emotional support from other women and the midwife

**4** **Retention** in ANC:

- Several studies have found an increased likelihood of attending ANC4+ among women in GANC

**See Annex for References*

HUMAN-CENTERED DESIGN:

# What is human-centered design (HCD)?

HCD is a **holistic approach** which utilises **collaborative methods** and a **human-centered focus** to collect inspiration from, and design with the people affected by a problem or involved in its solution.

- Works within the **local context** and its constraints.
- Gains insights and inspiration from **people's lived experiences**.
- Considers **every moment of interaction** as an opportunity to improve the experience and effectiveness of a product or service.
- **Involves diverse stakeholders** throughout the process, from beginning to end.

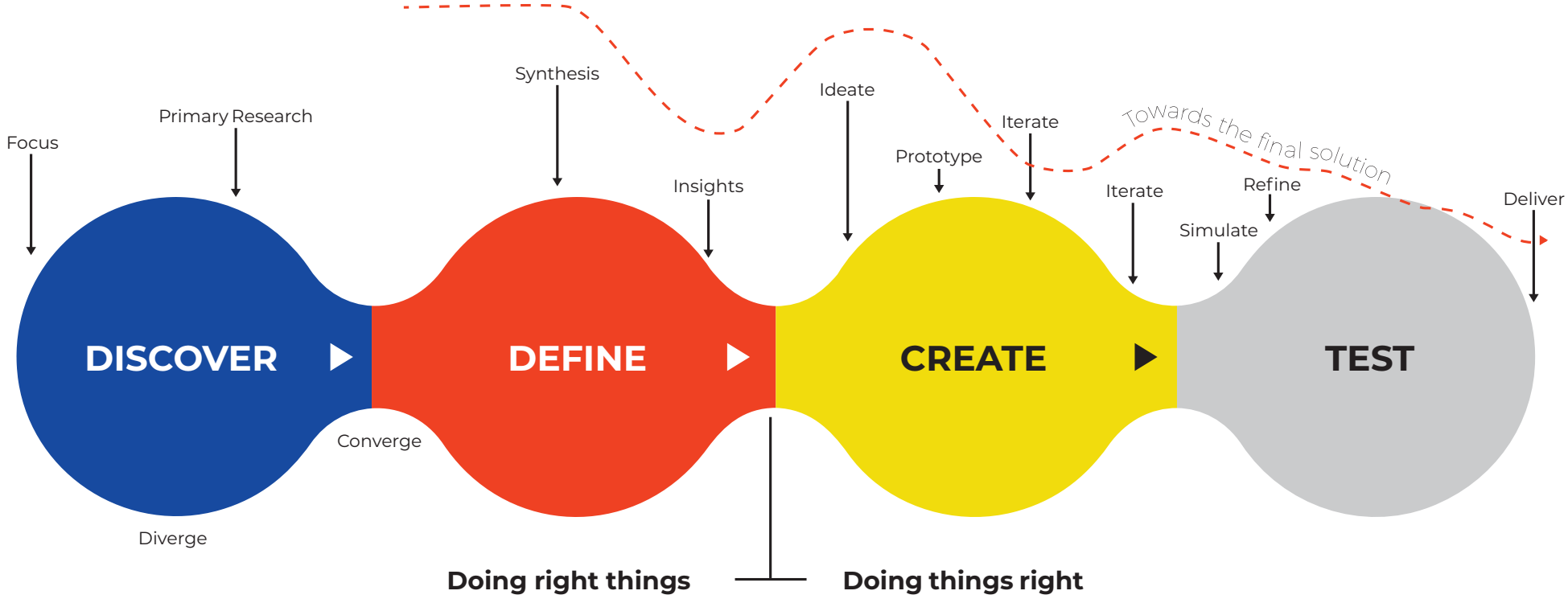
HUMAN-CENTERED DESIGN:

# A Complementary Approach for Public Health Challenges.

- New ways of designing innovations are needed to overcome intransigent problems.
- HCD is a flexible, but systematic innovation process that enables co-creation with people who are affected by a problem or involved in its solution.
- It focuses on human behavior, emotions and motivations, responding to people's needs and desires.
- The HCD process and methods contribute to increasing impact by:
  - improving uptake and adherence
  - enhancing collaboration capacities
  - boosting buy-in and ownership
  - reducing risk through early and iterative testing of ideas.

# Overview of HCD Process.

The HCD process consists a set of well-defined stages which ensure that we are focusing on the right problem and conducting the right activities to achieve the intended results.



# Who we talked to.

**100+ people in total**

## PHASE 1 - DISCOVER & DEFINE

- We held 8 FGDs and 11 In-depth Interviews covering current and ideal experiences:
  - Recent first-time mothers
  - First-time mothers-to-be
  - Recent first-time fathers
  - Midwives
  - Shasthya Shebikas
  - Shasthya Kormis
  - Women's group leader
  - MNCH Committee member

## PHASE 2 - CREATE & TEST

- We held 8 mock group sessions facilitated by Midwives, along with 16 interviews, 2 FGDs, and 1 Facility Observation with:
  - First-time mothers-to-be, both working and non-working
  - Recent first-time mothers, 2-4 weeks postpartum
  - First-time fathers-to-be
  - Expectant couples, husbands and wives together
  - Mothers / MILs & Companions who are supporting the mother-to-be
  - Shasthya Kormis / Midwives

# Discover & Define

DISCOVER & DEFINE

# What We Did.


# Insights Overview.

## PARENTHOOD

First-time parenthood is a complex emotional journey

## BUILDING CONNECTIONS

First-time pregnant women seek sister-like connections with providers

Some providers' scare tactics can create stress and unnecessary fears

Young expectant women have limited social connections

## BRINGING MEN INTO THE JOURNEY

Husbands want to feel included in the perinatal journey

Parenthood is increasingly seen as a joint venture

## OTHER FAMILY MEMBERS MATTER TOO

Mothers-in-law are considered the family expert which can limit young pregnant women's agency

## COMMUNICATION

Both providers and first-time parents feel uncomfortable to discuss sexual interactions

Service changes can create misunderstandings

## COVID

'Money problem is the main problem'

Compassion and connection is needed more than ever

**For further details please refer to the Insights and Opportunities Report.*

# Create & Test

CREATE & TEST

# What We Did.

Information sharing is supported by visuals which support information retention

Opening ritual with the mat sparks excitement and builds group cohesion


Passport prototype stamped during the PNC session - mother and child prints.

CREATE & TEST

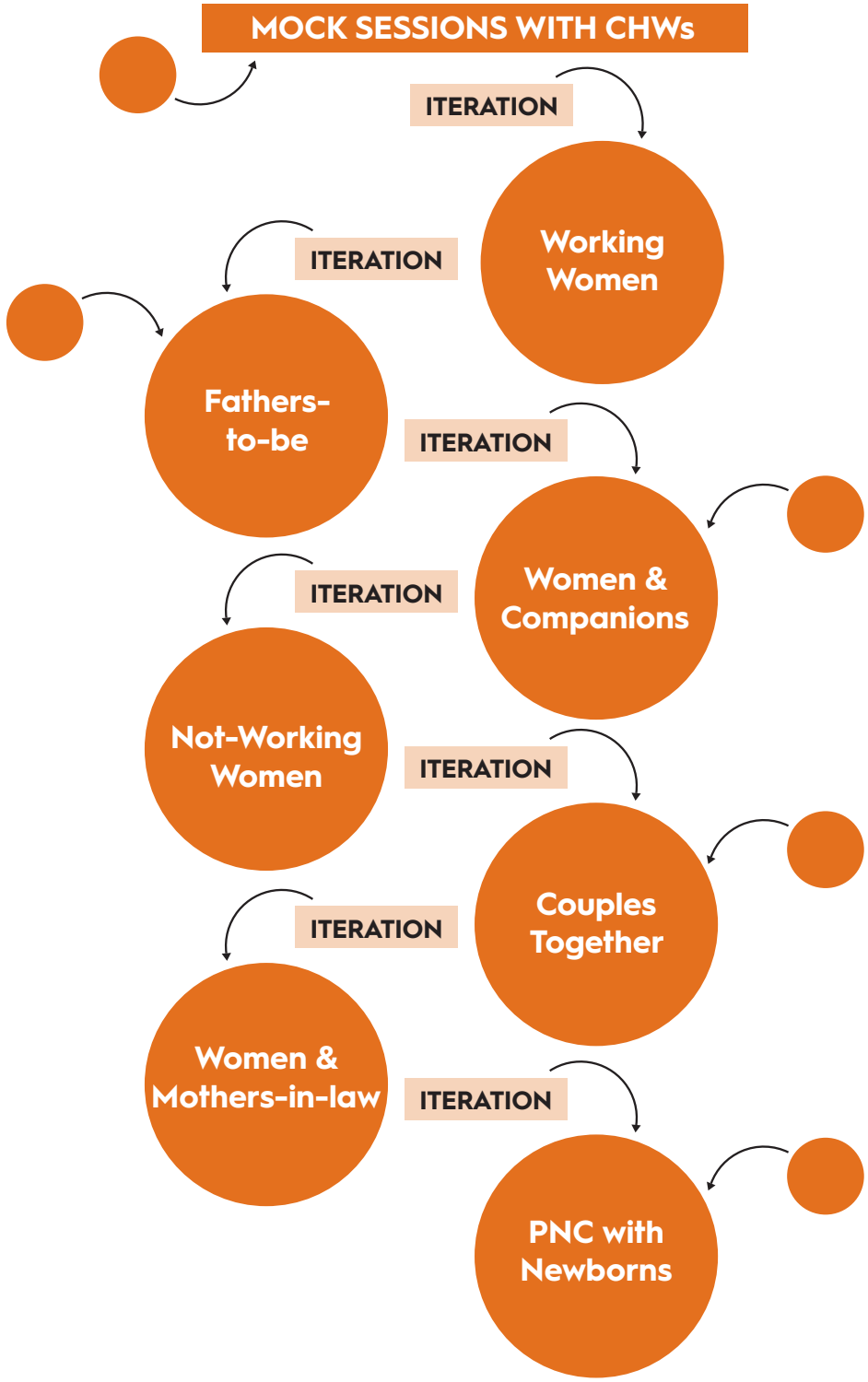
# Prototyping Process.

