



Follow-up qualitative interviews with pregnant CCPF callers

Report on Method 4



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Acronyms

CCPF	Chipatala cha pa Foni, or “Health Center by Phone”
COVID-19	Coronavirus disease 2019
HLW	Hotline worker (nurses staffing the call)
MOH	Ministry of Health in Malawi
PPH	Postpartum hemorrhage

Background

Despite recent progress, Malawi has one of the highest maternal mortality ratios in Sub-Saharan Africa, with 439 deaths per 100,000 live births¹. Postpartum hemorrhage (PPH) is the leading cause of maternal mortality, accounting for 25% of all direct maternal mortality in low-income countries like Malawi. Although maternal death due to PPH is a critical public health issue in Malawi, there is little evidence around the behavioral and structural factors that affect PPH prevention and treatment.

Access to mobile phones in Malawi provides a low-cost, effective opportunity to reach women and their families outside health facilities to provide health advice and referrals to care, when necessary. Chipatala cha pa Foni (CCPF), Chichewa for Health Center by Phone, is a national toll-free health hotline operated at all hours of the day by the Ministry of Health (MOH) in partnership with VillageReach. While all calls are recorded for training and quality assurance purposes, detailed content analysis is not routinely conducted. The existing CCPF audio recordings present an opportunity to analyze existing data to inform improvements to CCPF, which may include capacity building for HLW to elicit information from callers and to respond to obstetric emergencies. Suggested modifications have the potential to immediately improve the quality of this service nationwide, by addressing PPH prevention and treatment interventions to improve both the behavioral factors (including women's lack of knowledge of PPH warning signs) and structural factors (including health provider's ability to recognize and treat PPH) that are identified.

In response to the global COVID-19 pandemic, the aims of the study were expanded to explore the intersection of COVID-19 and maternal health. This enabled the researchers to contribute timely, relevant findings to help inform decision-making about maternal health service delivery in the context of COVID-19 in Malawi.

This report summarizes results of:

Qualitative analysis (Method 4) of 10 follow-up interviews conducted with women who had called CCPF seeking COVID-19 information while pregnant between June and October 2020.

During the June 1 to October 31 period from which calls were sampled, Malawi reported 5,930 confirmed

cases of COVID-19. As of January 28, 2021, Malawi has reported 21,660 cumulative confirmed cases. With a growing surge of cases, it is critically important to explore the questions and concerns that Malawians, particularly pregnant women, are having in regards to COVID-19, how it spreads, and how to protect themselves and their families.

OBJECTIVES

Method 4 aimed to explore pregnant women CCPF callers' experience of accessing CCPF, to learn about their experience of pregnancy during the COVID-19 pandemic, and to gather their feedback on the utility of CCPF as a potential resource in addressing obstetric emergencies.

This method built on the analysis and conclusions of Method 1a, which analyzed 15 call recordings from pregnant women who called CCPF with questions about COVID-19.

