



Center For Development Services

Smart Choices for Healthy Living (Smart)

Baseline Survey Findings

Maternal and Child Health Integrated Program MCHIP/Egypt

Center for Development Services
4 Ahmed Pasha Street, 10th Floor , Garden City, Cairo, Egypt
Tel: +20227957558. Fax: +20227947278
URL: www.cds-mena.org

Agenda

- 1. Introduction, Methodology and Preparation**
- 2. Quantitative Survey**
- 3. Qualitative Survey**
- 4. Health Facility Assessment**
- 5. Conclusion**



Introduction

- USAID through MCHIP Egypt has provided funds to Save the Children, to implement the Smart Choices for Healthy Living (Smart)
- SMART is targeting two governorates in Lower and four governorates in Upper Egypt
- Center for Development Services (CDS) was contracted to conduct Baseline Assessment of the SMART program



SMART Program Objectives

- Ensure that communities are able to utilize community-based strategies and approaches to improve maternal and child health, neonatal health, and nutrition issues
- Builds the selected communities' capabilities to take charge of their own health by empowering them with the information and skills they need to achieve their health goals



Baseline Assessment Objectives

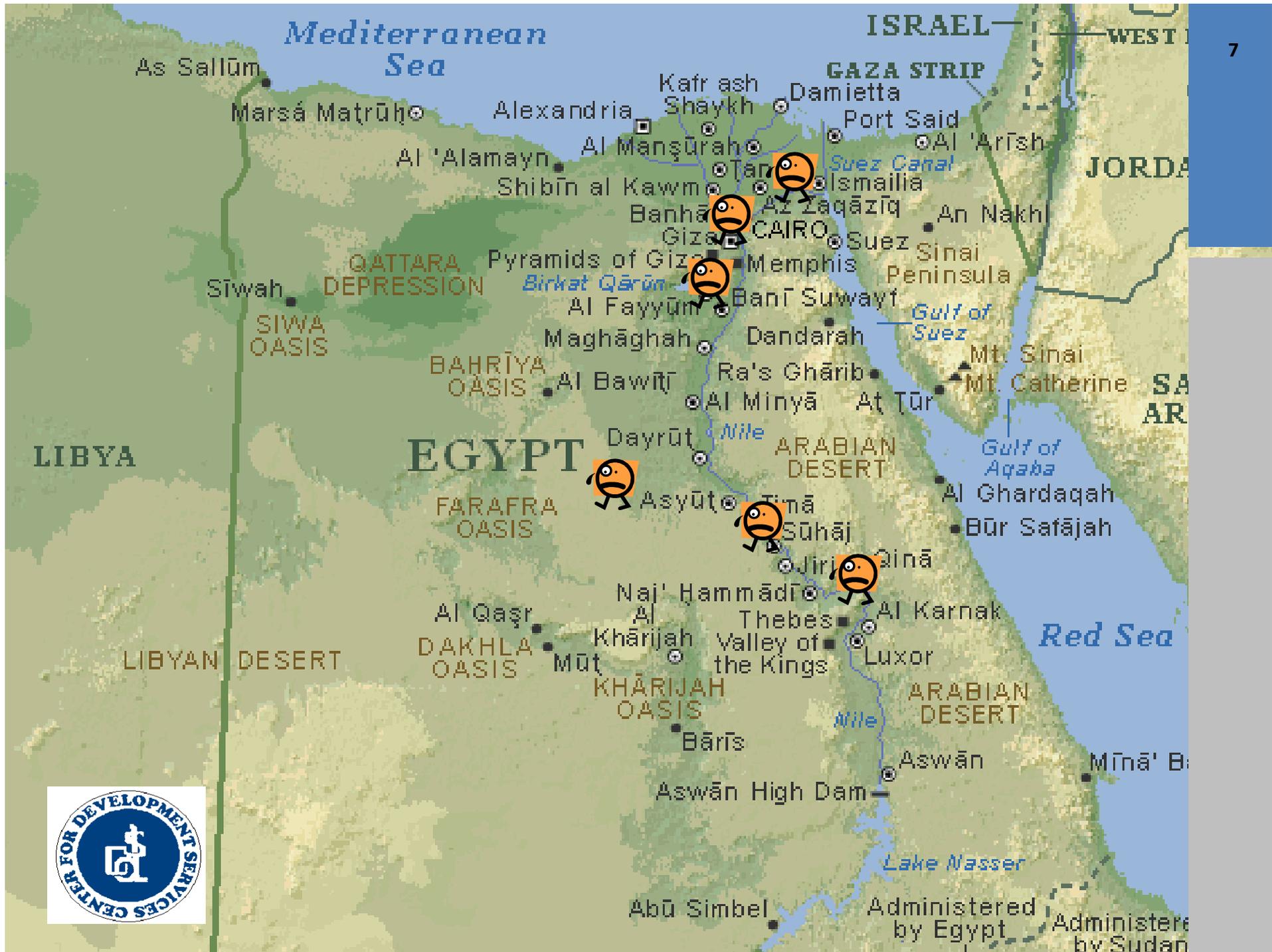
- The availability and quality of maternal, neonatal and child health and nutrition services provided by the community based clinics, in terms of MNH-FP nutrition services
- Mothers' knowledge and behaviors, including utilization of MNH-FP nutrition services to protect the health of their children
- The capacity and past experience/results achieved of 12 umbrella CDAs in developing and implementing MNH-FP nutrition activities in their communities



