

# MOMENTUM

SAFE SURGERY IN FAMILY PLANNING AND OBSTETRICS



## PROVIDER-DRIVEN SOLUTIONS FOR RESPECTFUL, EMPATHETIC AND SAFE SURGICAL OBSTETRIC CARE IN KARNATAKA

Brief Report of Design Thinking Workshop in Karnataka, India



### INTRODUCTION

MOMENTUM Safe Surgery in Family Planning and Obstetric Project conducted a two-day design thinking workshop in Bengaluru, Karnataka, India. The purpose of this workshop was to discover insights and derive facility-based, provider-focused solutions towards ensuring more respectful and empathetic care to clients medically indicated for cesarean delivery (CD) and emergency obstetric care (EmOC).

#### Box 1. What is Human Centered Design (HCD)?

HCD is an innovative and creative framework that keeps key stakeholders at the heart of the design thinking process to come up with contextually relevant solutions to problems.

This brief below highlights the key takeaways from the Design Thinking Workshop.

As part of the Design Thinking workshop process, a design challenge was identified based on key behavioral insights and supporting information that emerged from the start-up assessment activities of the project. These insights and information were classified by health systems, the health service provider, and individual/community factors. The project team jointly validated these insights and narrowed down the design challenge for the workshop (Box 2).

#### Box 2. Design Challenge Based on Behavioral Insights

Reimagining the experience of clients seeking CD and EmOC services at the facility to increase trust in providers and strengthen the provider-client relationship.

### DESIGN THINKING PROCESS AND KEY RESULTS

Over the course of the [two-day](#) workshop, [providers](#) were led through four of the five steps in the design thinking process: **Empathy, Define, Ideate and Prototype**. The final step, **Test**, will be implemented in the months after the workshop (more information under conclusion and next

#### Box 3. Workshop Objectives

Generate feasible, viable and desirable health-provider-focused solution(s) to address behavioral challenges associated with CDs and EmOC

Orient providers on design thinking skills to create solutions for addressing challenges they face in their own personal and professional lives



steps). Each step of the process and related activities that were implemented during the workshop are described below.

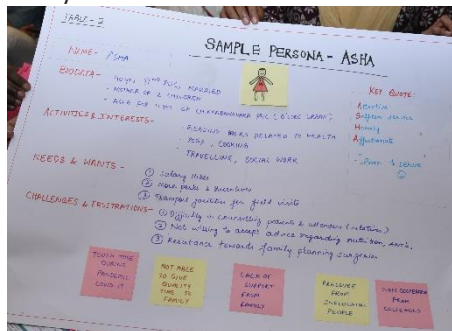
**STAGE 1: EMPATHIZE** - The fundamental stage for understanding people within their context, caring about them, and knowing their needs, emotions, motivations, and experiences to come up with meaningful solutions to a particular problem. During this stage, participants mapped key stakeholders, developed personas of the stakeholder, and mapped stakeholders' journey to provide cesarean deliveries.

**Stakeholder Mapping:** During this exercise, participants listed all stakeholders relevant to the design challenge and explained why they might be critical, important, or peripheral actors in the cesarean delivery. The critical stakeholders mapped are – Obstetricians, Anesthetists, OT Nursing Officers, OT Technicians, and Pediatricians (Picture 1).



Picture 1. Stakeholder map by a group

**Stakeholder Persona:** As groups, participants then created a realistic portrait of a specific stakeholder, and identified their goals, characteristics, and attitudes. For example, the persona of an ASHA (Picture 2) was described as a 40-year-old married mother of 2 children. She has completed 2<sup>nd</sup> PUC (Pre-University Course) and is posted as an ASHA for the past 11 years at a Primary Health Center (PHC). She likes reading books on health, traveling, yoga, cooking, and social work. She faces challenges in counseling patients and their families as they are not ready to accept advice. She faced a lot of difficulties during COVID, was not able to give proper time to her family, and lacks support from family and colleagues.