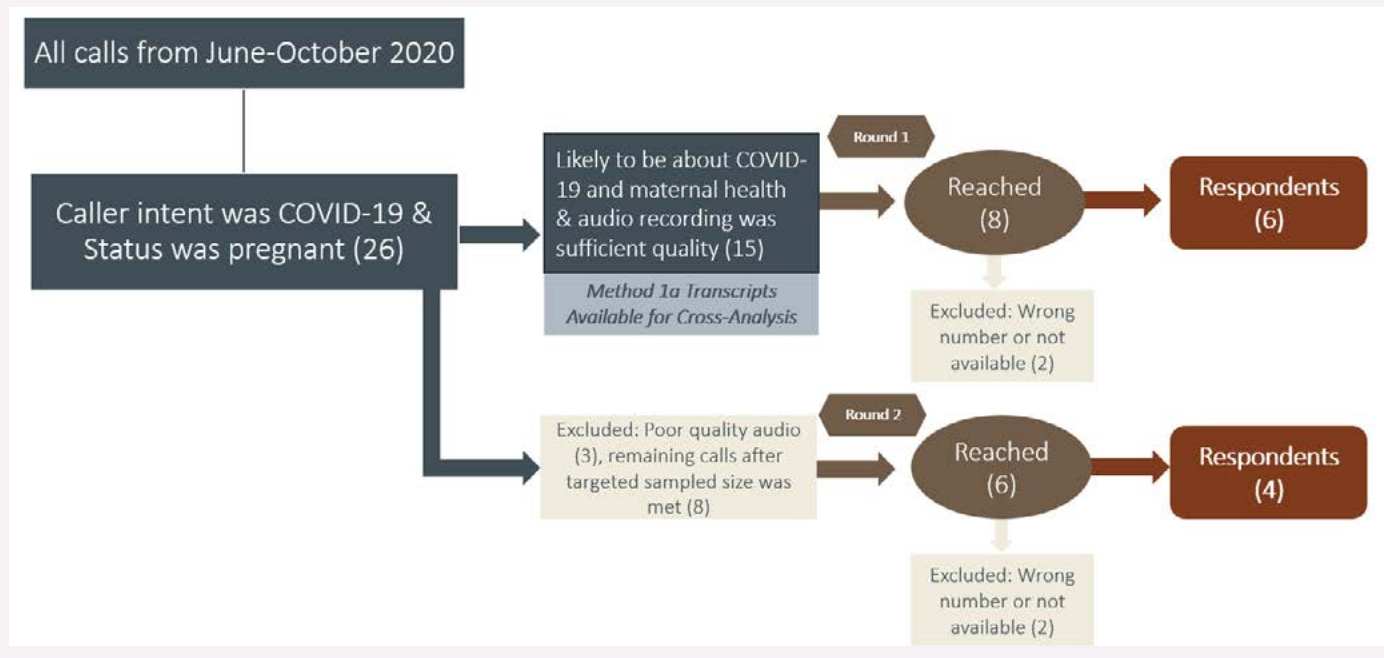
Methodology

SAMPLE SELECTION

In order to achieve the targeted sample of 10-15 callers, we attempted to reach all 15 callers whose transcripts were analyzed in Method 1a (Round 1, see Figure 1). We reached 8 of these callers, 2 of whom were wrong numbers or the phone owner had not called CCPF personally. For the remaining 6 callers, we were able to analyze their original call transcript and conduct a follow-up interview, providing an additional layer of context. To complete the sample, we expanded our sampling frame to include the full list of calls downloaded from the Viamo server from the period June 2020 through October 2020 that met the criteria of (1) calling about COVID-19 and (2) identified as pregnant (Round 2). We were able to reach 6 of these 12 additional callers, 2 of whom were wrong numbers or the phone owner had not called CCPF personally. For the remaining 4 callers, their original call transcripts were not available for analysis. Overall, follow-up interviews were initiated with 10 women who had called CCPF about COVID-19 and were recorded as pregnant at the time of the call (see Appendix for the data collection tool). All 10 of these interviews were recorded, transcribed and translated for analysis.

¹National Statistical Office (NSO) [Malawi] and ICF. (2017). 2015-16 Malawi Demographic and Health Survey Key Findings. Zomba, Malawi, and Rockville, Maryland, USA. NSO and ICF. <https://dhsprogram.com/pubs/pdf/SR237/SR237.pdf>

FIGURE 1: SAMPLING FLOW DIAGRAM



During the follow-up interview, 2 of the 10 women reported that although they had young children, they were not pregnant at the time of their call to CCPF. These calls were included in the sample because although they were not pregnant at the time of their call to CCPF, they were still able to provide feedback on whether CCPF would be helpful in an obstetric emergency. Additionally, the network connection was lost before the interview was completed with 1 of the women who were not pregnant and 1 additional woman who had already begun the interview. These incomplete interviews were still included in the analysis.

ANALYSIS

We used Atlas.ti 8 to conduct qualitative analysis on the 10 selected calls. We performed open coding on themes arising around client’s experiences accessing the CCPF hotline, their experience of pregnancy and delivery during the COVID-19 pandemic, and client’s recommendations for addressing obstetric emergencies.