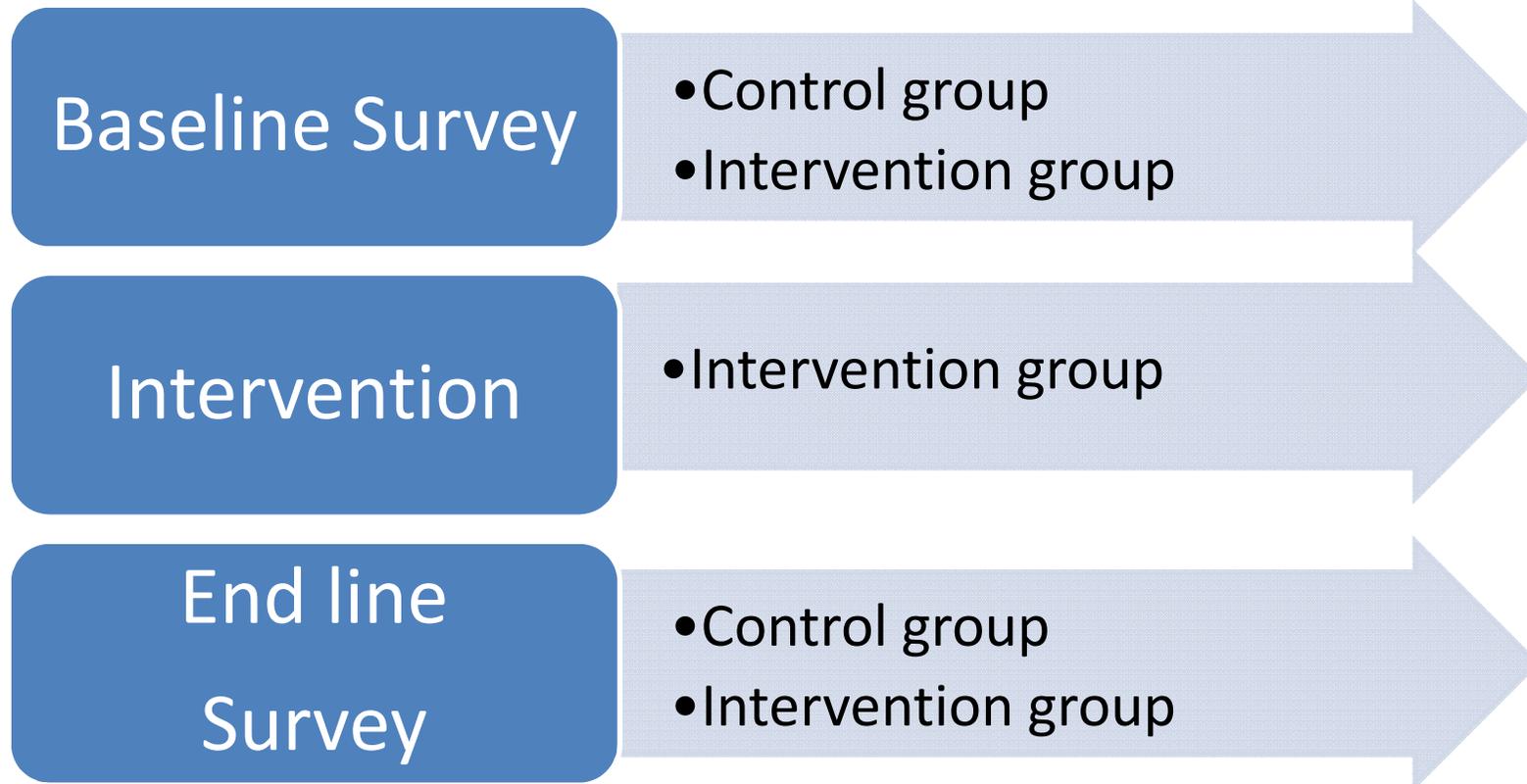
Baseline Assessment Objectives

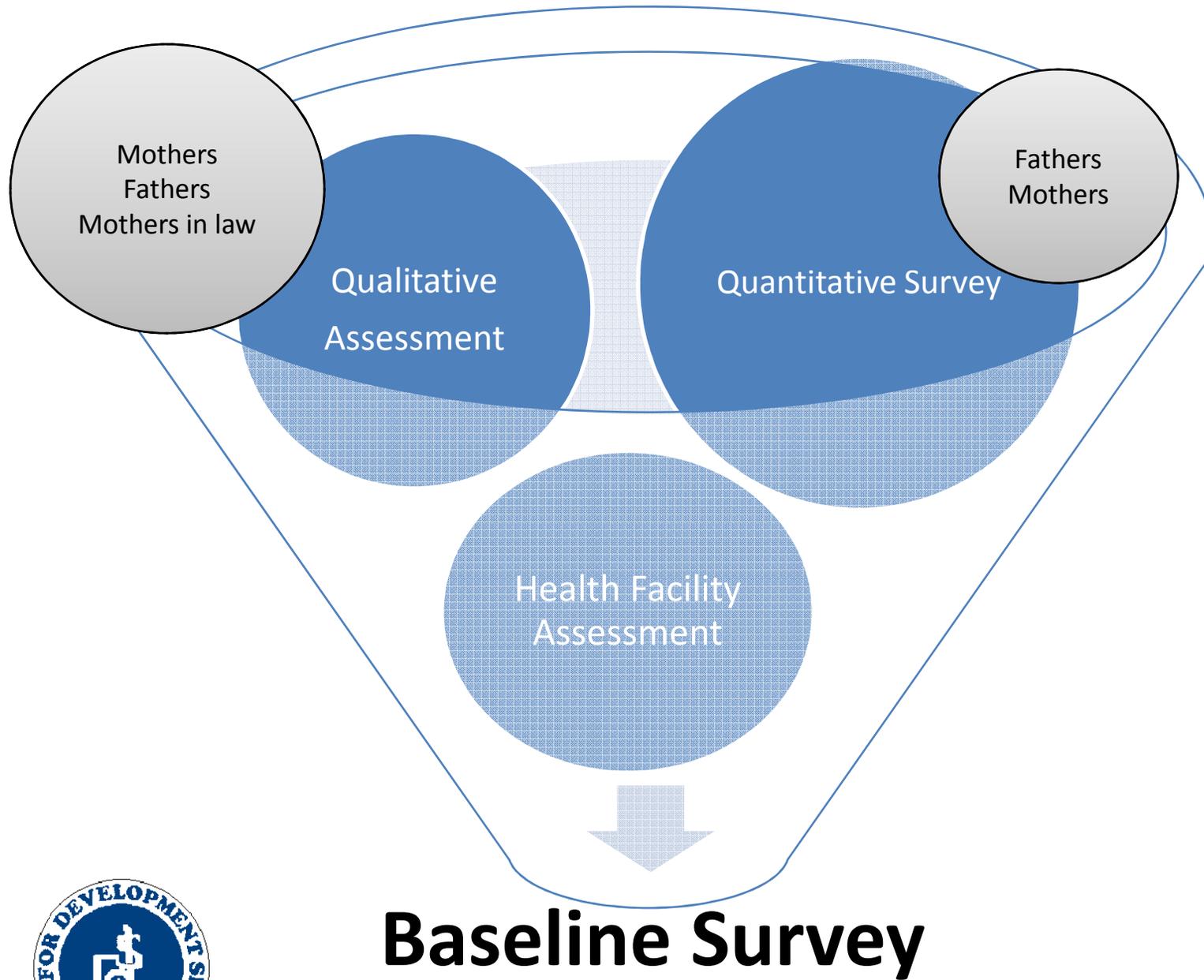
- The knowledge and behaviors of women and mothers about danger signs in mothers and newborns and causes of stunting and neonatal mortality
- Understand roles of men and mothers-in-law in decision making for MNH-FP and Nutrition
- The awareness of the community with the roles of gender in improving MNH-FP nutrition outcome





Evaluation Design





Baseline Assessment Tools

- Survey questionnaires



Quantitative

- Focus Group Discussions



Qualitative

- In Depth Interviews
- Observation checklist
- Interviews
- Survey



Health Facility Assessment



Sample Selection Quantitative survey

- Ever-married women in the age group 15-49 years with a child of age less than two years
- Ever-married men with a child of age less than two years
- Two stage cluster sample approach, “Rapid Cluster survey approach”
- Cluster selected from mother villages with probability proportional to size ‘PPS’ (systematic sampling with a random start)
- The total sample size was 12,240 eligible women and men (6,120 for each group)



