RBM MiP WG Teleconference

Monday, September 16, 2019

**Meeting Participants:**

Elaine Roman, Jhpiego

Valentina Buj, UNICEF

Kristen Vibbert, Jhpiego

Madeleine Marasciulo-Rice, Malaria Consortium

Matt Chico, Liverpool School

Lisa Nichols, Abt

Kate Wolf, Jhpiego/ Impact Malaria

Lia Florey, USAID/ PMI

Kate Wright, MSH

Shafia Rashid, MSH

Lee Pyne-Mercier, Gates Foundation

Jenny Hill, Liverpool School of Tropical Medicine

1. **Update on Call to Action**
	1. 2015: RBM MiP WG developed Call to Action with WHO & other partners to highlight importance on moving needle on IPTp in context of antenatal support
		1. Included advocacy documents, events around WMD when Call was launched
	2. MMV reminded us that we're coming up on 5 year anniversary in 2020 - opportune time to reflect on progress made & what still needs to be done
	3. Committee in working group has been talking about revamping Call to Action, including published articles, new advocacy documents, dissemination of new tools

(mid-December)

* 1. MiP video is moving forward, supported by PMI through IM project, expected to be ready by World Malaria Day in April
		1. Will target non-technical audience, focused on MiP but not specifically IPTP
	2. Elaine to send concept note and talking points for Round Table discussion
1. **UNGA-** Valentina highlighted an event taking place at UNGA focusing on malaria, maternal child health and gender. Elaine and Maurice have been engaged in supporting the development of the event themes and talking points as well as sharing key documents
2. **ASTMH**
	1. We are planning a WG meeting at ASTMH conference from 2:30-4:30pm on November 20th, prior to the plenary
		1. 1st day of meeting - more time than breakfast meetings in the past
	2. Agenda will go out sometime this week: update on Call to Action, workplan activities, learning lab with facilitated open discussion, round tables on specific topics, update on planning for annual meeting
	3. We try to highlight any sessions (symposia, posters, oral presentations ) that relate to MiP at ASTMH
		1. Partners encouraged to share any relevant events with Kristen

1. **Special Presentation from MSH**
	1. Shafia Rashid - The Power of Pregnancy Clubs - New Research on Group ANC
	2. Tested feasibility & acceptability of Group ANC - women reported improved experience of care, efficacy, self-empowerment, social support from others in the group
	3. Providers saw quality in providing care, but struggled to integrate the groups into routine care
	4. Why Group ANC? Emerging as promising alternative to address gaps in ANC; new model is aligned to recommendations that address clinical care and respond to what women want from pregnancy experience
	5. Published studies show correlation between group care & birth preparedness, improved provider experience, social support from group
	6. Approach began in Uganda in 2016, then Kenya in 2017, Guatemala 2019
		1. Uganda: Used HCD to incorporate perspectives, rolled out model in public sector, implementation research to understand what/why/how in that contexts
			1. Feasibility study - 22 groups were established across 6 sites
		2. Kenya: expanded to more rigorous & expanded research with National Nurse association & county government to do a pilot study in Kakamega county
		3. GT: small pilot & scale-up project
	7. Changes happened over time from Uganda to Kenya context
		1. Opening & closing ritual - mat of local materials with a prayer & song
		2. Provider uses images to encourage discussion, share information about maintaining healthy pregnancy
		3. Women are paired with a partner for accountability for next meeting
	8. Facilitation materials include calendar booklets, ANC mat, accordion scrolls with pictures
	9. Different research methods in UG & KE
		1. 6 facilities each - Both had interviews
		2. Uganda for 5 months: qualitative research
		3. Kenya for 1 year: followed retention, more than 1600 women enrolled but analyzed data for 1090 that would've delivered by end of study
	10. WHO Framework for MNH quality of care - focused on elements related to experience of care & coverage of key practices
	11. Kenya: qualitative data analyzed for key themes: dignity, improved quality of care from provider, more accepting
	12. Uganda: Qualitative data showed enhanced learning, even from older parents who had previously had children, lively & engaging sessions, recalled nutrition, birth preparedness, & early danger signs
		1. Also fostered bonds between mothers & health care providers, eased stress
	13. Retention: natural drop-off over course of 8 visits
		1. Challenges to group visits could be forgetting time, family conflicts with scheduling
		2. Group ANC increased averaging amount of time providers spent per women, more counselling times and more waiting time.
		3. Wait times vary, but some women arrived very early & others came late
			1. Provider-related: in some sessions, a provider might be dealing with an emergency and/or only 1 provider on duty caused a delay
			2. Sometimes women had to queue again after the group sessions for their individual visits
	14. Pathways to scale: even with improved experience of care, some still prefer tradition care - unclear reasoning
		1. We know Group ANC has positive benefits, but some barriers couldn't be addressed (geographic distance, cost, etc) that led to missed appointments
	15. Presentation slides, plus resources from Kenya research, available at the following link: <https://www.msh.org/resources/webinar-slidedeck-the-power-of-pregnancy-clubs-new-research-on-group-antenatal-care>
2. Partner updates:
	1. None