Findings

The average length of the 10 selected calls was 15.7 minutes (minimum of 5.0 minutes for the call that was cut by the network and maximum of 24.5 minutes). See the findings section of Method 1a for demographic data collected during the respondents’ calls to CCPF. For

6 of the 10 callers, this was their first call to the hotline. Respondents 5 and 11 reported that they had called CCPF before the COVID-19 pandemic, and Respondents 10 and 12 reported that they began calling CCPF during the COVID-19 pandemic and used the service more than once.

Respondents 1 and 12 reported that they were not pregnant when they called CCPF between June and October 2020, although both had been pregnant previously: Respondent 1’s youngest child was 3 years old and Respondent 12’s youngest child was 5 years old. The transcript of Respondent 1’s call was analyzed through Method 1a, and the caller directly states that she is 7 months pregnant at the time of the call. The majority of callers were pregnant with or had recently delivered their first child. Respondent 3 had recently delivered her fourth child.

EXPERIENCE ACCESSING CCPF






All of the respondents had called CCPF at least once to find out more information about COVID-19. Other resources that respondents accessed or attempted to access included the health workers at the hospital, the radio, and other community members. Respondents reported a variety of reasons for why they called CCPF seeking information about COVID-19 while pregnant. For example, one reported:

“I was supposed to go to the hospital but because of time and fear I said let me talk to CCPF.”

– Respondent 3 (R3)





Table 1 provides additional illustrative quotes.

TABLE 1: REASONS WHY RESPONDENTS CHOSE TO CALL CCPF

Alternative to health workers		Alternative to media and other community members	
	Fear of COVID exposure: "Everyone was afraid and I was pregnant and I did not know how my health was going to be and how I could protect the child I was expecting. So I was calling to ask rather than going to the hospital to ask." – R2		Not enough information: "I heard on the radio that there is this disease called COVID and I did not know it so I wanted someone to explain it to me properly." – R1
	More convenient to access: "I was in a group because I do youth group...people were refusing to call, they were saying that it is not that number, so I called...I think 10 [of us] and all of us heard the message...I told them that we do not need to ask our health care workers at our nearest hospital. Let us call, maybe they will answer us, and they did." – R12		Lack of reliable sources of information: "I was inquisitive once I heard that there is COVID and I was not particularly agreeing with what other people were telling me. That is why I called CCPF." – R10
	Turned away from hospital: "I was pregnant and showing signs of COVID. I went to the hospital and they told me to go to Mapale, the nearest facility. Our facility was congested...I went there from 8-10 and we were sent back. I went back home and then I thought of calling." – R7		

Five callers identified challenges in accessing CCPF. Network reliability was an issue, as Respondent 4 reported that her call to CCPF was cut due to network interruption. During the follow-up interviews, interviews with Respondent 1 and 5 were also cut short due to network challenges, highlighting the frequency of this challenge. Multiple respondents reported that the line was busy or a long wait to reach the hotline worker. Respondent 11 was attempting to avoid waiting on hold by "flashing" the number, or leaving a missed number on the line for a callback, but the interviewer explained that this is not possible on the hotline as the system does not register missed calls. Table 2 highlights key quotes.

TABLE 2: CHALLENGES EXPERIENCED ACCESSING CCPF

Challenge	Illustrative quote	Challenge	Alternative to media and other community members
 Line cut before call was finished	Interviewer (I): From the time you dialed the number to call, how long did it take for you to be connected...? (R4): It took 2 minutes and they had put up a song... (I): Did you come across any problem apart from that it took 2 minutes or the phone had cut? Or you could not hear properly? (R4): It just cut.	 Line was busy	(I): Ok, so after calling that time, have you ever called again? (R6): No. (I): Why did you not call again? (R6): The phone was busy.
 Flashed the line without response	(R11): It was a problem because I was flashing to ask them what I have. (I): ...if you flash them, they cannot call you because when you are calling us, we cannot see your number.	 Long wait	(I): So looking at the process of calling, starting where you had to dial and connecting, was there any problem? (R2): Yes, there were so many people...we had to wait maybe for an hour to be assisted, but I understood because at that time it was at the peak.