Sample Selection Qualitative Survey

- 6 Focus Group Discussions were conducted per governorate
- 2 Mothers, 2 Fathers and 2 Mothers-in-law
- Each FGD included 8 to 15 participants
- Discussions were led and documented by CDS staff



Sample Selection

Health Facility Assessment

- 25 CDA based clinics
- Management interview
- 2 healthcare workers survey per facility (when available)
- 2 pharmacy staff In-Depth-Interview per governorate



Preparatory Stage

Gatekeepers Meeting



Training of Researchers

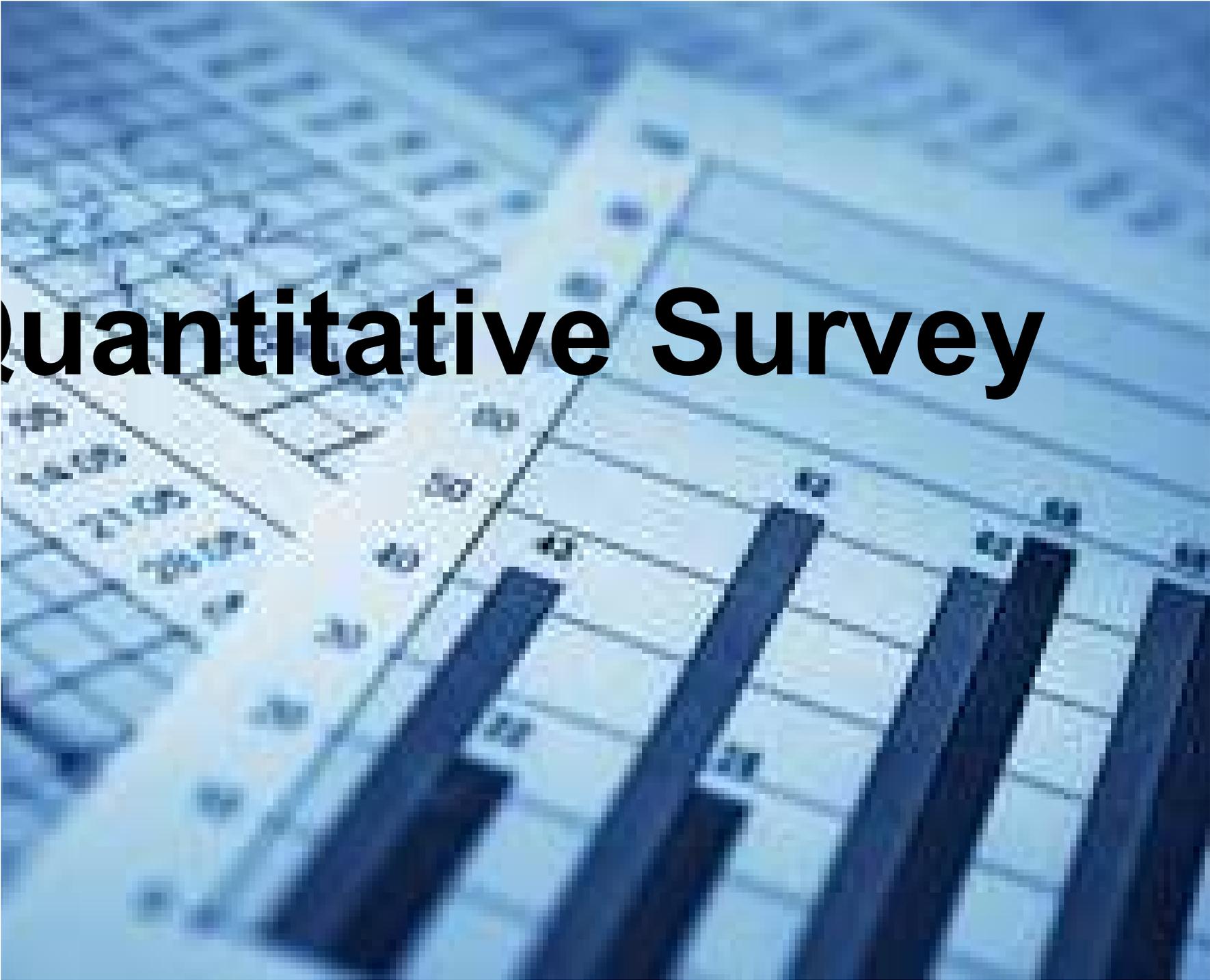
Pre Testing and Approval of the tools and the methodology