During prototyping we ran **mock sessions** which emulated the group model as closely as possible to the ideal version using temporary materials. Additionally, we ran a facility observation session to evaluate marketing materials and visuals.

For each session we provided tailored guides, and iterated the materials, and tools, unique to the specific audience of that session.

These changes were based on the feedback received in the previous sessions. In addition, we included anticipatory changes for specific sessions based on the existing research and knowledge, such that each user group would feel purposefully included.

These sessions were run by a Midwife, and documented with photographs, short videos, and observation notes.



# Original Session Journey.

The starting point for prototyping is based on previous countries and contextualized from the design research.

1

**Preparation**

The facilitator takes time beforehand to ensure the space and tools are set up.

2

**Arrival & Opening the Mat**

Together all the members open the mat, opening the session. This reveals the tools and images to be used in that session, creating a sense of wonder.

3

**Group Rules**

This interactive activity allows all the members to contribute to the ground rules of the group, and let's their voice be heard.

4

**Drawing & Song**

Members draw a picture to introduce themselves to the group, and everyone sings together.

*Research showed a preference for 'fun then serious' - hence the new order.*

5

**Importance of Group Model & A/PNC**

Using visual aids the facilitator explains the benefits of the group sessions and importance of attending Ante- and Postnatal care.

6

**Topic-specific Information Sharing**

We started prototyping with information around preventing problems during pregnancy and changed it up throughout the sessions to cover more topics.

**Summary Game**

Members pass a ball around and share topics or answer questions related to the information shared.

Due to COVID we used a plastic ball rather than the Ovillo (yarn ball).

*The Experienced Guest is all-new, responding to the desire to learn from other parents before reaching challenges themselves.*

7

**Open Q&A**
**-OR-**
**Experienced Guest**

After the information sharing there is a period of time where the members can ask questions about any topics, and in some cases there will be an experienced guest who can answer questions. This guest can share their own experiences and challenges in their pregnancy journey.

8

**Closing the Mat & Poem**

At the end of the session the members will once again close the mat together, signifying it is over.'

The facilitator will recite a poem for the members to bring in an element of mindfulness and relaxation, for them to engage better with their pregnancy.

9

**Passport Card**

Members will receive a stamp signifying that they attended the session. During PNC the babies print will also be placed on the card.

The Passport is introduced to incentivize members to complete all sessions.

10

**Individual Examination & Q&A Box**

The members (women only) will undergo the clinical examinations individually, preserving confidentiality.

While waiting they can submit their unanswered questions to a box.

# Key Changes & Observations.

During the sessions we made changes to the activities based on observed behaviour and interview responses.

**1**

**Preparation**

The number of members present is limited by the space.

The sessions started out taking 1.5+ hours, but got down to consistently 1 hour after practice.

**2**

**Arrival & Opening the Mat**

The **order of activities was rearranged** based on the intuitive process for the midwives.

The opening of the mat was exciting for members.

**3**

**Group Rules**

Through several iterations it became clear that this would need to be **a one-sided activity** until members felt more comfortable to speak up.

**4**

**~~Drawing & Song~~**

Both of these activities were replaced, as neither drawing nor singing were intuitive and engaging for the members.

*The new activities focused on expressing hopes and dreams to build social connections.*

**5**

**Importance of Group Model & A/PNC**

Additional guidance was needed to align the message. All members liked the fruit-based foetal development chart.

**6**

**Topic-specific Information Sharing**

The visual cards needed updating to represent the cultural context The information sharing functioned so that first all the messages were shared and then a few key ones were repeated. This was also blended with the Q&A to encourage interactivity

**7**

**Open Q&A**
**-OR-**
**Experienced Guest**

Often the Q&A happened **simultaneously with the information sharing**, however it was still valuable to have a dedicated time to take questions.

The experienced guests were valued by members, but need clear briefings.

**8**

**Closing the Mat & Poem**

The poem was replaced by a **meditation exercise** to reflect on lessons learned and practice breathing exercises. This left members in a calm state to leave the session.

**9**

**Passport Card**

During PNC there was a lot of excitement to complete the card with the newborns print, however building excitement during ANC is difficult.

**10**

**Individual Examination & Q&A Box**

The Q&A box was **unused,** due to unfamiliarity with leaving written feedback, desire to leave quickly after the session, and skepticism of the results.

**Summary Game**

*While the ball was engaging for most members, we also used a doll to pass around which was preferred by some members. The doll could also be used in the Hopes & Dreams activity, and information sharing.*

# Overall Observations.

## 1 Mixed groups change internal group dynamics and what mothers-to-be are willing to share

- In front of husbands one big difference was in the ball game, where the men would not pass the ball to women.
- In front of mother-in-laws there are key topics which are out of bounds, such as contraceptive methods.
- However, these are still key audiences that need to be reached, and will be included without disrupting the women's sessions.
- Expectant women tended to be less vocal in the presence of other family members, however, were comfortable sharing personal experiences when amongst peers only.without disrupting the women's sessions.

## 2 There is a need for making the link clearer between PNC and maternal health

- There were indications that the purpose of PNC is not completely understood within the community with critical knowledge gaps existing in relation to its benefit for maternal health. Currently, concerns for newborn health seem to function as the main impetus to access services.

## 3 Group sessions are not just about sharing of clinical information

- While the midwives saw immediate value in the group to supply information to a larger audience, it was only afterwards that they understood that rapport building with the mothers was also a big gain from the sessions.
- The group also provides an opportunity for members to learn from the personal challenges and solutions of others.

## 4 Sharing contact information may not happen in the first session, but it is still important

- Most groups were willing to share their contact information with the Midwife, but not necessarily with each other, nor did they all share a common platform.
- We have included more time on group bonding activities to increase likelihood of connection building extending outside of the sessions.

# Final Group Model

# Final Group Model:
# Service Journey

# Service Journey Diagram.

Over the course of a mothers pregnancy, we intend to hold 5 group ANC sessions, and 2 group PNC sessions, plus 3 group sessions with husbands, as shown;

*Couple Activities*

***GANC:** Group Antenatal Care*
***GPNC:** Group Postnatal Care*

## GROUP ANTENATAL CARE

## GROUP POSTNATAL CARE

| | 1ST GANC SESSION | 2ND GANC SESSION | 3RD GANC SESSION | 4TH GANC SESSION | 5TH GANC SESSION | | 1:1 WITH MIDWIFE | 1:1 WITH MIDWIFE | 1ST GPNC SESSION | 2ND GPNC SESSION | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Timeline** | *within 16 weeks* | *between 20-24* | *between 24-28* | *between 30-32* | *between 36-38* | | *within 24h of delivery* | *within 7 days post-delivery* | *10-20 days post birth for both women and men* | *At 32- 42 days post-birth* | **Timeline** |
| **Pregnant Women** | Focus on introductions, importance of ANC, Preventing problems during pregnancy, Financial counselling | Focus on maternal nutrition, danger signs and birth planning | Focus on birth and emergency preparedness and sharing concerns | Focus on maternal and newborn care, PPFP | Focus on challenges post birth, importance of PNC, PPFP | | Focus on birth registration, screening for maternal & newborn complications, essential newborn care, postpartum maternal & newborn danger signs, immunisation, iron & vitamin A supplementation for mother | | Focus on breastfeeding, healthy mother, PPFP | Focus on infant and child wellbeing, couple wellbeing, PPFP | **Mothers** |
| **Expectant Fathers** | | Focus on importance of ANC, supporting wife in healthy behaviours, intercourse during pregnancy, danger signs, birth planning | | Focus on importance of ANC/PNC, newborn care, PP danger signs, PPFP | | | | | Focus on support for breastfeeding, PPFP, infant & child wellbeing, couple wellbeing | | **Fathers** |
| | | Couple works on birth plan | | Couple discusses prep for the baby | | | | | Couple discusses newborn care, family well-being & PPFP | | |

**DELIVERY**

# Overview.

## NUMBER OF SESSIONS

5 ANC and 2 PNC sessions for expectant women. Parallel to the women's sessions there will be 2 ANC and 1 PNC session for the husbands. In addition, 3 couple home assignments will be distributed for completing in between sessions.

## TIMING OF SESSIONS

Our recommendation is for the sessions to be organised outside of normal office hours (i.e. on evenings/ weekends) to ensure working members can attend the sessions. In addition, there can be sessions taking place during the day-time for those members currently outside of employment.

Noteworthy is that the availability of working expectant women tends to increase the further the pregnancy proceeds as the likelihood of leaving employment increases. In addition, the current pandemic has effectively increased the availability of many first-time expecting couples due to COVID-related layoffs.