SATISFACTION WITH CCPF

Overall, respondents reported a high level of satisfaction in the service provided by the HLW they spoke with.

Comfort in speaking with the HLW

Respondents felt comfortable with the HLW, and many felt that the HLW provided sufficient information in a clear manner. For example:

“I was free and comfortable because I also wanted the person who I was talking to, to be free and comfortable.” – R3

“I was free and everything I asked, they were answering me. So if you have a story, a big one, you can ask. So the story that I had, I had asked them and they answered me properly.” – R12

Respondents also identified a few areas for improvement, which were then cross-checked with the original call transcripts for respondents whose calls were analyzed in Method 1a.

Sharing information with others

Respondents were also asked whether they shared information they heard during their call with others, with the assumption that if they did, they valued the information they received. Several respondents reported sharing information with others, including the following two quotes:

“Yes, I told my friends since it was new to me and I was able to tell my friends. But I did not know it was CCPF, I have heard today from you...I was just saying that I talked on this number, but I have forgotten the number.” – R3

“When I explain to them they are not interested, and I tell them you should call because there is different information that you are able to learn.” – R10

However, one respondent reported that she didn’t share information with her friends, potentially indicating that the respondent did not find the information as useful or relevant:

“I have not told them...they will find out from others if they would want information from CCPF.” – R11

Perceived low level of expertise

Respondent 2 was not satisfied with the HLW’s level of expertise. Based on a review of the original call transcript (Caller 8 in Method 1a), she called to ask about home remedies like ginger, honey and lemons to prevent or treat COVID-19. She wanted to know whether these home remedies might have an effect on her unborn child, as well as how long after an exposure a person might become ill. The HLW explained that symptoms of COVID-19 appear within 14 days of exposure. She also explained that consuming lemons and honey will not affect the pregnancy but will also not prevent or treat COVID-19. Respondent 2 expected that the HLW would be able to give specific information about medication that pregnant women could take to prevent or treat COVID-19; although the HLW may have known this information, he chose not to share it over the phone, and instead, advised the caller to seek in-person care before taking medicine. In Method 1a, we coded this challenge as an inherent limitation due to the nature of a call hotline; the HLW cannot prescribe medication and cannot replace in-person services.

TABLE 3: LOW LEVEL OF EXPERTISE, METHOD 4 MAPPED TO METHOD 1A

Quote (Method 4)	Call transcript excerpt (Method 1a – Caller 8)
<p><i>“[The HLW] sounded like they did not have enough knowledge...I thought that those who answer are medical personnel but he said that he studied medicine but was not an expert. He just told me that I should go to the nearest hospital...The way he was answering, he did not know how a pregnant woman can protect the unborn child from COVID-19 or what they can do...He sounded like he did not know so it looked like CCPF wasn't really helping.”</i> – R2</p>	<p>Caller: (HLW): 7-14 days is when you start to see signs, so you will count how many days have passed from the day you contacted that person...if it is lemons and honey, they do not affect the pregnancy...</p> <p>(Caller 8): But do they minimize COVID-19...?</p> <p>(HLW): Ok, here, those are traditional, and we focus on medical [remedies] after research done in labs...It's not about cure but boosting the immunity. So we cannot say that [those remedies] cure or kill the virus...</p> <p>(C8): Suppose that I get sick after 7-14 days, what would you recommend I eat or drink for me to get cured?</p>