Ethical Considerations

- *Justice*
- *Respect*
- *Beneficence*





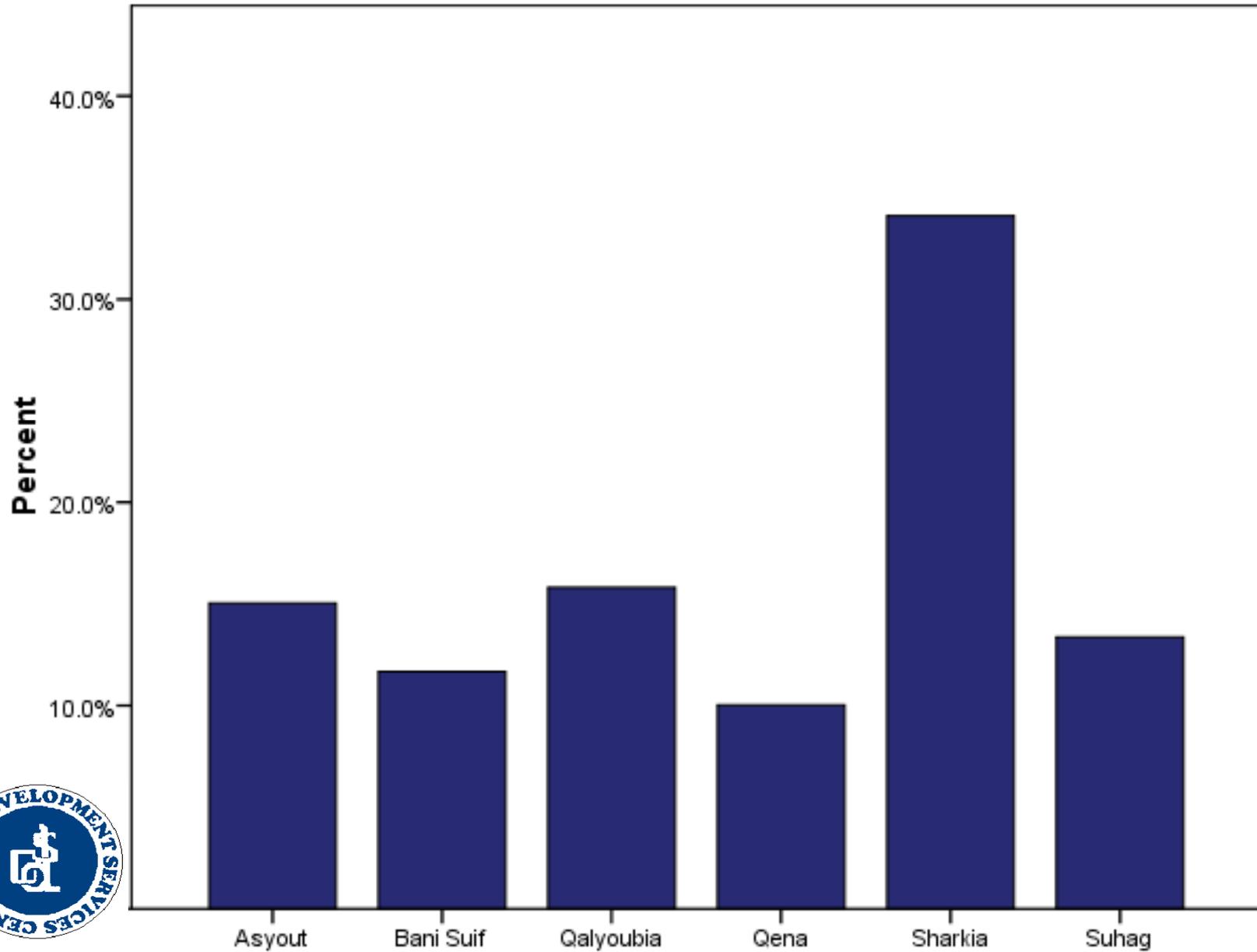
Quantitative Survey

Women Survey Results

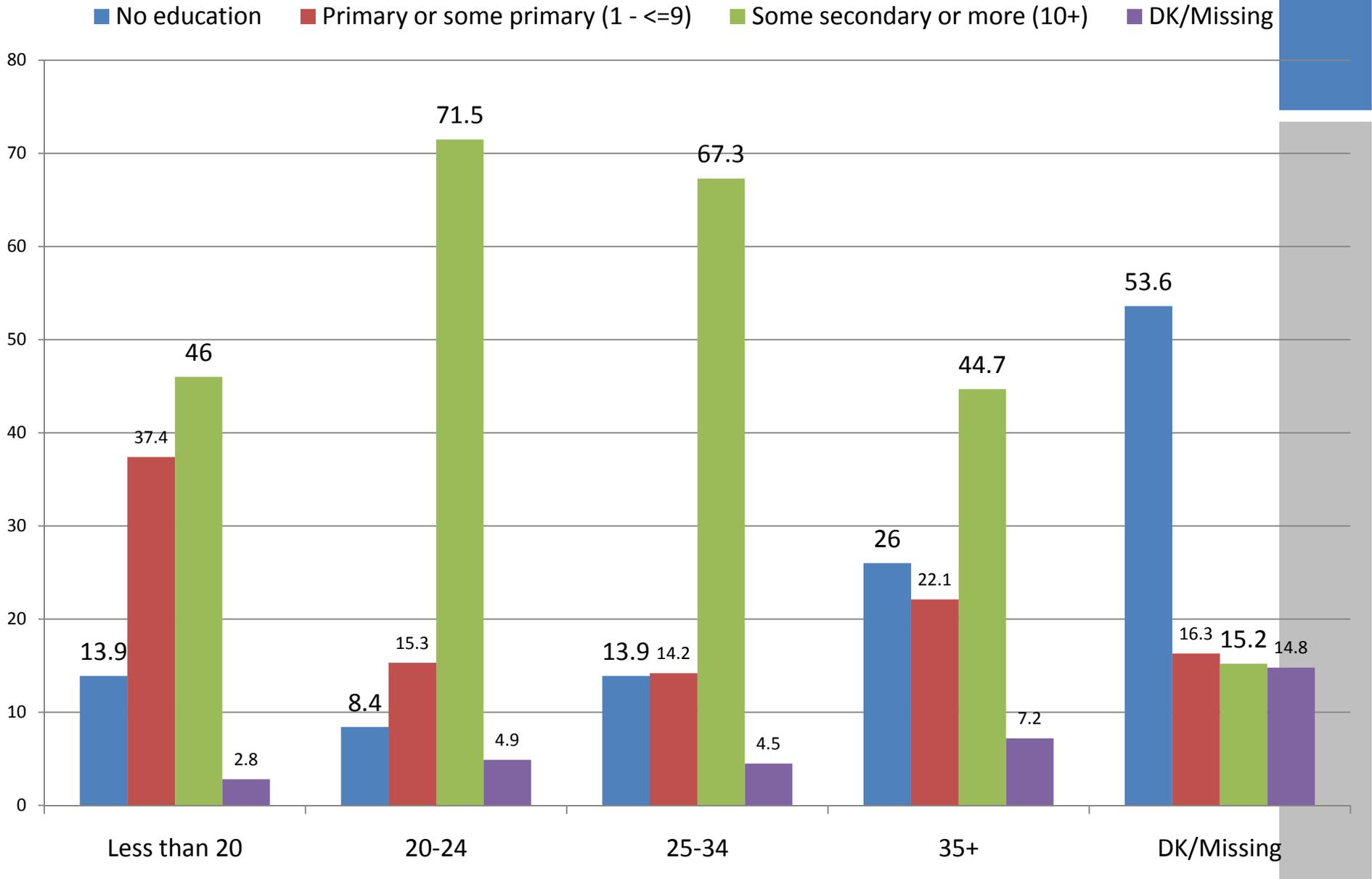


Background Characteristics - Governorate

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Background Characteristics - Years of Education



