Project Theory of Change (Logic Model)
Supplemental Figure 1

Development phase
1. Identify evidence via lit review, relevant stakeholder consultations, assess contextual realities and need.
2. Improve the intervention design with the aim to effect real world change
3. Embed intervention within the context

Intervention coordinators and facilitators and CHW
1. Assess health facility using SARA
2. Community is aware of the project (health care providers, pregnant women and families and existing community development groups

Feasibility and pilot testing the procedure
1. Estimate retention and recruitment and sample size
2. Conduct formative study to identify barriers and facilitators to implementation via stakeholder meetings, key informant interviews and focus group discussions-perception and acceptability
3. Provide Evidence to link early project activities based on context and short term outcomes to refine intervention (mobile app)

Adequate project coordination and ongoing district supervision
1. Intervention health areas identify and recruit eligible pregnant women.
2. Providers enrolled participants
3. Providers able to document participants detail using PNMS

1. CHW able to identify and refer potential participants to providers for enrolment
2. CHW conduct weekly or monthly follow up
3. CHW follow up with women in using the mobile app
4. Data collectors collect data at specific time points

Women receive e-vouchers and mobile phones
1. Providers are trained on using PNMS
2. CHW trained in using the mobile app
3. Transporters trained on using GIS for geo-navigation and geo-localization
4. Women are trained in using the app
5. Feedback into the PNMS platform for refinement

1. Women receive sensitization campaigns on ANC, family planning, skilled delivery, ANC, exclusive breastfeeding
2. Women can activate GIS feature

Women receive reminder text messages

Outcome increased use of ANC visits, skilled birth delivery, family planning awareness and emergency services in the population receiving the intervention

Reduced barriers to access and utilization of RMNCH amongst rural women and improved quality of delivery of RMNCH care services in the district

Key
Assumption
Intervention
Rationale
Indicator
Outcome
Pathway

External factors-political instability
PBF roll-out in all districts