	<p>(HLW): If you are sick, our confirmation comes from people who are going to villages and people's houses. So if you start to notice those signs, you will call on this number and we will give you the number of those that are testing people with COVID-19. And those that will come to test you with COVID-19 and take the samples then they will come again with a prescription of the medication you are supposed to take in regards to the way you are pregnant. A pregnant woman has their own medication; there are other medications a pregnant person cannot take. So those prescribing the medication are health workers, they are experts and they know which medications a pregnant person cannot take, so they will give you an appropriate prescription for a pregnant woman...</p> <p>(C8): Thank you.</p> <p>(HLW): So I cannot prescribe you any medication because 1) this is on the phone, 2) you have not been confirmed to have COVID-19. So the advice I can give you is continue with the preventative ways so that you do not spread it to other."</p>
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Responsiveness of referrals reflects on CCPF

Respondent 7 was exposed to COVID-19 and showing symptoms, and she was referred to a rapid testing hotline, but was not able to get through. In the original transcript, Caller 6 reads the testing hotline number back to the HLW, who confirms that she has the right number, and the HLW also asks her to call CCPF again to give feedback on the referral.




"At our facility, within the ward, someone was found with COVID and I also showed signs of COVID and that

was when I was calling that time to be assisted...It was helpful, she told me that with your explanation, contact these people...I was given a number for the mobile clinic, those who were dealing with COVID testing. Those ones were not picking up and never answered..." – R7

Suggestions to improve CCPF service

When asked for suggestions to improve the service Based on their experience, respondents made the following suggestions to improve the service CCPF provides.

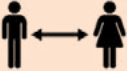




TABLE 4: SUGGESTIONS TO IMPROVE CCPF SERVICE

Suggestion	Illustrative Quotes
 <p>Staff hotline with health experts who can tailor advice to caller's needs</p>	<p><i>"If there is an expert who is explaining properly what pregnant women should do, which should be based on what the person wants, unlike just answering questions." –R2</i></p>
 <p>Ensure that referrals are reliable and responsive</p>	<p><i>"Response should be very fast and they should be tracking those who called. Like the way it happened to me, I just left the situation [to call the testing service], and said I will not call these people [again] because [the testing service] were not answering me. And yet we are saying they are rapid response." – R7</i></p>
 <p>Solicit feedback from callers to improve the service</p>	<p><i>"It is helpful so that you hear views from people that have called before. So that you know how they are being assisted because you will have the actual message that they received...I called but...I got discouraged that this is not helpful, and if someone asked me if they should call CCPF, I would say, eh, don't bother. Like, 1, it's slow, and 2, the people do not really assist you. But now that you have called, I am thinking this is serious and they want to improve and maybe for that person, it was difficult for him to explain. So you should be following up so that you know for the people who called, how they were assisted." – R2</i></p>

PREGNANCY DURING THE COVID-19 PANDEMIC

Respondents reported that the health facilities had begun enforcing practices to prevent transmission of COVID-19, such as wearing masks and social distancing. A couple respondents expressed concern about visiting the health facility because of the risk of transmission in a crowded place where others may be ill, and a couple respondents reported that it was difficult to maintain COVID-19 prevention measures, such as masks or social distancing, while pregnant or in labor. Although not directly related to her pregnancy, Respondent 11 reported that she had difficulty adopting the recommendation of frequent handwashing with soap without access to sufficient soap. Respondent 3 discussed the differences in the most detail, and multiple quotes from her interview are included in the table below. She also reported that she was discharged the day of delivery to reduce her time in the hospital to reduce the risk of exposure to COVID-19.