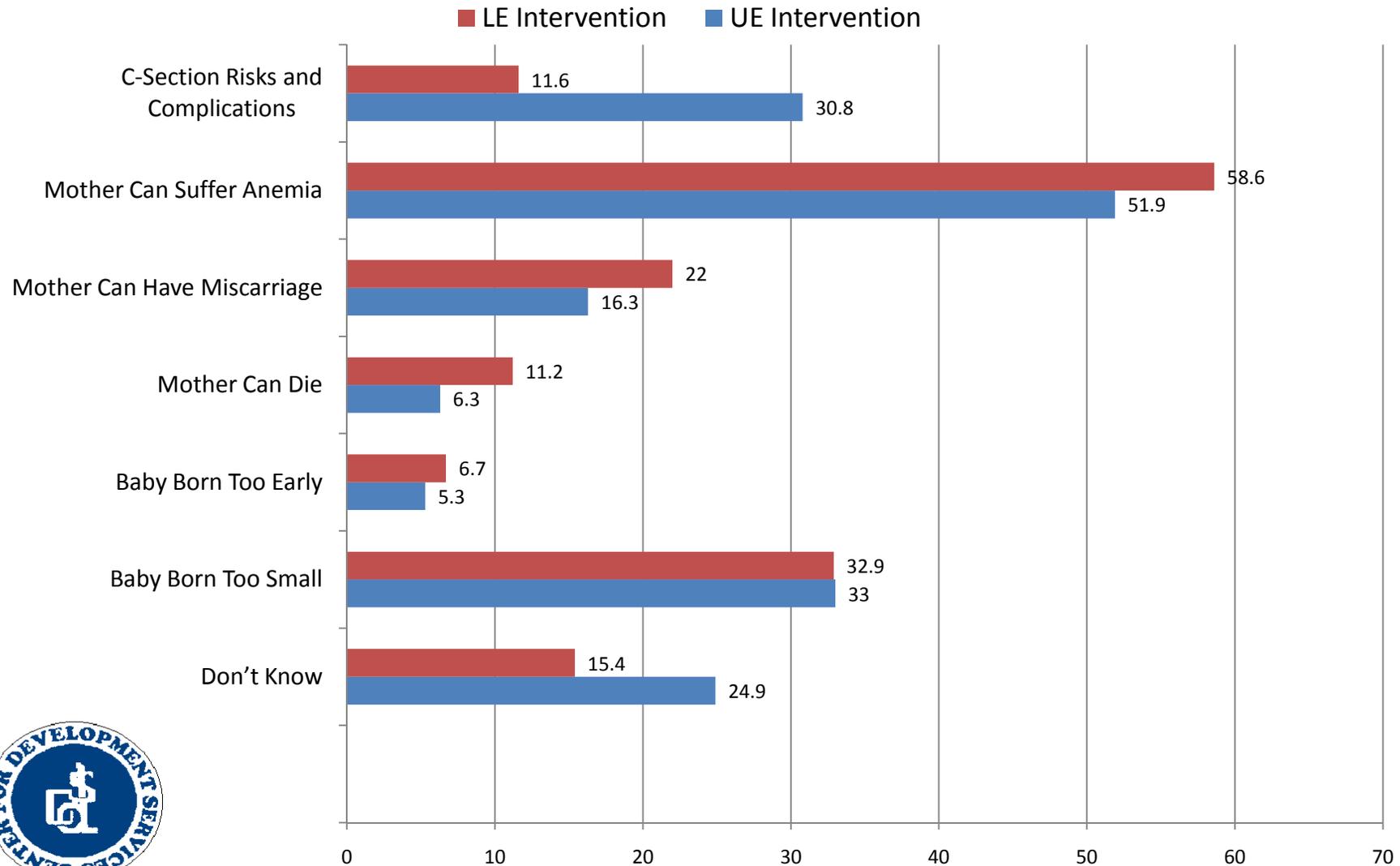
Knowledge of Health Risks Associated with Close Pregnancy

- When asked about what period of time you should wait between pregnancies, 60% stated that women can get pregnant within two to five years after last birth
- 27.5% stated that they can get pregnant within a period of at most two years
- No significant variation with age or education
- Slightly less than one fifth of the women in the sample don't know any kind of the associated health risks
- Women in Lower Egypt are more likely to know about the health risks than those in Upper Egypt



Women in Upper Egypt added that C-Section Risks

Knowledge of Health Risks Associated with Close Pregnancy – difference between UE and LE



Contraception Knowledge

- 99.5% have knowledge of at least one contraceptive method
- Older women have higher level of knowledge
- There is a difference in knowledge between educated and non educated women
- There is no significant difference in knowledge with variable education levels



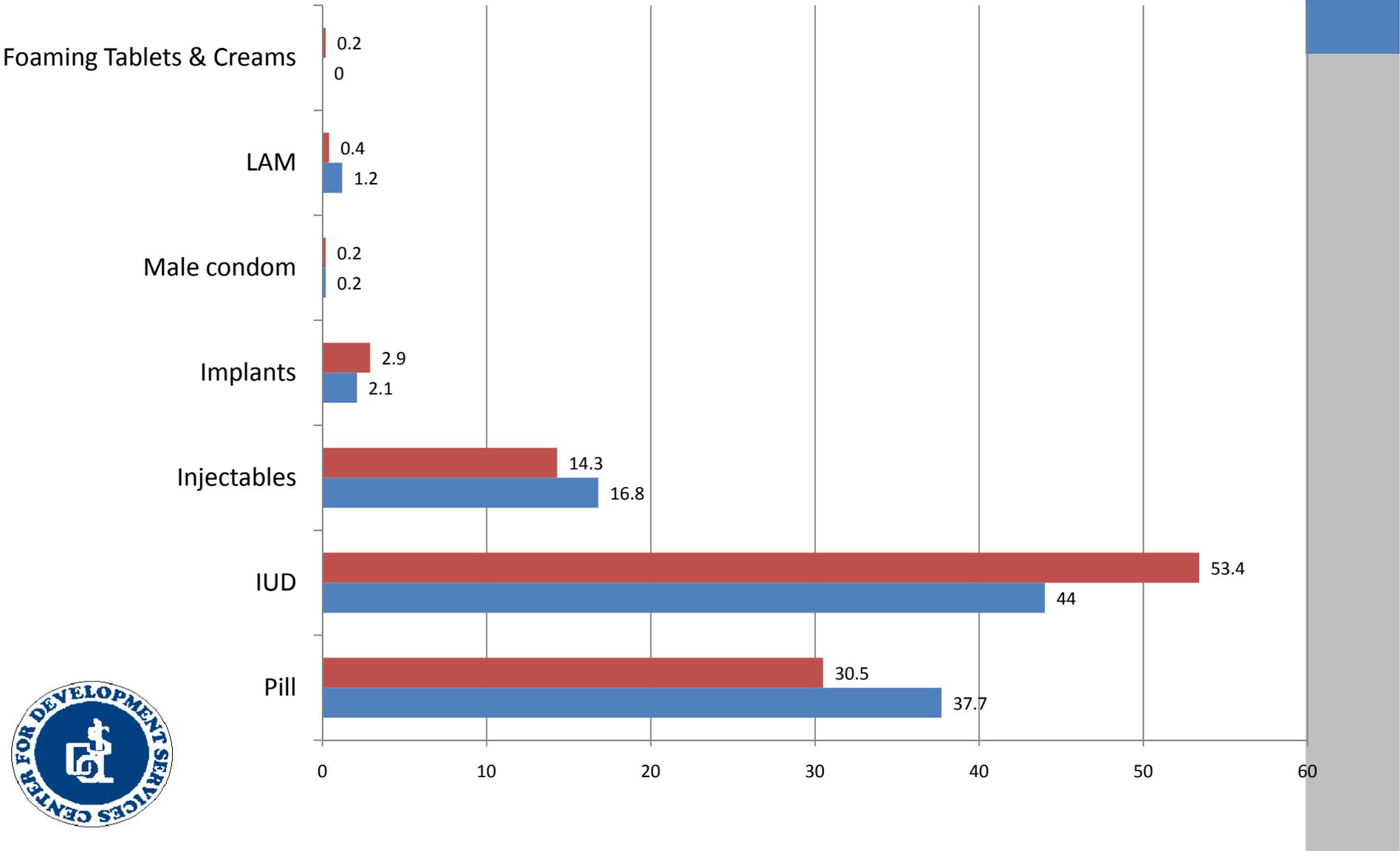
Current Contraception Usage & Decisions

- 70% are currently using contraception methods
- 100% of which are using modern methods
- Contraception usage is directly proportionate to education and age
- IDUs are still the most commonly used contraceptive followed by contraceptive pills
- About 75% of women stated that it's a joint decision between herself and her husband