## MEMBERSHIP OF SESSIONS

Our recommendation is that the groups should consist of members at the same gestational age, as they will most relate to one another and topic-specific information sharing will ensure that all mothers get a complete set of information. This will allow the groups to be the same session-to-session, enabling members to form deeper bonds and community. Additionally, the groups should not necessarily be limited to only first-time parents (even though the activities benefit them the most), as second & third time parents will be able to provide valuable contributions to the conversations.

## SIZE OF GROUPS

In the current space at Tongi and Morkun Maternity Centers' the groups should be no larger than 6 members. If space is no longer a consideration, the group should be no larger than 10 members.

## FINAL GROUP MODEL

### DURATION OF SESSIONS

The first session is approximately 1.5 hours long, and the subsequent sessions are 1 hour, not including the examination.

### LOCATION OF SESSIONS

We recommend utilising a maternity facility space for running the sessions as they appear to enjoy trust within the community, are relatively easy to access and have all the amenities for the medical check-ups.

Husbands' sessions could also happen in alternative community-based spaces since they don't need to meet the requirements related to the medical check ups. However, attention should be paid to meeting the criteria of being easily accessible and trusted. For additional preferred characteristics of the designated space expressed by the community members and health providers, please refer to the Insights and Opportunities Report.

### FACILITATION OF SESSIONS

Based on discussions with the BRAC team and the facilitation skills required to run the group sessions, we recommend midwives to facilitate the sessions.

Recognising the need to ensure enough manpower to run the sessions in the event of staff absences/ increased client flows, we recommend training the SKs also for the role. However, SKs might require more training.

We also recommend SKs to be present during the sessions, especially the initial sessions since they would be more familiar with the first time mothers-to-be and would help in building trust and rapport with the midwife. The Shasthya Kormis will also play an important role in supporting the facilitation by helping out with the tools. In addition, the Shasthya Kormis will be leading the Companions sessions as these have a clearly defined focus on information sharing and thus don't require as much facilitation experience.

*"Group care programs generally rely on two facilitators to be present at each group visit; one facilitator is a licensed clinician such as a nurse, midwife, or physician, while the second facilitator may be either a clinician, community health worker, or other health specialist."*

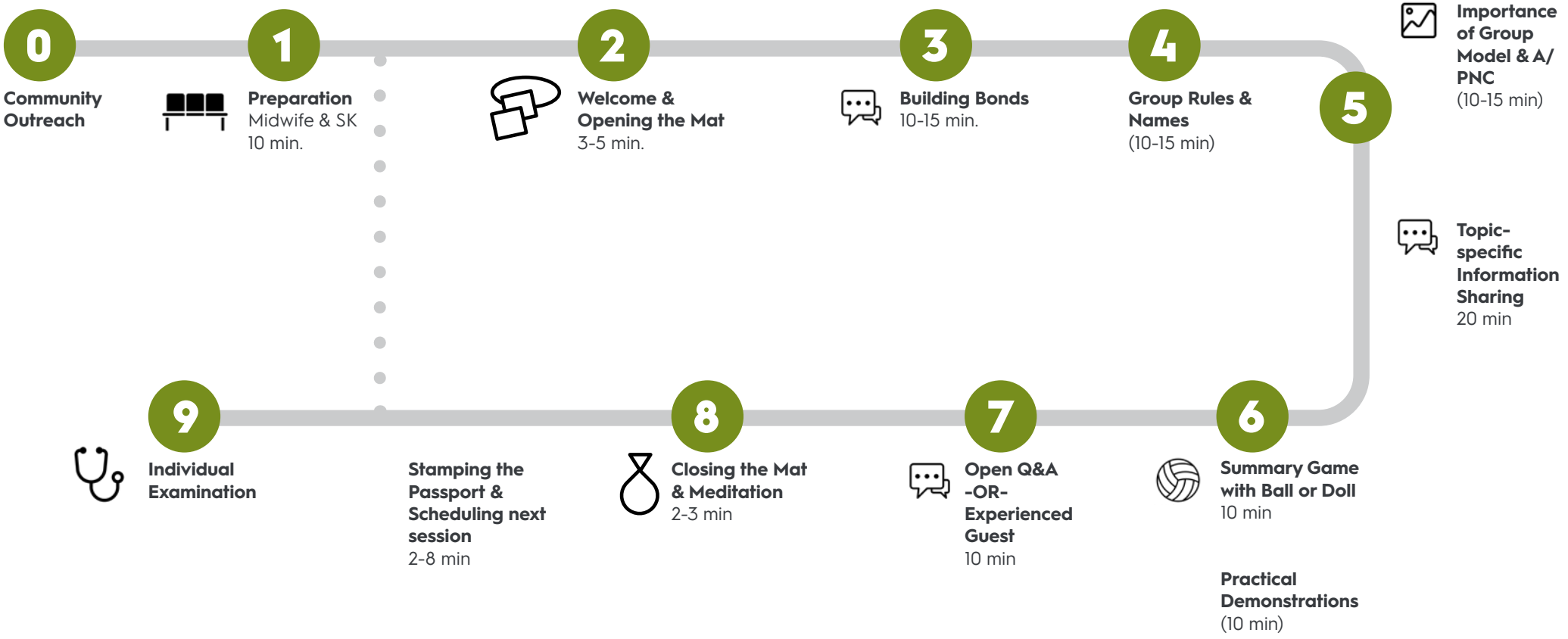
**Lundeen, et al 2019**

# Final Group Model:
# Session Activities

# Final Session Activities.

In each group session, we have a number of activities designed to increase knowledge retention and increase social cohesion among the group members. The exact timing will depend on each sessions specific agenda.

See the overall Service Journey for an overview of the topics covered in each session, and refer to the session specific Facilitation Guide for a breakdown of the detailed activities.



# 0 Outreach.

## COMMUNITY OUTREACH WITH CHWs

Communicating the relevance of group ANC and PNC for the health of the mother and the child, with regards to the informational, emotional and structural support through posters and one-on-one meetings with the SS and SK. Providing clear information about the free counselling and paid examinations.

**Purpose:**

- To onboard mothers-to-be and their families in the group model sessions.

- Explaining them the relevance of the sessions for the health of the child and pregnant mother.
- Explaining the benefits of the group format.

- Avoiding confusion regarding free counselling and paid examinations.

## ACTIVITIES FOR OUTREACH

- Scripted messaging for SKs/SS to do the outreach to ensure consistent quality/efficacy of messaging. (not improvising on the spot).
- Outreach for working first-time pregnant women during weekends.
- Posters in relevant community spaces. For working expectant women, the posters should be placed in/nearby their workplaces such as garment factories.
- Outreach through community based groups, for example, the MNCH committee.
- Reaching out to newly-wed couples through automated text messages.
- SKs to carry pregnancy kits during their home visits in the community and use the tests as an avenue to confirm the pregnancy in a timely manner and onboard the expectant women in the group sessions.

## TARGETED MESSAGING DURING OUTREACH

Community health workers responsible for the outreach are advised to adapt the message texts below to suit the context. However, each of these points are important ones to make and must be communicated.

## MESSAGES FOR MOTHERS-TO-BE

Your child's health is connected to your own health during and after pregnancy. Therefore you need to take special care of yourself during this time. In the group ANC/PNC sessions we will learn about best ways to take care of yourself, how to look out for danger signs and you can get regular health check-ups. You can share your experiences and learn from the experience of other mothers-to-be in the group and support each other in this pregnancy journey.

There will be 5 ANC and 2 PNC sessions. You should come to the first session within 16 weeks of pregnancy and ideally as early as possible.

The Group ANC and PNC session have two parts. The first part is the information sharing part where you will receive information and learn from the experiences of other first-time mothers-to-be. It is free and does not cost anything. The second part is about doing medical check-ups of mothers-to-be individually and costs X. Check-ups are as important as the counselling for ensuring the health of both mother and child, therefore you should save money for these check-ups.

We also have 'X' scheme if you are not able to pay for the tests. *Explain the criteria needed to qualify for the scheme*.

## MESSAGES FOR FATHERS-TO-BE

Child's health is connected to the mothers health during and after pregnancy. Therefore the mother and the child need special care during this time. We are organising group sessions for mothers-to-be where they learn about best ways to take care of themselves, how to look out for danger signs and get regular health check-ups.

Separate from these sessions, we are also organising group ANC and PNC sessions for fathers-to-be like you. We will be sharing about how you can best prepare for your future child and how you can best support your wife in taking care of herself and the child. You can also share your experiences and learn from the experiences of other fathers-to-be.

For expectant husbands, there will be 2 sessions conducted during the pregnancy period and one post-delivery. For pregnant women, we will hold 5 ANC sessions and 2 PNC sessions. Make sure your wife comes to the first session within 16 weeks, preferably even earlier, to reap the maximum benefits.

The Group ANC and PNC sessions for fathers-to-be are free. But the group sessions for mothers-to-be have two parts. The first part is the information sharing part where you will receive information and learn from the experiences of other mothers-to-be. It is free and does not cost anything. The second part is about doing medical check-ups of mothers individually and costs X. Check-ups are essential to ensure the health of both mother and child, therefore you should save money for these check-ups.

We also have 'X' scheme if you are not able to pay for the tests. *Explain the criteria needed to qualify for the scheme*.

## MESSAGES FOR COMPANIONS

Child's health is connected to the mothers health during and after pregnancy. Therefore the mother and the child need special care during this time. We are organising group sessions for mothers-to-be where they learn about best ways to take care of themselves, how to look out for danger signs and get regular health check-ups. You need to make sure your (relationship with the pregnant mother, e.g. daughter-in-law) starts her ANC check-ups within the first 16 weeks of pregnancy, preferably as early as possible,  and follows the recommended advice.  Accompany her for ANCs and PNCs, if she needs support.