TABLE 5: QUOTES ILLUSTRATING PREGNANCY AND DELIVERY DURING COVID-19 PANDEMIC

Pregnancy or Delivery Experience	Illustrative Quotes
 <p>Enforcement of COVID-19 prevention measures including masks, social distancing, washing hands with soap, and temperature checks for all patients</p>	<p><i>"If you do not go with a mask, you are sent back and when you reach the hospital, you wash your hands with soap. And you also sit at a distance from your neighbor." –R10</i></p>
 <p>Confusion around the purpose of temperature taking to limit the spread of COVID-19</p>	<p><i>"They were examining us on the forehead and when we asked they did not answer us properly, they just said we do not check for COVID-19 but for body temperature...There was no one who was refusing because they were doing this at the gate...for pregnant women and even those just going to the hospital or even children. So everyone was examined and they were at the gate, so no one was refusing." – R3</i></p>
 <p>Challenges wearing masks during pregnancy or delivery</p>	<p><i>"During pregnancy, you usually feel breathless if you are in a mask for a long time." – R7</i></p>
	<p><i>"The main thing that we saw was that you cannot wear a mask when you are in labor. It is very difficult." – R3</i></p>
 <p>Lack of access to materials to adopt preventive measures</p>	<p><i>"Yes, I was scared...since they told us to wash our hands frequently with soap, but soap is hard for us to find. Then they distributed free buckets and soap so it was possible to do that." – R11</i></p>
 <p>Early discharge after birth</p>	<p><i>"I gave birth on the 21st of November. After I had given birth...they discharged us the same day because of COVID-19." –R3</i></p>

COMMUNITY BELIEFS AND QUESTIONS ON PREGNANCY AND COVID-19

Only one respondent reported having heard specific beliefs in the community related to pregnancy and COVID-19:

“For the pregnant women, their immunity is low and they are at a high risk that the child can die, or they can die, or the child can be born with complications when the child is born. So many things, even that pregnancy cannot reach 6 months.” – R2

Beliefs around care-seeking among pregnant women during COVID-19

Many respondents reported hearing questions or concerns in the community related to COVID-19 in general, which might have an impact on maternal health. For example, a few respondents reported hearing others express hesitancy about visiting the hospital for fear of COVID-19 exposure, which can impact care-seeking during pregnancy and delivery:

“(R4): They were saying that if you go to the hospital you will get COVID-19, so we isolate ourselves...”

(I): Did that prevent you from going to the hospital?

(R4): I was still going.

(I): Were you not afraid of being stigmatized?

(R4): No.

(I): So they were saying that at the hospital, you would get COVID-19?

(R4): Yes.”

“People are afraid...In crowded areas like village banks, people stopped. They are afraid because they do not know if they have the disease or not. Since if you are not sick, we always perceive that the disease does not exist, but people are afraid after hearing on the radio that others have died.” – R12

Although HLWs in general reinforced the importance of pregnant women attending prenatal appointments during the calls analyzed in Method 1a, in cross-referencing the follow-up interviews with the original call transcripts, we found one example of general advice for those showing COVID-19 symptoms potentially conflicting with guidance to give birth at the hospital, given to Respondent 7 (Caller 6 in Method 1a):

“(HLW): So we are saying that if you are experiencing COVID-19 signs, you are not supposed to go to the hospital.

(C6): Alright, yesterday I was better, but today – hmm. So I am afraid because I am also pregnant.

(HLW): How many months?

(C6): About 8, am going into 30 weeks.”

This type of advice may confuse a pregnant woman, particularly a pregnant woman who is well into her third trimester and showing signs of COVID-19. During the call, the HLW did not provide any additional information about pregnancy or symptoms that might indicate an emergency.

Belief that preventive measures are not needed or effective

Two respondents reported that they had heard that COVID-19 could not be prevented, so preventive measures were not needed:

“[People in my village] were saying that a person suffers from COVID-19 all the time so there is no need to stay further apart. So I said that is not true because we have stayed so many years without COVID-19 so we just have to follow the rules from the hospital because they know these things.” – R1

“People are saying it is just a matter of time and we need to accept the disease.” – R10

Fear of the COVID-19 vaccine

Respondent 12 relayed rumors about whether the COVID-19 vaccine could be trusted:

“The fear that people have now is that there is a COVID-19 vaccine coming which have a 666 label, so people will not get the vaccine...”

“People are saying that those who do immunization are the ones that have COVID-19 and are infecting people, scaring people.” –R12

Frequent questions about COVID-19 transmission and treatment

Several respondents had questions about COVID-19 transmission, some of which were asked after the interviewer prompted for more questions and some of which the respondent initiated. The frequency of these beliefs and questions highlighted the anxiety and confusion present in the community around COVID-19 in general. Vulnerable populations, including pregnant women (particularly those who might be experiencing obstetric emergency), are particularly affected by an increased spread of COVID-19 that might result from a low level of knowledge of effective prevention and management of COVID-19.

