Independent Research on Improving Early Antenatal Care (ANC) Visits in the First Trimester

Location: Kenya, Malawi, Uganda, and Zambia
Consultancy Duration: Up to 45 days
Timeline: July – September 2025

1. Background

In November 2014, St John International launched the "Mama Na Mwana / Mother and Baby" programme, implemented by St John associations in Malawi, Uganda, Zambia, and Zimbabwe, with St John Kenya joining as a pilot in 2025. Over the past decade, this initiative has contributed significantly to improving maternal and newborn health across Sub-Saharan Africa.

To date, the programme has:
- Enrolled over 204,000 primary beneficiaries
- Reached 961,863 secondary beneficiaries
- Delivered health consultations to over 537,000 individuals
- Improved key maternal health indicators, including a 46% increase in ANC access and a 96% adoption rate for family planning

Through community engagement and stronger relationships between local health providers and families, the programme has helped instil a culture of partnership and sustained health improvement through household visits and clinical support

Despite this progress, the proportion of women enrolled in the programme attending antenatal care in the first trimester remains low. Anecdotal reasons for this are varied: due to limited awareness of the need to engage with the health service; sociocultural barriers around recognising the pregnancy; financial hardship; and the lack of service availability.

2. Programme Goal

Primary Goal: To reduce preventable maternal and infant mortality and morbidity in both rural and urban settings across Lilongwe and Blantyre (Malawi), Ongata Rongai Sub-County, Kajiado North (Kenya), Buikwe (Uganda), Lusaka and Chibombo (Zambia), and Zvimba (Zimbabwe).

Achieved through: Pregnant Women and new mothers are encouraged to adopt 7 healthy behaviours (as identified by WHO). Community volunteers provide education and encouragement while clinical services are supported to extend services.

3. Research Objectives

- Identify factors contributing to low first-trimester ANC attendance among women enrolled in the programme
- Assess current actions and interventions of St John volunteers to encourage attendance at first trimester ANC
- Explore interventions by other actors that have been successful in increasing uptake of ANC in the first trimester in similar contexts.
- Assess current policies and interventions targeting early ANC
- Document best practices from similar contexts
- Recommend evidence-based interventions that could be implemented within reasonable reach of the current programme set up, and outline implementation frameworks for their delivery

4. Scope and Approach

- Literature review of existing programmes, national health policies, and ANC-related data
- Field data collection through interviews and focus group discussions (FGDs) with enrolled women or previous enrolled first, based on their responses, further lines of enquiry to be developed targeting, community leaders, healthcare workers, and policymakers
- Comparative analysis of successful models in similar settings
- Development of practical recommendations and an implementation plan

5. Methodology

- Desk review of programme reports, government policy documents, and previous studies
- Qualitative research using key informant interviews (KIIs) and FGDs with target stakeholders and groups
- Stakeholder engagement involving Ministry of Health (DHO/Medical Office), NGOs, and community-based health actors
- Optional quantitative component, such as household surveys or facility-based assessments (as feasible)

6. Deliverables

- Inception Report: Research plan, detailed methodology, tools, and analytical approach
- Interim Report: Preliminary findings from the literature review and early data collection
- Draft Research Report: Full analysis including findings and draft recommendations
- Final Research Report: Revised based on feedback from stakeholders
- Presentation and Dissemination: Online for internal staff

7. Timeline & Milestones

Phase	Activities	Timeline
Month 1	Inception, literature review	July 2025
Month 1-2	Data collection	July–August 2025
Month 2–3	Data analysis, Interim report	August–September 2025
End of Month 3	Draft report and feedback	September 2025
End of Month 3	Final report submission and dissemination	September 2025

8. Required Expertise

The consultant or institution should have demonstrated experience in maternal and child health research in sub-Saharan Africa. Key qualifications include:

- Experience with qualitative and quantitative research in resource-limited settings
- Strong background in community-level projects, public health, or health policy
- Ability to engage communities and interpret culturally sensitive issues
- Experience with the Three Delays Model will be considered an added advantage
- Previous research experience in at least two of the four focus countries is an added advantage

9. Supervision and Coordination

The consultant will report to the Programme Manager at St John International and work in close coordination with National Coordinators and field teams in each participating country.

10. Submission Requirements

- A cover letter introducing the applicant and summarising relevant experience
- A technical proposal detailing their understanding of this Terms of Reference, proposed approach, and methodology
- CV(s) of the lead researcher and key team members
- A statement of availability confirming exclusive engagement during the consultancy
- A budget proposal, excluding local travel and accommodation (to be covered by St John International)
- References from at least two recent, relevant assignments, with contact details
- A statement confirming that all liability and personal and professional insurance will be covered by the applicant, and that St John International will not be required to fulfil these needs.

11. Intellectual Property

All data and research outputs will remain the property of St John International. The final report and any derived publications will credit the consultant but will be published under the St John International name.