When you accompany the mother-to-be for ANC and PNC sessions, we will organise information sessions, separate from the sessions intended for pregnant women. In the sessions, we will be sharing about how you can best support the mother-to-be in taking care of herself and the child.

# 1 Preparation.

## PLACE MAKING

The provider should organize the space with the table in the middle and the chairs around it forming a circle. There should be enough space in the room for members to walk around and not feel crowded.

**Purpose:**

- To ensure that the space is comfortable for all members, including mothers with newborns.
- To ensure that the space and seating arrangement facilitates building conversations among the group.

## TOOL PREPARATION

The provider should ensure that the visual cards, ball, doll, and other materials are safely secured inside the mat. The provider should choose the cards which are relevant to the topic of today's session. Afterwards, wrap the mat back up, place it in the middle of the table and it is ready for the session.

**Purpose:**

To ensure that the facilitator is prepared with the materials and topics to be discussed in that particular session.

# 2 Welcome & Opening the Mat.

## WELCOMING

Members already arrived should be asked to wait in another room while the provider prepares for the session. When they are asked to enter, they should be greeted warmly by the provider.

**Purpose:**

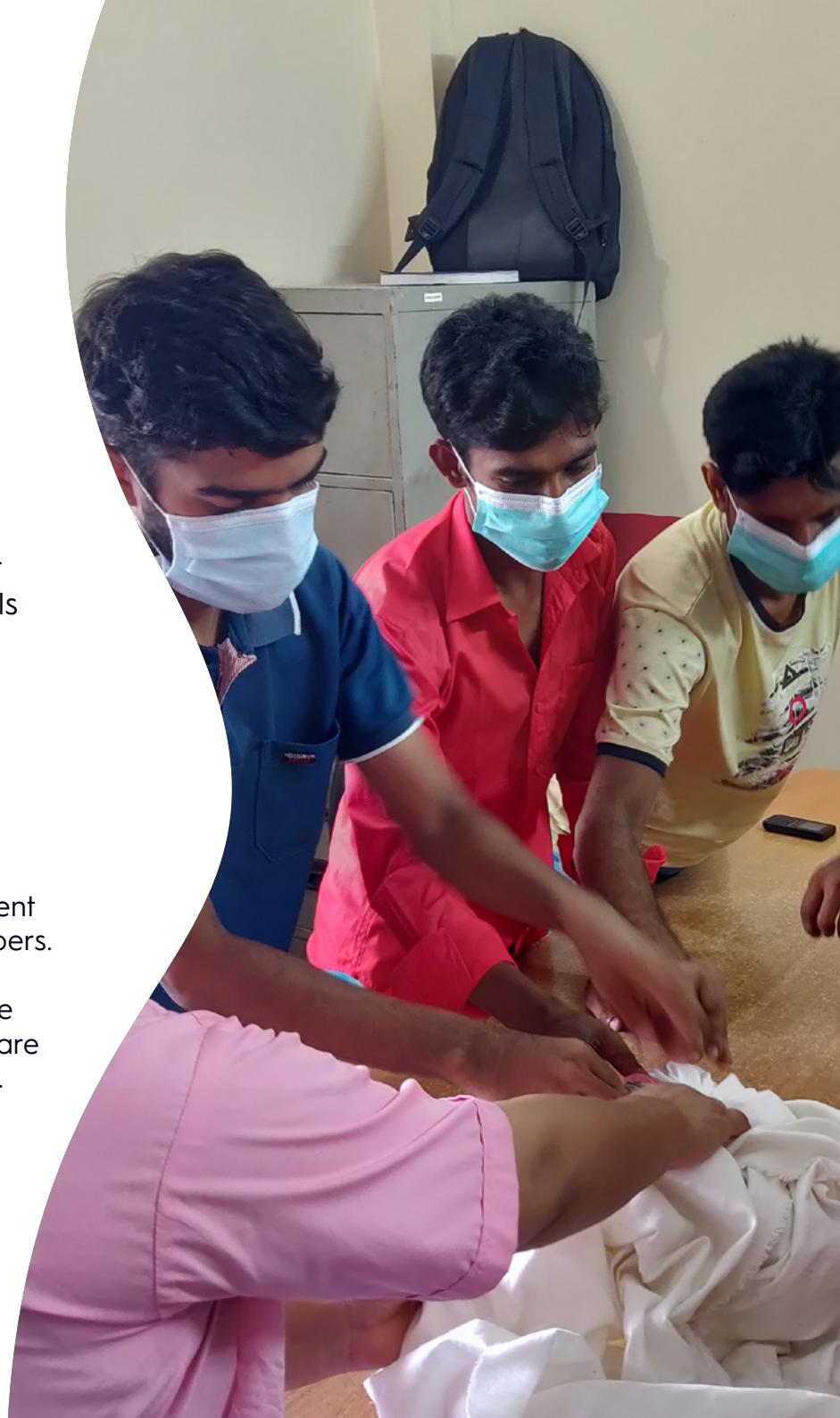
- To provide a calm waiting space with hygienic facilities.
- To allow the provider to prepare for the session ahead of time.

## OPENING RITUAL

A group ritual where the members of the group collectively open a folded mat and reveal the tools and visuals that will be used during the session. This ritual marks the opening of every session.

**Purpose:**

- To spark excitement among the members.
- Aligning collective action, that they are working together.



# 3 Building Bonds.

## BUILDING BONDS

An activity where members introduce themselves to the group and discuss together specific topics, such as sharing their future hopes and challenges with regards to their expecting child and approaching delivery and parenthood. The exact prompt will change depending on the session, and relates to the information shared in that session. The set of emoji cards provided in the tools and the doll can be used as props for the activity.

### Purpose:

- For members to get to know each other in the group and build social bonds.
- To find commonalities in terms of their hopes and challenges with regards to their pregnancy experience, approaching delivery and parenthood, as well as future child.

## GROUP RULES

The facilitator introduces the group name and the ground rules which they will all follow during the meetings, including confidentiality and mutual respect for one another.

**Purpose:**

- To ensure women that the group is a safe space and the discussions that happen in the group are confidential.
- To teach women what their rights are during the session.

# 4 Introduction to Group Model and going through the Fruit Chart.

## INTRODUCTION TO GROUP MODEL

Using visual aids the facilitator explains the benefits of the group sessions and importance of attending Ante- and Postnatal care. The group is a get-together; an opportunity for members to relax and for connecting with the baby. The group allows them to connect with a community of peers, outside of home and all responsibilities.

**Purpose:**

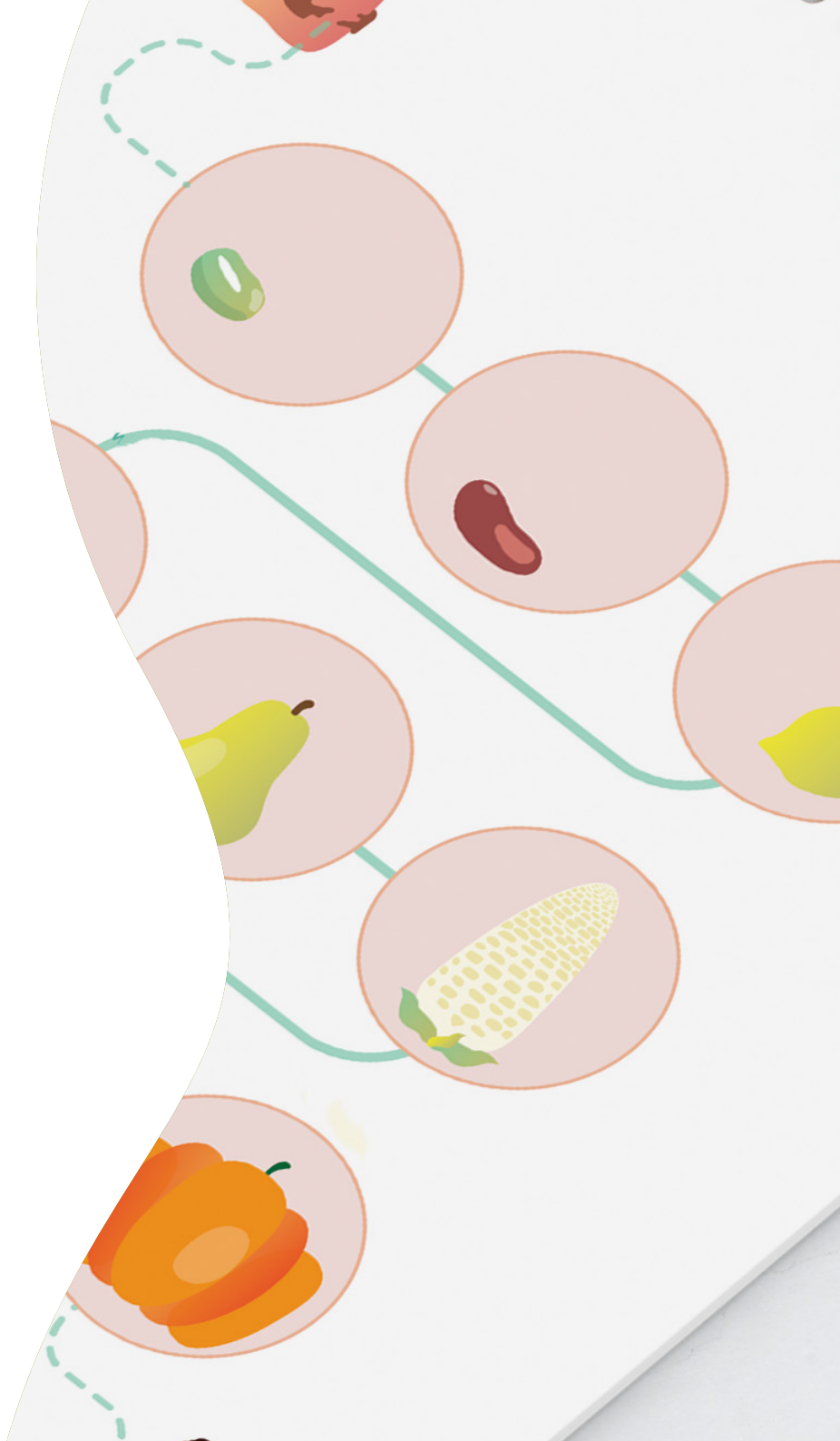
- To encourage members to attend future sessions.
- To show to the members that there are others here to support her, and to learn from each other regarding how to overcome obstacles.