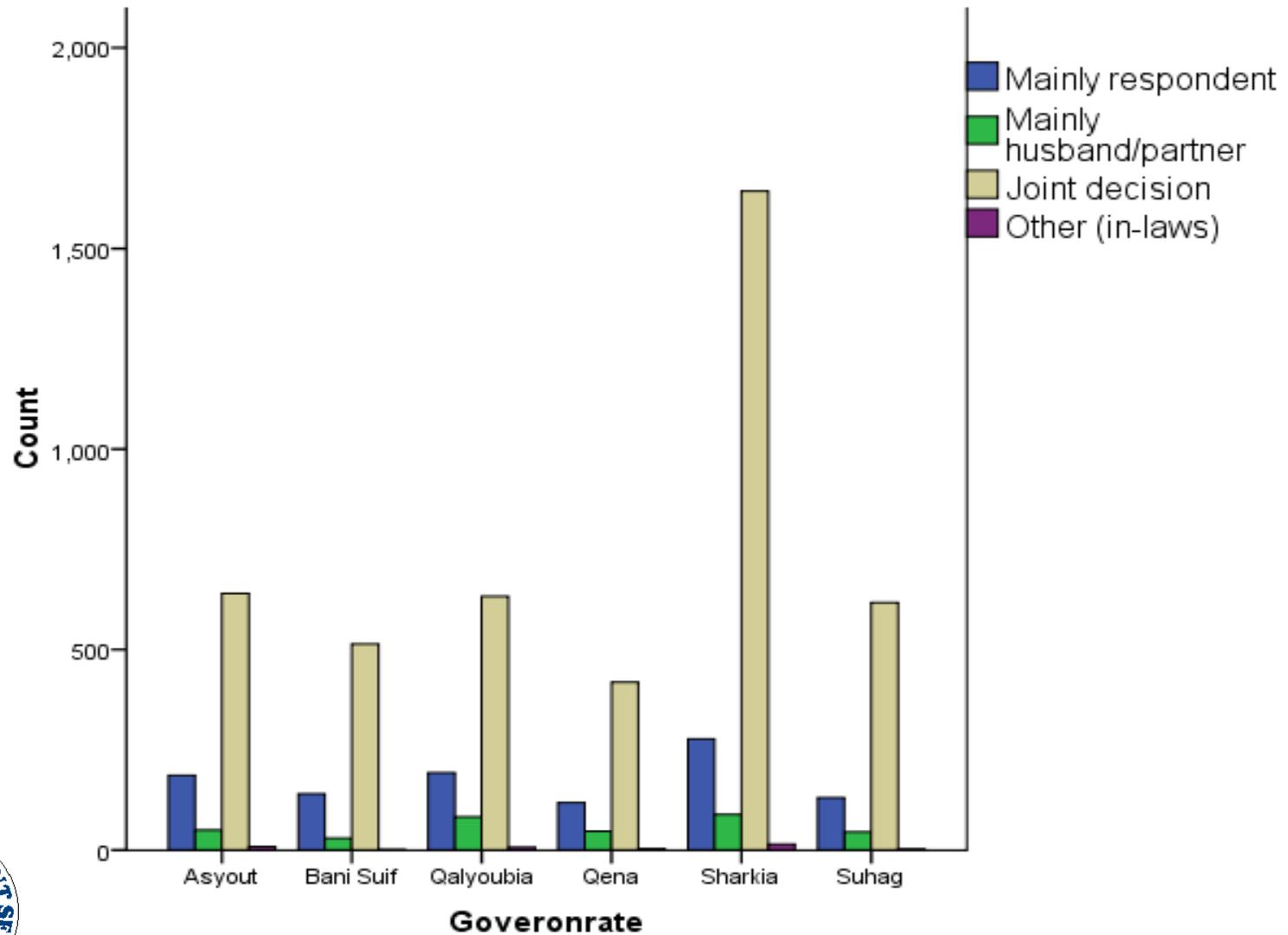


Current Usage of Modern Contraceptive Methods

■ LE Intervention ■ UE Intervention



Participation in using Contraception decisions



MATERNAL HEALTH

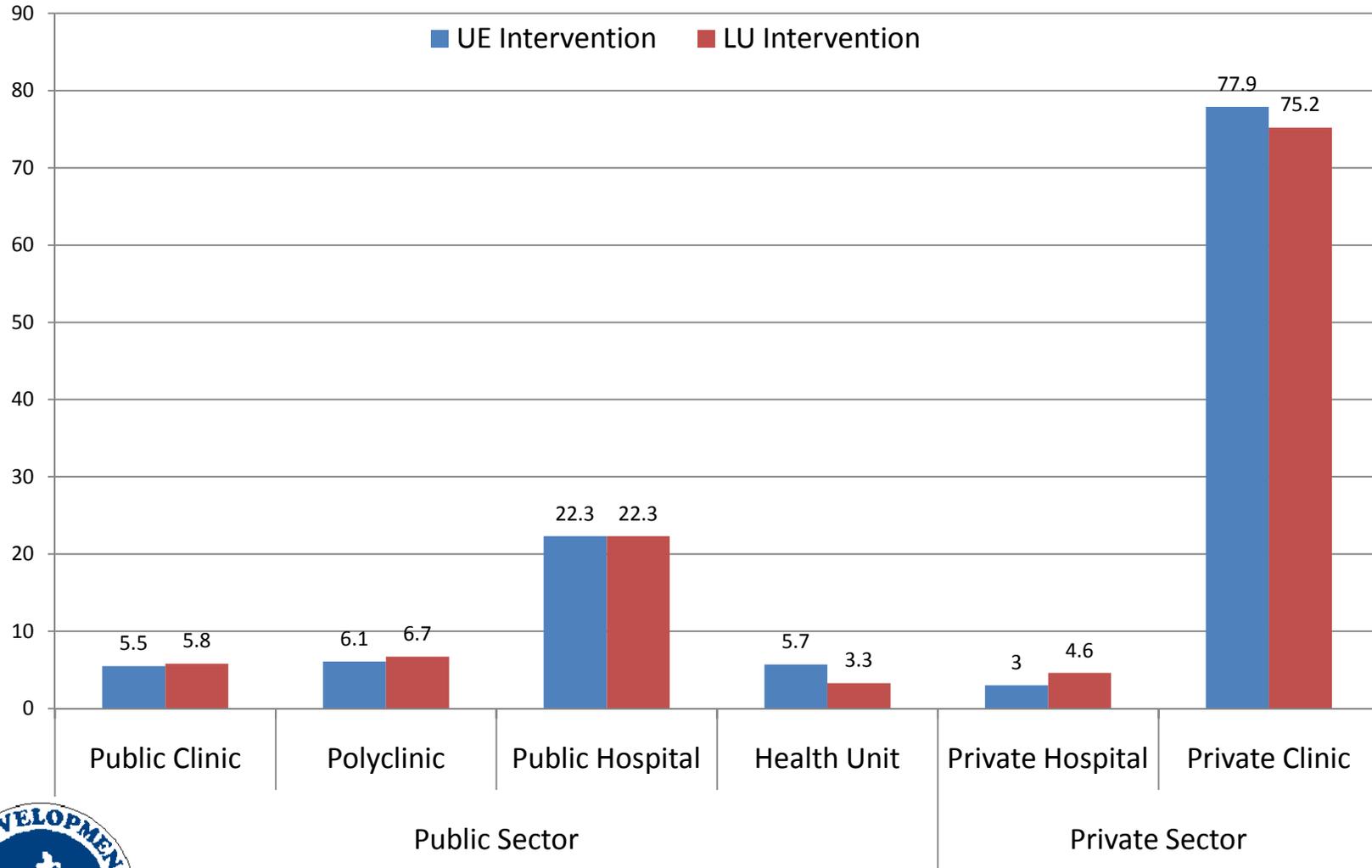


Antenatal Care

- Almost all women in the sample had ANC during their last pregnancy (99.2%)
- 79.9% received ANC from the private sector (specifically the private clinics)
- More than three quarters of women received ANC, had four antenatal visits or more
- Younger women are more likely to have more ANC visits than older women
- The higher the education level of the woman, they tend to have more antenatal visits



Sources of Care during ANC



Timing of ANC Visits