“I have also heard that there is another type of COVID-19 that has come, different from the past. Is it true?” – R2

“My question is if a person dies of COVID-19, health professionals are burying them while others are taking the dead bodies to the villages. What is happening?” – R12

One woman who was in the sampling frame but either did not remember calling CCPF or had not called personally even asked the interviewer about COVID-19, even though she did not complete the interview:

“What if you are staying 7 people in one house, and one person is infected with COVID-19? How can I prevent it, at the same time taking care of the sick person?”

They are saying that now, there is another COVID-19, more powerful than the previous. So if this one has it and is breathless, what can I do?” – Excluded Respondent




RELEVANCE OF CCPF IN OBSTETRIC EMERGENCY

Most of the respondents were aware of at least one symptom that would indicate an emergency during pregnancy, but

awareness of warning signs after birth was lower. The most commonly cited sign of a possible obstetric emergency was bleeding (cited by 4 respondents), but responses were not consistent and varied widely to include dizziness, heart palpitations, pale eyes, vomiting, swollen ankles, body pain, and lack of fetal movement, each listed by 1 or 2 respondents.

When asked where they would seek assistance if experiencing signs of an obstetric emergency, most of the respondents reported that they would rush to the hospital. When asked whether they thought CCPF could be helpful in such emergencies, one respondent felt that CCPF could help to reduce visits to the hospital. Table 5 highlights three quotes illustrating the variety of opinions.

TABLE 5: QUOTES ILLUSTRATING RELEVANCE OF CCPF IN OBSTETRIC EMERGENCY

Pregnancy or Delivery Experience	Illustrative Quotes
 <p>CCPF can help to reduce visits to the hospital</p>	<p><i>“Since I am comfortable with you and you are also with me, I will call for you to also assist me. Whatever you can tell me, like maybe I should go to the hospital...There are diseases which have no medication and if we call you, you can tell us that this is not a disease that you can take medicine but maybe you can do this and that. So a person would not go to the hospital because CCPF would have assisted.” – R3</i></p>
 <p>Uncertainty whether CCPF can help in emergencies</p>	<p><i>“Maybe you can call, you can weigh if CCPF will help at the moment or go to the hospital. Or before you reach the hospital you can call CCPF. When people are sick [though], they do not remember that there is a person who can assist.” – R12</i></p>
 <p>Obstetric emergencies require hospital intervention only</p>	<p><i>“I doubt, I do not know. CCPF can only advise. I feel like they can only advise that you should go to the hospital and that’s it...The issue of pregnancy is unpredictable, so I cannot say that you should ask CCPF first, [because] you do not know what can happen. I feel like going to the hospital is much better.” –R7</i></p>

Discussion

In comparison to in-person interview techniques, conducting follow-up interviews with callers can be an effective and efficient method of gathering feedback on CCPF as well as other areas of interest, such as maternal health and COVID-19. Linking the analysis of the follow-up interview with the original transcript illuminated the context in a unique way, and enabled more in-depth analysis. Out of the 26 mobile phone numbers we attempted to reach, 14 attempts were answered, yielding 10 interviews with CCPF callers. Sample selection also highlighted that the call data collected by the HLW may not be sufficiently reliable or can be misunderstood, as 2 of the respondents were not pregnant at the time of their call to CCPF, despite the sampling method filtering for this characteristic. These data entry errors or miscommunications could be a mistake on the part of the HLW, or a result of a faint connection or background noise. In the future, interview guides should consider including confirmation of sample selection criteria, and CCPF should continue to assess and address the quality of its call data to inform evidence-based decisions.