## FRUIT CHART

Members are shown a fruit chart which depicts the different stages of Foetal Development, and identify where they are on the chart.

**Purpose:**

- To learn about how the foetus develops, and how big it gets.
- To give the members a reference point of how big their child is at this moment.



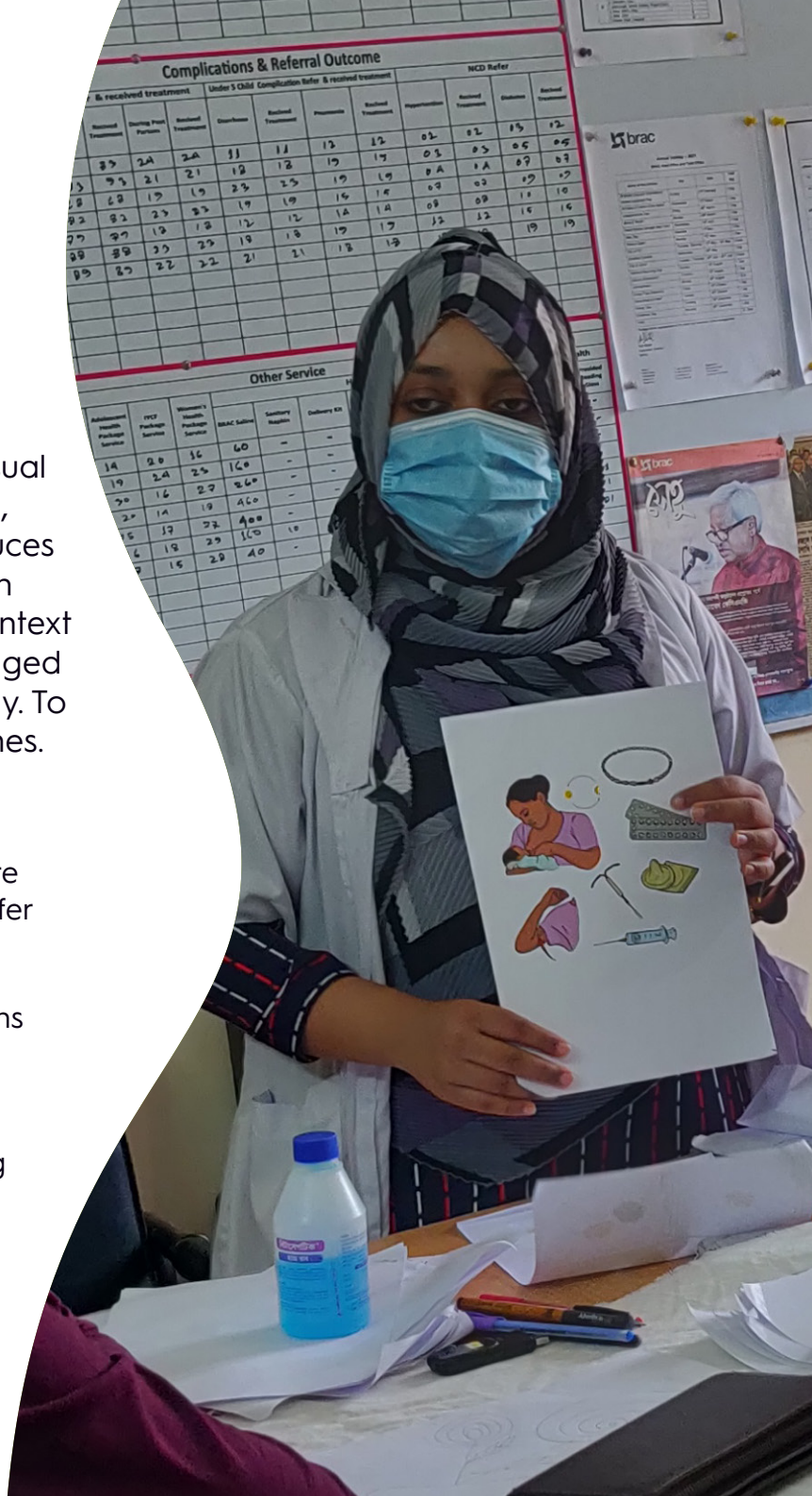
# 5 Information Sharing.

## TOPICS OF EACH SESSION

Each session will include specific information for the members, supported by visual cards which can be passed around to the members. To support the information, there is an accompanying positive pregnancy/post-delivery story which introduces the activity and frames the mindset. The visual cards support each topic, with an illustration and caption on each one. All the visuals were adapted to suit the context and suggested curriculum. This session is interactive, and members are encouraged to reflect on their own experiences and to ask questions and participate actively. To increase information retention, the provider should cover each message 2-3 times.

**Purpose:**

- To make information accessible and engaging for members and ensure that the information provided is retained and members can visually refer back to it later.
- To ensure parents-to-be and companions are clear on the danger signs and know when to seek support from health providers.
- To ensure fathers and companions are aligned on the information provided to the mothers-to-be and take a proactive role in supporting the mother.




**For more information on the specific topics covered in each session, see the overall Service Journey on page 26.*

# 6 Summary & Practical Demonstrations.

## SUMMARY GAME WITH BALL -OR- DOLL

After the information sharing there is a small interactive sharing game in which members are randomly chosen to share a message. The provider will either throw a ball, which provides a randomizing element or pass a doll around. Members are asked to either mention a key message they heard that day, or share a story related to the topic discussed. If they are struggling, the provider also has a list of questions which they can prompt members with.

**Purpose:**

- To ensure that the information provided during the Information sharing session is retained.
- To make the session interactive and ensure everyone participates.
- To encourage members to stand up and move a bit, especially helpful for expectant women.

## PRACTICAL DEMONSTRATIONS WITH DOLL

In a number of sessions the topics may be more readily understood through demonstration, such as how to hold the newborn. The doll can be used as a teaching aid in the Information Sharing activity, used as a prompt in the Building Bonds activity, or passed around during the Summary Game activity.

**Purpose:**

To ensure that practical information regarding holding the baby during breastfeeding or kangaroo mother care is clearly understood.

# 7 Q&A -OR- Expert Guest.

## OPEN Q&A

After the information sharing there is a period of time where the members can ask questions about any topics, not just related to the topic of the day. This gives a space for members to voice concerns and confusions they have about things they may have experienced or heard about elsewhere.

**Purpose:**

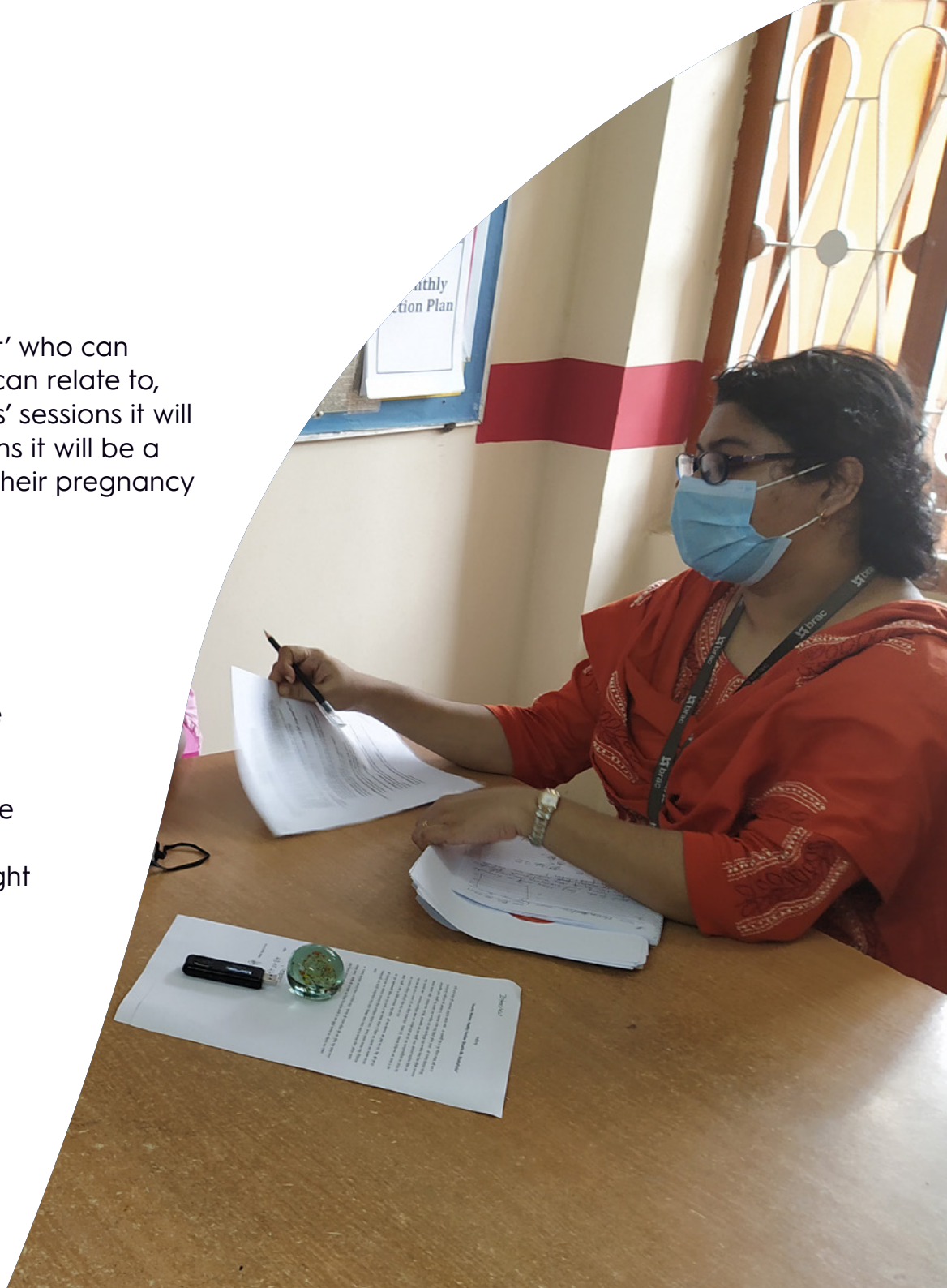
- To ensure that members get to ask questions and clear any doubts or misconceptions that they have regarding the pregnancy.
- To ensure that members get to ask questions to each other and learn from each other's experiences.