All documents must be submitted by email to the Programme Manager, Sylvia Chopamba via recruitment@orderofstjohn.org by close of business Monday 9th June 2025.

Annex: St John Mother and Baby Programme (Mama Na Mwana)

Overview

The Mama Na Mwana ('Mother and Baby') programme, led by St John, aims to reduce preventable maternal and infant mortality and morbidity across selected urban and rural areas in five African countries. The programme uses a community-led, volunteer-based approach to provide maternal and newborn health (MNH) education and increase access to essential services.

Programme Locations

- Malawi: Lilongwe, Blantyre
- Kenya: Ongata Rongai Sub-County, Kajiado North
- Uganda: Buikwe
- Zambia: Lusaka, Chibombo
- Zimbabwe: Zvimba

Primary Objectives

1. Enhance maternal health knowledge and community support for pregnant women to promote safer pregnancies and facility-based deliveries.

2. Improve postnatal care and early childhood health through follow-up visits, family planning, and infection prevention.

3. Increase uptake of health services, including antenatal care (ANC), postnatal care (PNC), and family planning through outreach and strengthened clinics.

St John Mother and Baby Programme and the Three Delays Model Approach Integrated

The St John Mother and Baby programme is built on tried and tested activities. The approach is volunteer-led and locally owned. Teams of local volunteers are recruited and trained to go house to house, helping every member of the community. The activity that volunteers undertake is based on a sound theoretical understanding of the causes of maternal and child mortality. Drivers of maternal mortality and morbidity vary, but can be effectively evaluated at the local level using the "Three Delays" model developed by Thaddeus and Maine (1994) This is the most common framework used to evaluate the circumstances surrounding a maternal death. The delays are: 1) delay in deciding to seek care influenced by the factors involved in decision-making; sociocultural factors; financial and opportunity costs ; 2) delay in reaching a healthcare facility, such as distance to the nearest healthcare facility, travel time, availability and cost of transportation; road conditions; 3) delay in receiving care at the healthcare facility: factors affecting the speed with which effective care is provided once a woman reaches a healthcare facility; shortages of supplies, equipment, and trained personnel; competence of available personnel and quality of care.

Integrated Response: The Three Delays Model

Type of Delay	St John Response
Delay in deciding to seek care	Household education, community education, birth planning, male engagement
Delay in reaching healthcare facility	Mobile outreach clinics in remote areas
Delay in receiving care at facility	Equipment provision, maternity waiting homes, facility support

Key Activities

- Household Health Education: During the initial house to house education support, target priority groups are identified. Project volunteers support pregnant women to register at the clinic, have health checks during pregnancy, and deliver in a facility with the help of trained health staff. Women develop a birth plan – how to save basic funds, who can help when the baby is due, recognising danger signs and what to do in an emergency. New mothers with infants are followed up to ensure post-natal care. Husbands and partners are also reached by volunteers to encourage men to support safe pregnancy and delivery and help after the baby arrives.

- Outreach Clinics: Local clinics collaborate closely with St John volunteers, to run outreach clinics to the local population in the catchment area of the health clinic, but too remote to be able to use the clinic easily. Outreach clinics provide HIV testing, family planning, immunisation, anti-malaria treatment and checks for pregnant women, new mothers and babies, in addition to general consultations, through the clinic's health staff.

- Clinic Support: Help strengthen health services where they exist; local clinics receive a basic support package to ensure adequate basic facilities for the labour ward e.g. scales to weigh pregnant women and infants, basic clinic refurbishment and some recurring costs, such as travel for nurses and midwives, to complement the Ministry of Health's inputs. In 2017, the programme supported the community and the clinic in Zimbabwe to build a maternity waiting facility, where women can arrive before their due date or earlier in labour – a proven intervention to prevent injuries, disability and death due to maternal emergencies and complications during labour or the post-natal period. This increased the capacity of the local maternity ward.

Impact Since Inception (2015–2024)

- 204,00+ primary beneficiaries (pregnant women, adolescents, new parents).

- 960,000+ community members reached through health education.

- 537,000+ clinical consultations provided through outreach clinics.

- Strong collaboration with district health offices, health centres, and community leaders.

- Improved key maternal health indicators, including a 46% increase in ANC access and a 96% adoption rate for family planning across sites.

- Strong collaboration with district health offices, health centres, and community leaders.

Tools for Sustainability and Monitoring

- Success Model (SuMo): A detailed operational guide co-developed by St John teams in Malawi, Uganda, Zambia, Zimbabwe, and St John International. It's a practical guide for replicating and managing successful maternal health programmes.

- Nurture System: Real-time performance tool tracking behaviour change and programme impact, enabling adaptive management.

Conclusion

The St John Mother and Baby Programme demonstrates a scalable and sustainable model for reducing maternal and newborn deaths. Through community ownership, volunteer engagement, and close health system collaboration, the programme continues to improve outcomes in some of Africa's most underserved regions.