Picture 2. Persona of ASHA

**Stakeholder Journey Mapping:** As groups, they then created a visual storyline of the stakeholder's journey arc to enhance one's understanding of the stakeholder's overall beliefs and motivations. For example, the journey of a healthcare provider (Picture 3) includes the events that occur (such as an injury during discharge of professional duties) and her emotions during her regular work day (being unhappy due to lack of support from senior authority).



Picture 3. Journey Map of Staff Nurse

**STAGE 2: DEFINE** - The stage for attempting to clearly articulate the problem to be solved, along with identifying the strengths, challenges, opportunities, and common themes.

**Box 4. 'How might we...'**  
A guiding statement for reframing challenges into opportunities.

During this exercise, participants listed all the positives (as roses), negatives (as thorns), and opportunities (as buds) related to the design challenge. For example, the Staff Nurse group identified insights such as 'patients have fixed ideas and insist on vaginal birth' and 'group activities at the facility level can integrate messaging to normalize CD'.

Finally, participants identified common emergent themes, which are then used to cluster the listed roses, buds, and thorns, as part of the affinity clustering exercise. For example, the Staff Nurse group clustered the insights into skills and capacities, enabling/disabling environment, and payouts/incentives (Picture 4).



Picture 4. Clustering of Insights under common themes

**STAGE 3: IDEATE** - The group brainstorming stage that challenges assumptions and goes beyond the "obvious," for determining possible solutions to the design challenge. During this stage, the team identified

*Crazy Eights:* Participants sorted eight best ideas (solutions) in eight minutes, first individually and then in their groups; creativity and out-of-the-box ideas were encouraged.

*Prioritization and Selection:* As groups, participants assessed the eight ideas for difficulty and importance, and selected the most relevant solution through a voting system (Picture 5).

**STAGE 4: PROTOTYPE** - The experimental stage involves building a rough draft of the best possible solution for a problem pre-identified during the first three steps.

*Draft Prototypes of Solutions:* Groups created low-fidelity prototypes of the selected solution, as highlighted below.



Picture 5. Importance- Feasibility Matrix

## PROTOTYPES

During the prototype stage, the seven groups were given the creative freedom to develop relevant prototypes a poster, model, diagram, role play, or a story that addresses the target audience, implementation strategy, and aligning with the design challenge. Prototypes generated by each group to address the design challenges are described below.

**1-Persona – ANM:** This group discussed, *“How might we ensure that the ANM delivers the right information to the clients regarding the mode of delivery which is prescribed by the treating obstetrician”*. As a solution, the group proposed a hybrid training module for ANM that includes a standard checklist for ANC and referral pathway for clients, in addition to digital tablets with social and behavior change communication materials.

**2-Persona - ASHA:** This group discussed, *“How might we dispel the commonly held myths and misconceptions regarding CDs among expectant mothers and their family members”*. The solution proposed by the group for ASHAs is a pictorial tool to counsel clients and their families to dispel myths and misconceptions related to CD. Materials may depict the risks of refusing a CD versus the benefits of a medically indicated CD.

**3-Persona – Staff Nurse:** The group discussed, *“How might we enable the staff nurse to effectively counsel the client and family about safe delivery”*. The solution proposed by the group is a package of facility-level activities to build rapport with the client and normalize medically indicated CD. Activities may include counseling during ANC visits, games and gifts for couples, and peer testimonials.

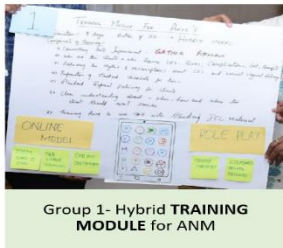
**4-Persona – Community Health Center (CHC) Medical Officers:** *How might we enable the CHC Medical Officer to prepare the client to utilize the services available at the CHC for CD*. The solution proposed by the group is to produce an informational video with the Community Health Center Medical Officer talking about the CD-related facilities and key information about the CD process.