## EXPERT GUEST

In some sessions there will instead be an 'experienced guest' who can answer questions. This guest is someone who the members can relate to, but is at a later stage of their pregnancy journey. In womens' sessions it will be someone with 1-2 children already, or in husbands sessions it will be a father. They share their own experiences and challenges in their pregnancy journey, and answer questions from the group members.

### Purpose:

- To ensure that members get to learn from real life experiences of other mothers or fathers in the community.
- To make the information relatable for first time parents and build self-efficacy (i.e., they can overcome current challenges following the right advice, have a healthy family).
- To present positive role models of what to do right during pregnancy.



# 8 Passport & Scheduling.

## DISTRIBUTING AND EXPLAINING THE COUPLE HOME ASSIGNMENT

The provider distributes the printed copies of the homework exercise to the group members and explains to them how the couple should do the exercise together. The homework exercises focus on birth plan, preparing for the delivery, newborn care and family well-being & PPFP.

**Purpose:**

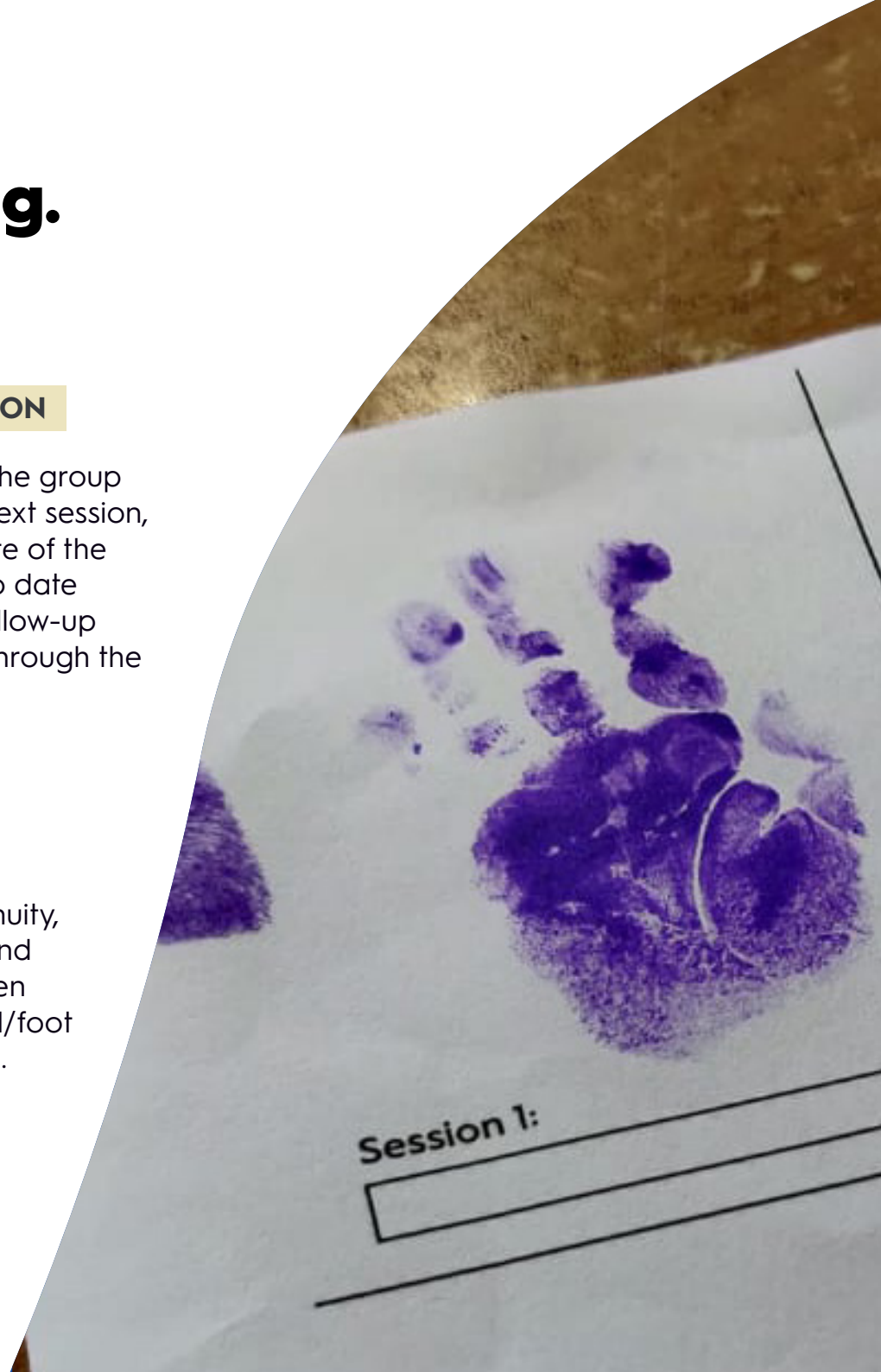
To facilitate discussion, sharing of information and joint decision making between the couple.

## SCHEDULING NEXT SESSION

Provider to establish with the group the date and time of the next session, and all members make note of the date in their passport. If no date is pre-arranged, ensure follow-up mechanisms are in place through the SKs.

**Purpose:**

To ensure continuity, building up to and bringing joy when the baby's hand/foot print is stamped.



## STAMPING THE PASSPORT

After each session members will receive a stamp signifying that they attended the session on a card which they take home. During PNC the baby's hand or foot print will also be placed on the card, and during the husbands' sessions they will also stamp the card. If a participant is concerned about the fingerprint, they can also use a bindi instead.

**Purpose:**

- To ensure continuity and to encourage completion of all group ANC and PNC sessions, building up to and bringing joy when the baby's hand/foot print is stamped.
- To track easily which sessions the members have attended in order to address any gaps in information sharing that can be rectified in the form of individual counselling during physical examination.

## FORMING DIGITAL GROUPS

Provider to discuss which follow up mechanism is most relevant and best suited for the group, and collects the contact information of the members. This is opt-in, and will help members get information about upcoming sessions & health reminders / tips.

**Purpose:**

- To ensure that members get information and reminders in between sessions.
- To enable members to stay in touch beyond the in-person group sessions.

# 9 Closing & Meditation.

## CLOSING THE MAT

To signify the ending of the session, all members join together to close the mat again. This marks the ending of the information portion of the session, and a transition to a more informal space.