This analysis yielded several recommendations for the MOH:

Continue to expand CCPF content to include emerging COVID-19 and pregnancy information

Most respondents had called CCPF for the first time during the COVID-19 pandemic, reflecting an overall increase in calls to CCPF (analyzed in Method 5). Respondents' accounts of why they chose to call CCPF to seek COVID-19 information and of beliefs and questions they had heard in the community about COVID-19 illustrate a high level of fear and anxiety around COVID-19. Before the COVID-19 pandemic, CCPF was recognized as a convenient way for Malawians to access accurate information about their health; during COVID-19, the ability to connect to a knowledgeable resource through a mobile phone was also the safest option to reduce the risk of COVID-19 transmission, particularly for pregnant women and other vulnerable populations. The MOH should continue to leverage CCPF as an efficient way to improve access to reliable information, and should continue to equip HLWs with accurate, up-to-date information on COVID-19 and the COVID-19 vaccine as it becomes available. This should include information as it emerges on the safety of the COVID-19 vaccine for pregnant and lactating women.

Consider methods to mitigate poor network connection

A few respondents reported poor network connectivity during their calls to CCPF, as reported in other methods within this study, and a few of the follow-up calls themselves faced connectivity challenges. The MOH should continue existing discussions to expand to additional mobile network operators that might have better coverage in certain areas. At the same time, the MOH should continue to expand and update content that can be accessed immediately without waiting for a HLW, so that callers with limited connectivity do not need to wait

on hold to access basic information about pregnancy or COVID-19.

Improve referral tracking and quality assurance

Providing referrals is a critical function of CCPF, and the reliability and accessibility of those referrals reflects on CCPF itself. During the COVID-19 pandemic, new referral resources are being created and demand for those resources can sometimes overwhelm the systems, leading to a backlog of calls or requests that the resource cannot accommodate. The MOH should review its process for ensuring the accuracy and availability of referral resources provided to callers and should train HLW to provide multiple ways of accessing requested services. In the example from this analysis in which the caller was seeking testing services, the HLW could have provided the district testing hotline as well as a national number or the number of the department that operates the district hotline. The MOH should also conduct regular follow-up with callers provided a referral to collect feedback about the service they received. If this would create an unreasonable follow-up burden, the MOH could prioritize callers for follow-up. For example, if a caller received a referral on a call related to COVID-19, it is reasonable to assume that the referral was new and should be prioritized for follow-up.

Prioritize vulnerable groups, including pregnant women, and health workers for PPE

In general, respondents reported that measures to help prevent the spread of COVID-19 were being enforced at the hospital, but given the limited availability of personal protective equipment (PPE) like masks and other materials to maintain hygiene such as soap for handwashing, these practices may be difficult for both health workers and women to maintain at all necessary times. The MOH should continue to prioritize meeting the PPE needs of health workers, pregnant women and other vulnerable groups.

Reinforce HLW training on recognizing symptoms of obstetric emergency

Overall, respondents did not feel that CCPF would be a suitable way to address an obstetric emergency given the need for urgent in-person care. However, CCPF can play a role in increasing knowledge and awareness around symptoms of obstetric emergency. The MOH should update HLW training to include clear messaging about symptoms that might indicate an obstetric emergency for all callers who identify as pregnant or postpartum.

Appendix

CCPF Clients interview Guide





This work is part of the Advancing Postpartum Hemorrhage Care (APPHC) partnership supported by USAID and led by the Breakthrough RESEARCH Project and the Health Evaluation and Applied Research Development (HEARD) Project. The APPHC partnership generates and tests solutions to address key implementation barriers for PPH prevention and treatment and contributes to the effective implementation of interventions, strategies, and innovations for PPH in Madagascar and Malawi.

<https://iscollab.org/advancing-postpartum-hemorrhage-care/>

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USAID’s Health Evaluation and Applied Research Development (HEARD) project leverages a global partnership of more than 30 institutions to generate, synthesize, and use evidence to improve the implementation of policies and programs related to USAID priority areas, and crucial for improving health and development in low and middle-income countries.



Breakthrough RESEARCH catalyzes SBC by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.