**5-Persona – Private Medical Practitioner:** This group discussed, *“How might we build a strong relationship between private medical practitioners and clients to ensure patient safety”*. The solution proposed by the group is to improve messaging and awareness regarding CD and create a standard model at a private health facility, including specialized counseling space for building trust between the doctor and the client.

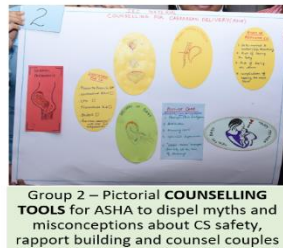
**6-Persona – Medical Officer, Primary Health Center (PHC):** This group discussed, *“How might we enable the Medical Officer to educate the client for bringing an attitudinal change towards referral to a higher health facility for a medically indicated cesarean delivery”*. The solution proposed by the group is to improve referral counseling services between the Medical Officer or staff nurse and their clients during emergency CD situations.

**7-Persona – Staff Nurse:** This group discussed, *“How might we enable the staff nurse to guide and prepare the client and her partner about the type of delivery indicated medically, whether normal or via the cesarean section”*. The solution proposed by this group is to develop a Mobile Application to facilitate regular and timely information sharing through the digitalization of all patient records; enabling easy access to patient records from the time of ANC registration till delivery.

## SEVEN PROTOTYPES PROPOSED BY THE GROUPS FOR SEVEN PERSONAS



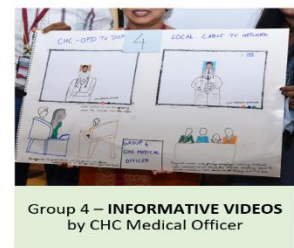
Group 1- Hybrid **TRAINING MODULE** for ANM



Group 2 – Pictorial **COUNSELLING TOOLS** for ASHA to dispel myths and misconceptions about CS safety, rapport building and counsel couples



Group 3 - **FACILITY LEVEL ACTIVITIES PACKAGE** to build rapport with client and normalise CD



Group 4 – **INFORMATIVE VIDEOS** by CHC Medical Officer



Group 5 – **PRIVATE COUNSELLING SPACES** and waiting area



Group 6 - Role Play on **REFERRAL COUNSELLING** of client by MO and Staff Nurse in the event of emergency indications for caesarean delivery



Group 7 - **DIGITAL APP** for enabling a CD audit and smooth transfer of information from ASHA to MO




## LESSONS LEARNED

1. Buy-in and involvement of critical stakeholders across multiple departments from the beginning of planning stages was key to an engaged participant group.
2. Setting the context, involving ground-level health staff, and use of realistic examples throughout each step made the design thinking process relevant and relatable.
3. Encouraging participants to have trust in the process (both at the facilitator and participant level) supported end outcomes.
4. Customizing the duration and agenda of the workshop as per participants' availability enabled complete and full attendance without concern about the loss of professional time and benefits.
5. Participatory processes ensured the involvement of the participants throughout the workshop and enhanced their understanding of the process.
6. Making the workshop experience novel aroused the interest of the participants in the process and its outcomes.
7. Ideating and prototyping were skills the participants had not consciously been using earlier.
8. The workshop helped participants look at the problem from the client's viewpoint, making empathy the cornerstone of the entire process - a perspective they had not had earlier.
9. Participants realized the value of replacing set patterns of thinking with unusual 'out-of-the-box' ideas to find solutions that use new technologies.

## CONCLUSION AND NEXT STEPS

During this MOMENTUM-led workshop with providers across several cadres in Karnataka, India, participants were led through the design thinking process to generate solutions focused on reimagining the experience of clients seeking CD and EmOC services at the facility. Seven solutions emerged from the workshop which will be further evaluated and shortlisted in consultation with the state health department. After deciding on which prototypes to shortlist, the project will develop low-fidelity designs of the prototypes and create an action plan including how, where, and with whom the prototypes will be tested (Stage 5). The prototypes will be tested according to the action plan in select health facilities in Karnataka. Thereafter, testing feedback will be shared and incorporated into further revisions of the prototypes.

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