**Purpose:**

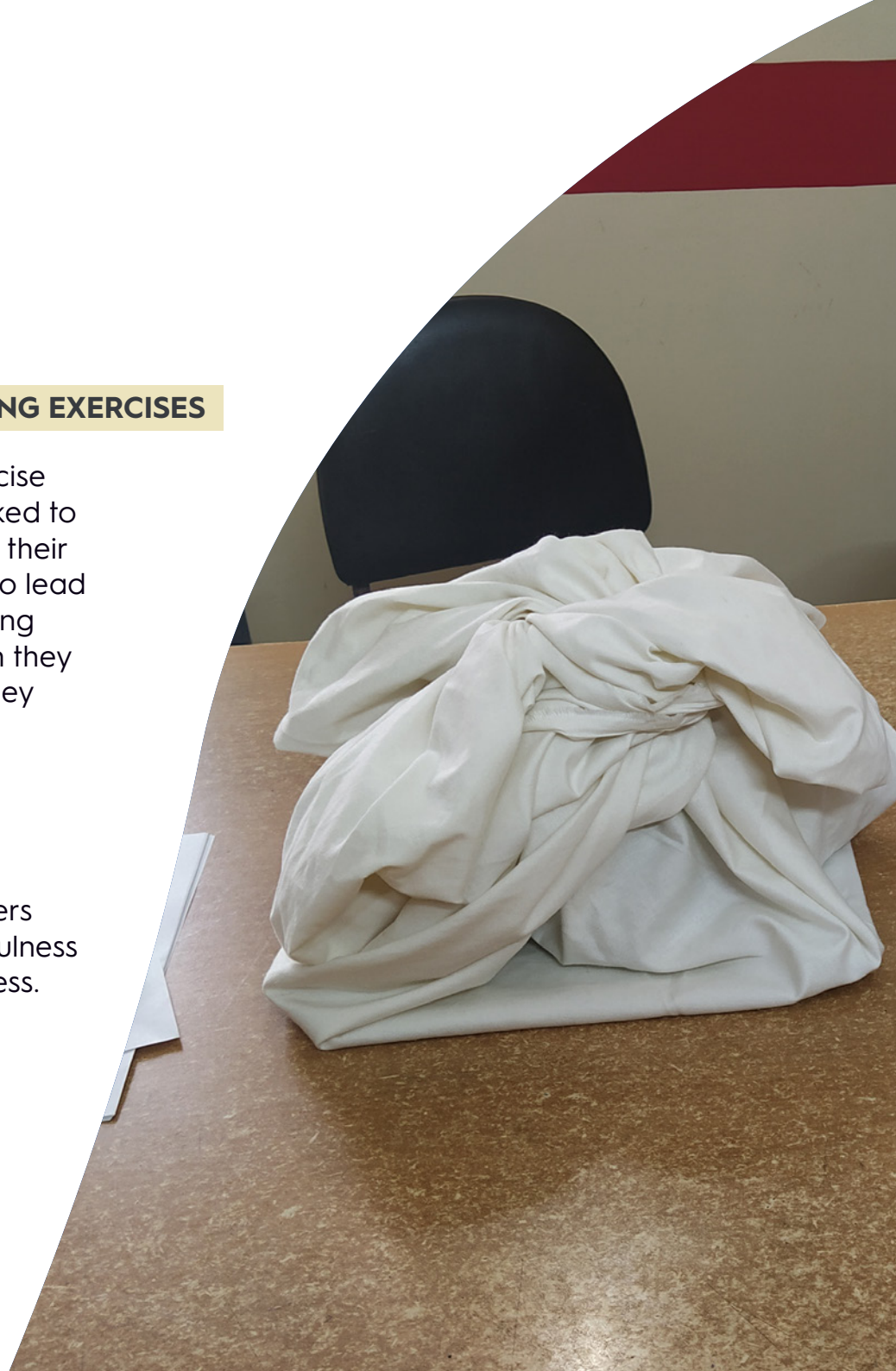
- To bring the group together and mark the end of the session.
- To signify that the members are here to support and learn from each other.

## MEDITATION & BREATHING EXERCISES

This is a mindfulness exercise in which members are asked to sit comfortably and close their eyes. The provider will also lead them through some calming breathing exercises which they can also do at home, if they want to.

**Purpose:**

To help members practice mindfulness and relieve stress.



## Final Group Model:

# General Recommendations

# Differences between ANC and PNC:

Other than the change in topics, the two PNC sessions differ from the previous ones in a few key ways:

- The information shared has an emphasized focus on postpartum family planning for both the mothers and fathers.
- When discussing well-being, the whole family is at the focus rather than the mother, father and child as separate individuals.
- There needs to be special accommodation given for breastfeeding, including providing a private comfortable space, making sure mothers are able to listen while breastfeeding, or receive the messages when they return.
- The mothers will also receive 2 of their PNC visits 1-on-1 with providers within 24 hrs and 7 days of birth, as it can be much more difficult to schedule these sessions as a group and parents may need more tailored advice.

# Session Activities for Husbands.

Husbands' sessions mirror what their wives are learning about at that time and specifically focuses on how they **can support their wives and make joint decisions**. The husbands will have **2 sessions in the antenatal period and 1 session in the postnatal period**.

During these meetings, the husbands will form a **parallel group** to their wives, using the same group name and rituals. This shared experience will give them an easy conversation point. The  sessions will follow the same set of activities, although the content will be tailored for the husbands.

To make the connection clear, there is a space on the wives' Passport Card for the husband to stamp when he attends sessions.

Additionally, they will also form their own digital groups where information and reminders can be sent, to keep them engaged throughout the pregnancy.

## COUPLE HOME ASSIGNMENTS

During the research and prototyping activities, we noticed that health information does not necessarily get shared between the couple. To address this, the expectant couple will be provided with a set of home assignments aimed at increasing couple communication, joint decision-making and preparedness for approaching delivery and parenthood. The assignments will focus around discussing:

- birth preparedness plan.
- preparation for approaching parenthood.
- postpartum family planning.
- family wellbeing.

The assignments will be explained and distributed at the end of the sessions as a printed copy. An audio message explaining the assignments can also be sent through mobile stay in touch mechanisms as this would accommodate illiterate members as well as serve as a reminder of the task. In addition, SMS-based reminders can also be leveraged.

For further details of the individual assignments, see Annex. The assignments are still in the early testing phase and will be refined further at the first reflection point, three months into implementation.

GENERAL RECOMMENDATIONS

# Information Sharing with Companions.

Throughout the research and prototyping we saw that the companion of the mother-to-be can have considerable influence over what she does and does not do during pregnancy and post-birth. While we tried incorporating these companions in the group sessions with mothers-to-be, it adversely affected the experience and quality of the sessions for the pregnant women. Therefore we recognize that these companions will need to be addressed in a different, targeted manner. These companions include, but are not limited to, their sisters, sisters-in-law, mothers, mothers-in-law, neighbors, and more.

- While the mothers-to-be are in their group session, there is an opportunity to meet the companions **in the waiting room**, or other separate area of the facility, to give them some information and an opportunity to ask questions.
- These informal gatherings will be **run by SKs**, take no more than 30 minutes, and are run on an ad-hoc basis depending on whom the mothers-to-be bring with them. The mothers-to-be will be advised to bring a person with them whom they perceive to benefit the most from the information.
- The SKs will be provided with a set of **visual tools** to accompany the messages, and will focus on acknowledging the companions' important role in ensuring a healthy pregnancy.
- The messages will be tailored to focus on **a set of clear actions** the companions can undertake to support the mothers-to-be throughout their pregnancy journey.

GENERAL RECOMMENDATIONS

# Recommendations for Training.

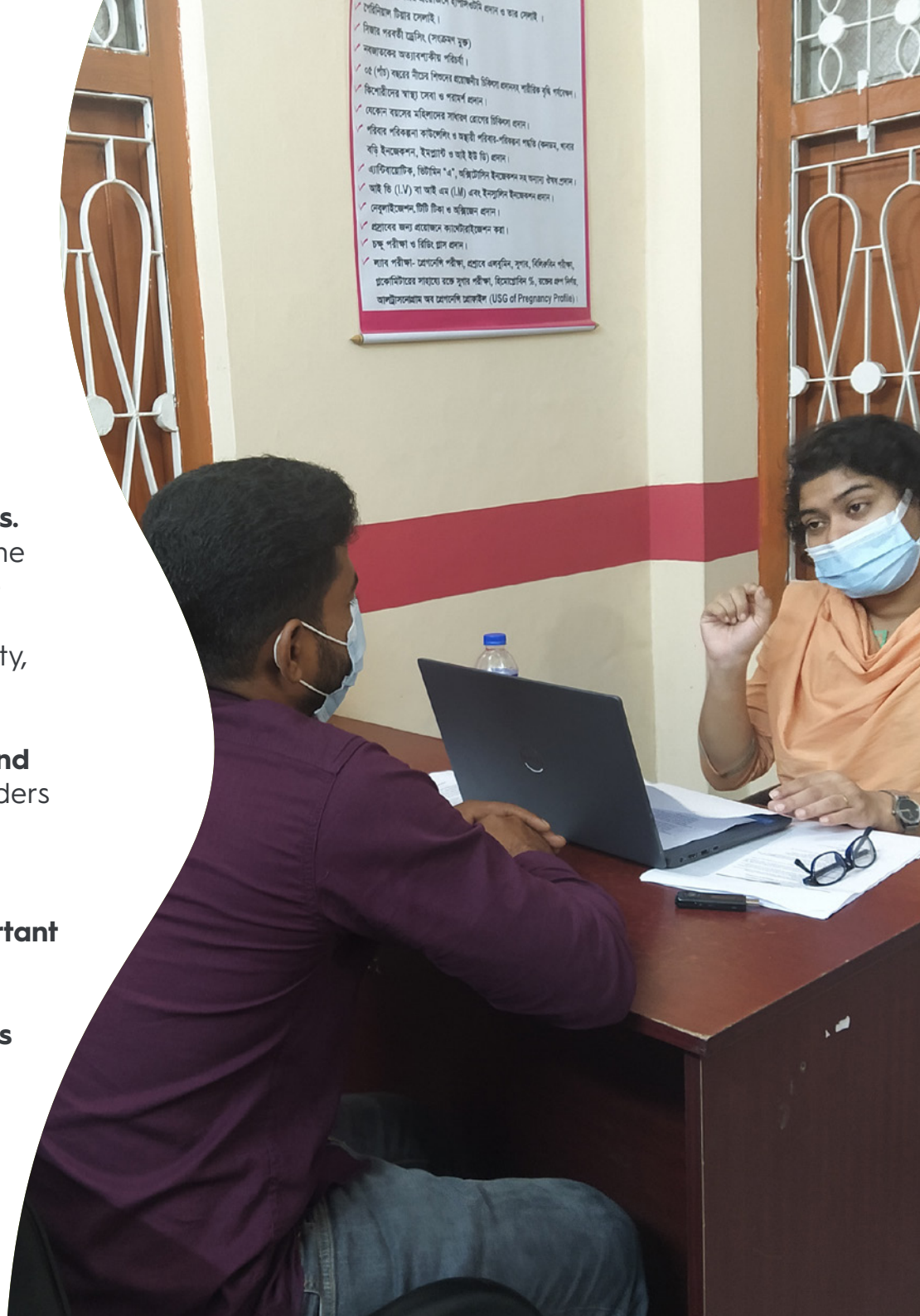
## What secondary literature tells us about facilitator training for perinatal group models

**The Group ANC model is unique in that it is a group, not a class.** Rather than being a didactic hierarchical information transfer, the model was intended as a sharing of experience and knowledge guided by professionals in a facilitative manner. Studies have demonstrated that outcomes tend to be better with model fidelity, implying that skilled facilitation improves the ANC environment.