- First ANC visit occurred before the fourth month of pregnancy in 77.1% of all cases
- Women of age 20-24 (81.5%) and completed some secondary education or more (82.2%) tend to have their checkup earlier compared with other women



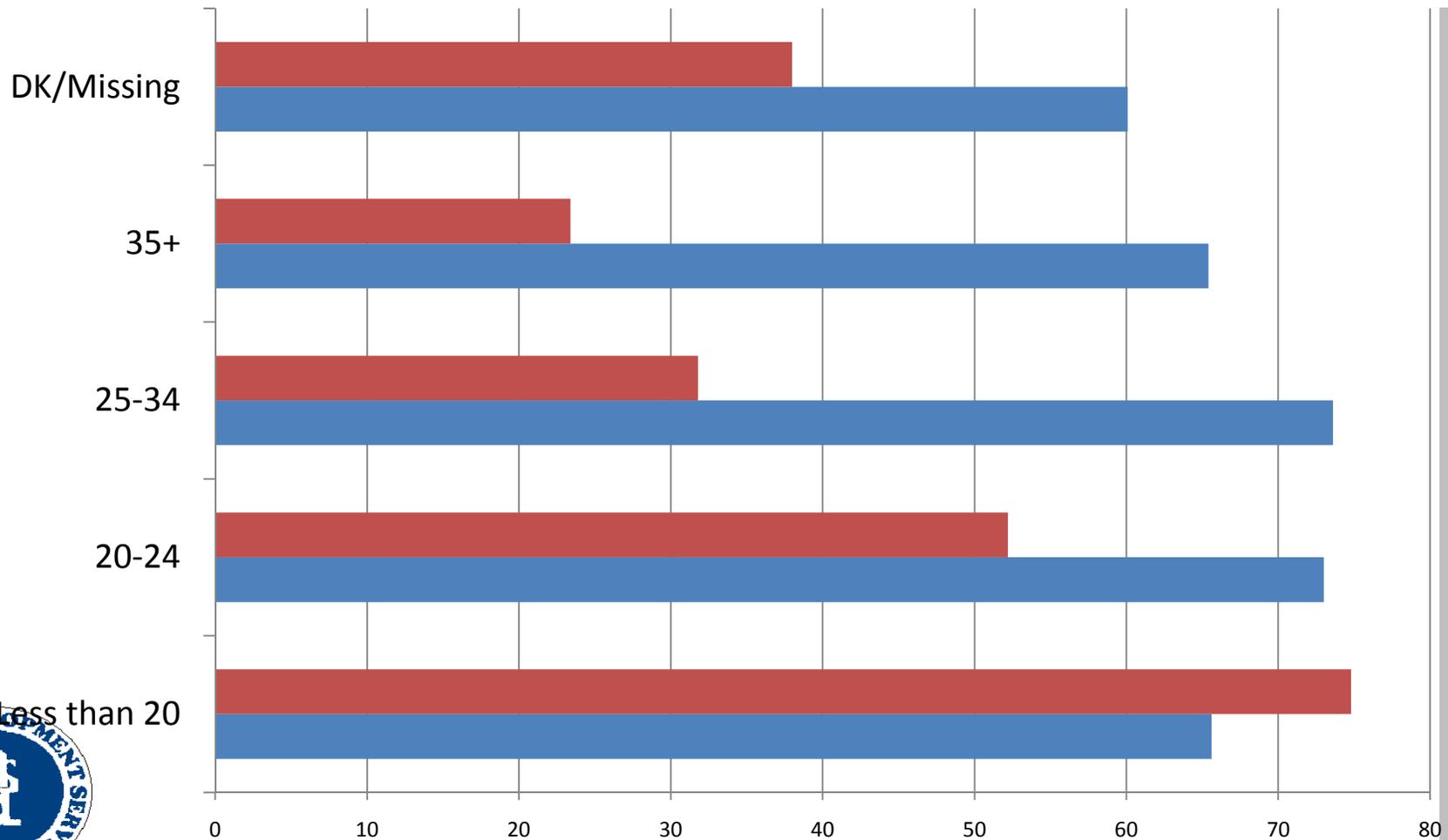
Tetanus Vaccination and Iron Tablets

- 71% of all women took iron tablets or syrup among which 50% had taken them for about a month or <
- 40.6% received two or more TT injections during pregnancy
- The higher the education level, women tend to take iron tablets and receive TT injections
- The younger the age, women tend to take iron tablets and receive TT injections



Iron and TT Intake Related to Age

■ Received two or more TT injections during last pregnancy ■ Took iron tablets or syrup

