### BEHAVIOR PROFILE: DELIVERY IN HEALTH FACILITY

#### HEALTH GOAL
Improve maternal and child survival

Pregnant women deliver in a health facility with an equipped, qualified provider

- Percentage of live births in the three years preceding the survey delivered at a health facility

#### BEHAVIOR ANALYSIS

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| **Behavior**  
Pregnant women deliver in a health facility with an equipped, qualified provider. |  
**Steps**  
1. Identify appropriate health facility for delivery  
2. Plan transport, resources, and logistics required for delivery in health facility  
3. Obtain all required services before, during, and after delivery from qualified provider  
4. Adhere to provider instructions during and following birth of infant |  
**Factors**  
- **Accessibility**: Pregnant women do not deliver in a health facility, especially in an emergency, because facilities are often far from households and transportation is difficult to find.  
- **Service Provider Competencies**: Pregnant women do not receive all required services from a health facility because they want to avoid negative provider attitudes and treatment.  
- **Service Experience**: Pregnant women cannot deliver in a health facility because not all clinics are open or staffed 24 hours. |  
**Who must support the practice of this behavior, and what actions must they take?**  
- **Institutional**: Policymakers: Ensure affordability of care for most vulnerable via insurance schemes, CCTs, or other financing.  
- **Policymakers**: Review staffing policy to ensure maternity care is accessible 24 hours.  
- **Managers**: Explore ways to offer more of what women want for their delivery in clinic setting.  
- **Providers**: Offer respectful care to clients.  
- **Providers**: Actively engage men in pregnancy and delivery decisions. |  
**STRATEGY**  
- What strategies will best focus our efforts based on this analysis?  
  - Strategy requires Communication Support  
- **Enabling Environment**  
  - Financing: Create national insurance schemes, use conditional cash transfers (CCTs) or establish community savings schemes to ensure all are able to access maternity services.  
  - Partnerships and Networks: Expand delivery of labor and delivery as well as EMONC services beyond formal system via avenues like social franchising.  
  - **Policies and Governance**: Strengthen human resources allocation to ensure 24 hour coverage at all EmONIC sites and referral systems.  
  - **Policies and Governance**: Allow non-harmful traditional birthing practices at clinics.  
- **Systems, Products and Services**  
  - Infrastructure: Explore creation of waiting shelters for mothers.  
  - **Quality Improvement**: Ensure providers are well-trained in and offer respectful maternity care.  
- **Demand and Use**  
  - Communication: Use targeted media, including SMS where possible, to promote the improved quality of care and tailor reminders and tips for pregnant women and their families, self-created locally appropriate or picture-based birth plans.  
  - **Communication**: Leverage traditional birth attendants for counseling, referrals and support to women and families in planning for and delivering in a facility, including distribution of birthing kits.  
  - **Collective Engagement**: Engage community leaders and men to diffuse responsibility for women’s health care. |