**Facilitation is a skill that requires ongoing training, practice, and feedback.** It is rather different from didactic methods that providers may use to instruct participants in antenatal "classes."

**Shared decision-making, listening to women, valuing the contribution of women and building partnerships are all important characteristics of midwifery care.** These skills may predispose midwives to find facilitative care more intuitive than doctors do, **however, group facilitation is a learned skill that even midwives may at times find challenging.**

**Lundeen, et al. 2019**
**Lazar, et al. 2021**



# Key Skills for a Good Facilitator.

Based on the observations from the design research and prototyping sessions, the following attributes and skills seem to be critical in facilitators of the group sessions to achieve the intended outcome of the group model.

### ACTIVE LISTENING

Facilitators should focus on understanding members' concerns and provide advice and support accordingly.

### BEING NON JUDGEMENTAL AND SUPPORTIVE

Providers should be non-judgemental towards members' questions and responses and provide support and advice in a positive manner. However, providers should also be able to guide the discussion away from potentially disruptive topics, e.g. sex of future child.

### FACILITATING EMOTIONAL BONDS AMONG WOMEN

Facilitator needs to understand that building strong bonds among group members to provide emotional support is critical to the success of the model.

### MAKING INFORMATION ENGAGING AND RELATABLE

Apart from using the visual tools provided in the session, providers should use positive stories from the context to make the information relatable and engaging.

### BEING JOYFUL

Providers should focus on making the sessions joyful and stress relieving for the members, to create a positive experience.

### BEING RESPECTFUL AND PATIENT

While providing information and facilitating discussion, facilitators should be respectful and patient with members. It might take more than one session for members to fully engage in activities. Some members may feel the need to ask the same question multiple times for reassurance.

# Training Activites.

Training for facilitation skills is critical for the success of the group model. In order to develop good facilitation skills we recommend the midwives/health officers need to very well understand the relevance of the group model, the tools and the purpose of doing each activity.

Role playing can be a helpful exercise to practice and improve facilitation. For example, the facilitator can divide trainees in two groups. One group is tasked with brainstorming and roleplaying a scenario where the facilitator demonstrates good facilitation skills and the other groups brainstorms and role plays a scenario where the facilitator had poor facilitation skills. Each group will select one member to play the role of the facilitator while others take on the role of group members.

After the role plays, all trainees are asked to reflect on what they have seen and identify what was good/bad in what they witnessed as well as to think how it affected the service experience for mothers. They can use the recommended skills list to discuss the scenarios in terms of each of the skills.

# Annex

# ANNEX.

# References.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# Materials.

## VISUAL CARDS

The visual cards created are central to sharing the ANC/PNC messages in line with what the national guidelines outline. Each session has its own individual set of visual cards, with some of the cards being repeated over multiple sessions. All the visual cards were adapted to suit the context and suggested curriculum through conversations with research participants and local partners. Below are examples of some additions made to the sets of cards utilized in previous country streams based on the feedback we got:

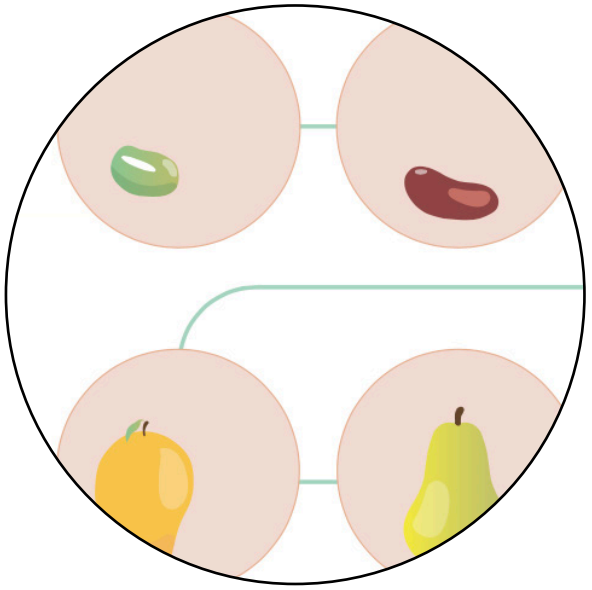
- To dial up the husband's supportive role, we depicted him across several messages, especially in relation to caring for the baby and pregnant wife.
- To facilitate discussions on abstinence, consensual sex and intimacy, a visual on husband-wife physical interaction was added.
- The SKs will be provided with a set of **visual tools** to accompany the messages, and will focus on acknowledging the companions' important role in ensuring a healthy pregnancy.
- To normalize the different emotions accompanying transition to parenthood, we included several visuals relating to different mood states.

## EMOJI CARDS

The emoji cards are supplemental to the Building Bonds activities. Emojis are recognizable and simple ways to depict emotional states which relate to the prompts of the activity. They give members a starting point and an easy way to identify how they feel. Having a prompt eliminates the 'blank page syndrome' and makes it easier to  share with other members their stories, feelings, hopes and dreams.

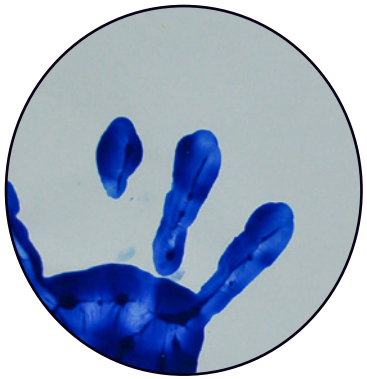
## FOETAL DEVELOPMENT CHART WITH FRUITS

The foetal development chart is key to helping mothers understand the changes that they will undergo over their pregnancy journey. The chart uses familiar fruit to give an intuitive comparison for the size changes and it makes the foetus less abstract. All the fruit used in the chart is commonly found in Bangladesh, and familiar to the participants. Participants preferred the fruit to the realistic depiction, as understanding the size reference is more important to them than exactly when different features are formed.



## PASSPORT STAMP CARD

The passport stamp card serves a dual purpose in the sessions. Primarily it is a record of which sessions a member has attended, and who supported them during those sessions. At the end of the sessions this becomes a keepsake which participants can look back on. Additionally, the card has a place for upcoming dates to be labeled, which helps with information retention.



## DOLL

The doll supports the facilitator in information provision through practical demonstrations and in both building bonds and the summary game as a prompt. The doll should be realistic enough for participants to connect with it, and it should also be cleaned between each session.

## PLASTIC BALL

The plastic ball is used during the Summary Game to add an element of randomness and fun in the middle of the session. It should be an inflatable plastic ball no bigger than a football, and cleaned after each session.

## MAT

The mat is central in establishing the opening and closing of the sessions, and is a unifying tool. It ensures that everyone is working together and organized around the table. It also displays the materials for the session in a way that creates curiosity and excitement. The mat should be carefully prepared with handles and made of a local cloth.

## POSTERS

The posters are provided to decorate the facility's welcome areas, as well as usable in community spaces, to advertise the group and encourage people to take care of mothers and support them. The visuals are in the same style as the visual cards, and are contextualized for the Bangladesh context.


## POSITIVE PREGNANCY / POST-DELIVERY STORIES

The Positive Stories are an encouraging way to share key messages with participants, and inspire participants to follow the medical advice given. Below you can find examples of positive pregnancy stories used in prototyping - please keep in mind thatv tailored stories that are specific to the context and the topic of the session following this format are needed for each session.

1

**For PNC:**

*"Rahima was very excited about her first newborn child. She wasn't sure if she could fall pregnant again while she was breastfeeding. When she met the SS in the region, she advised her to use contraception as she might get pregnant if her baby was not feeding frequently. Rahima followed her advice and discussed the matter with her husband. They decided to come to the facility for consultation to find the family planning method that would be most suited for their needs. With the help of the midwife, the couple was able to postpone their next pregnancy by two years, when they felt they were ready."*

## POSITIVE PREGNANCY / POST-DELIVERY STORIES

**2** **For ANC:**

*"Noor and Ahmad were very excited about their first prospective child. Noor was getting tired very often during pregnancy. Her husband, Ahmad used to make sure that she took enough rest during pregnancy, reminded her to take iron tablets, and also brought home nutritious food including fruits and vegetables. He saved money for transport, antenatal care, facility delivery and postnatal care for his wife and child. As a result, Noor had an uncomplicated delivery and a healthy baby."*

**3** **For Husbands:**

*"Rahim was very excited about their prospective child. He used to make sure that his wife took enough rest during pregnancy and got nutritious food items whenever possible like different vegetables, fruits and pulses. As a result they had a healthy baby."*

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