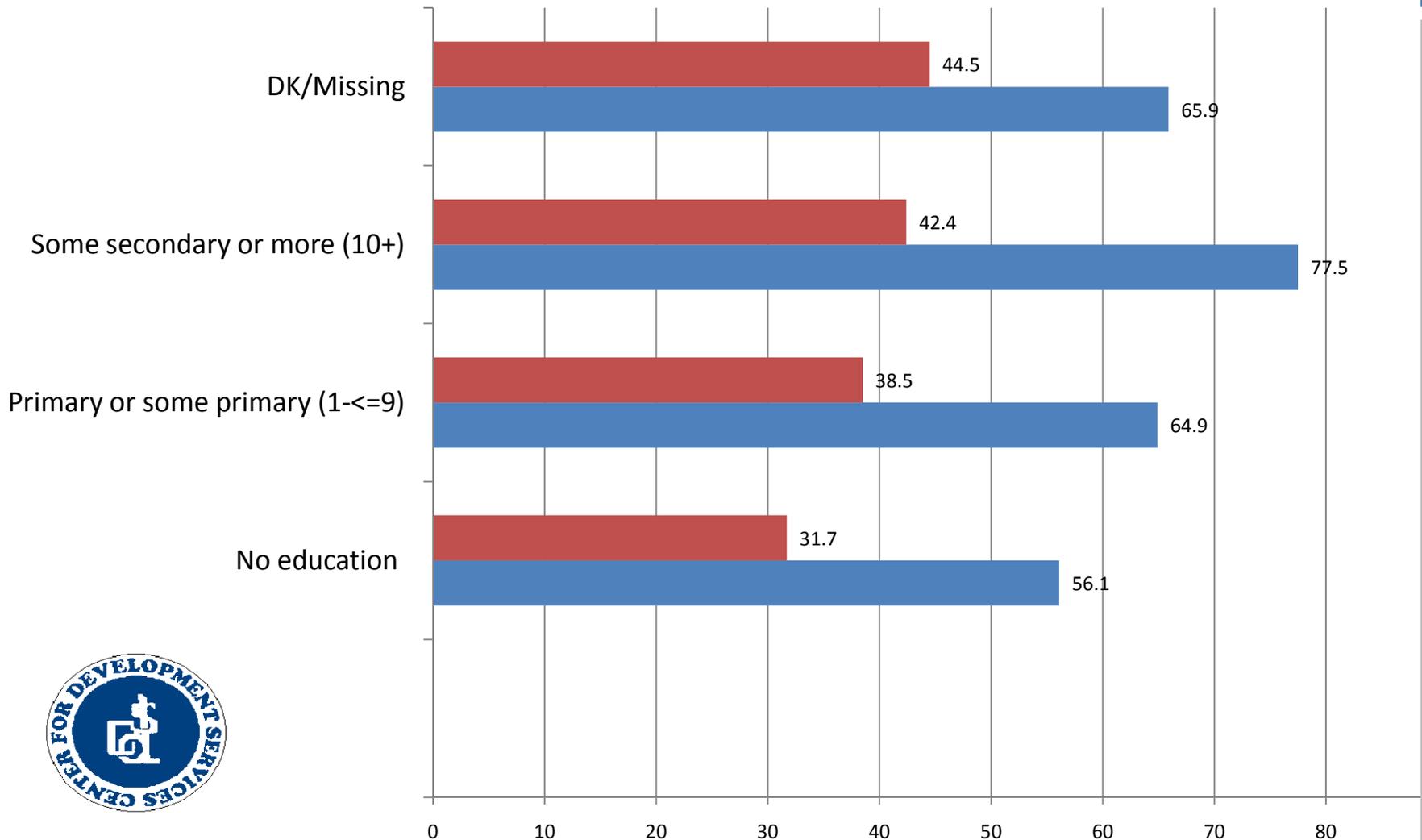


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Iron and TT Intake Related to Education

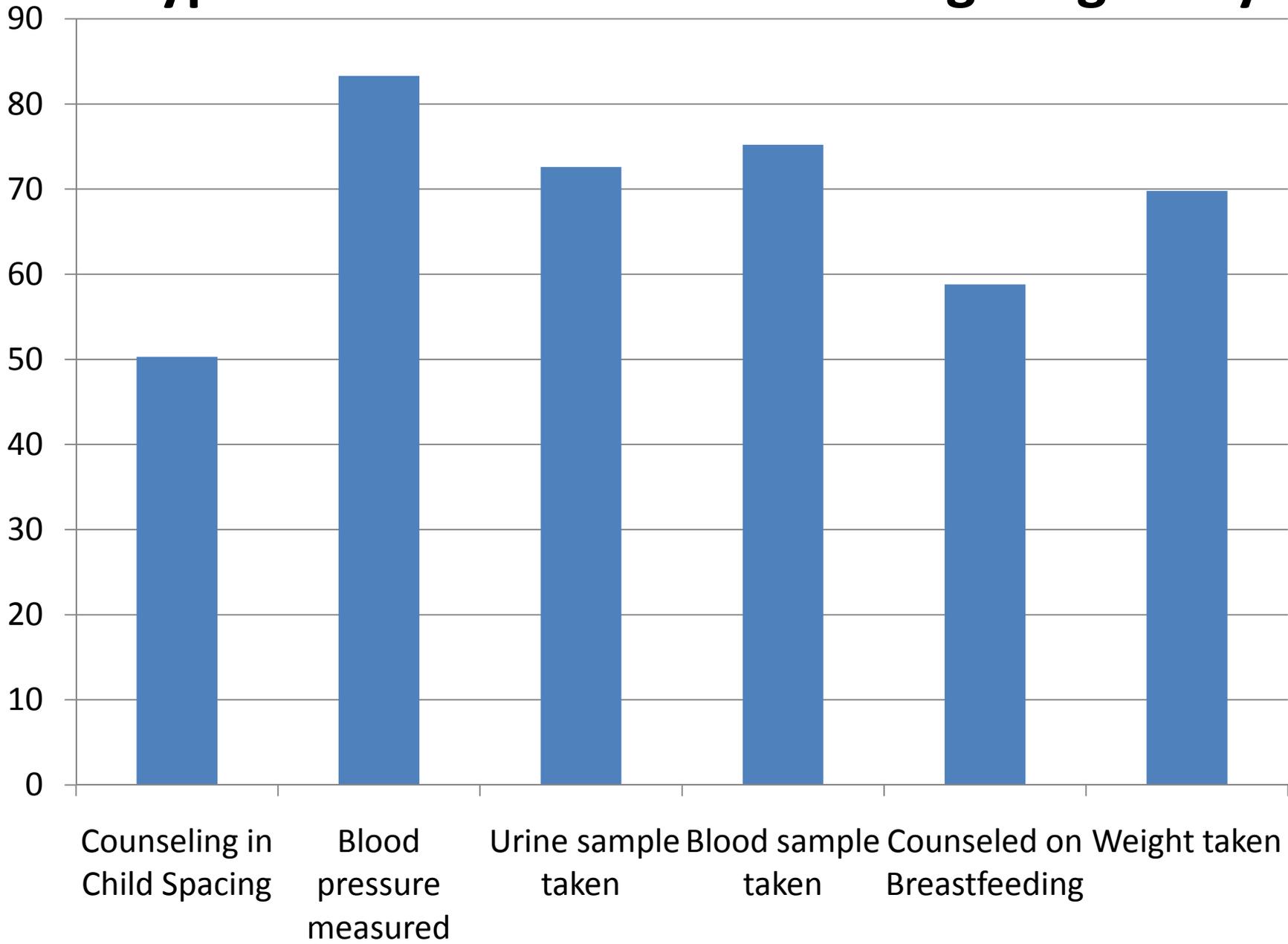
■ Received two or more TT injections during last pregnancy ■ Took iron tablets or syrup



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Types of Services Offered During Pregnancy



Knowledge of Complications During Pregnancy

- 10.2% of women stated that they don't know about any complications
- Among those who have knowledge with these complications:
 - 53.7% had knowledge about vaginal bleeding
 - 41.7% had knowledge about severe abdominal pain
 - 23.9% had knowledge about Preeclampsia & Eclampsia
 - 18.1 % had knowledge about baby stop moving
 - 1.6% had knowledge about convulsions
- No significant variation with age and education



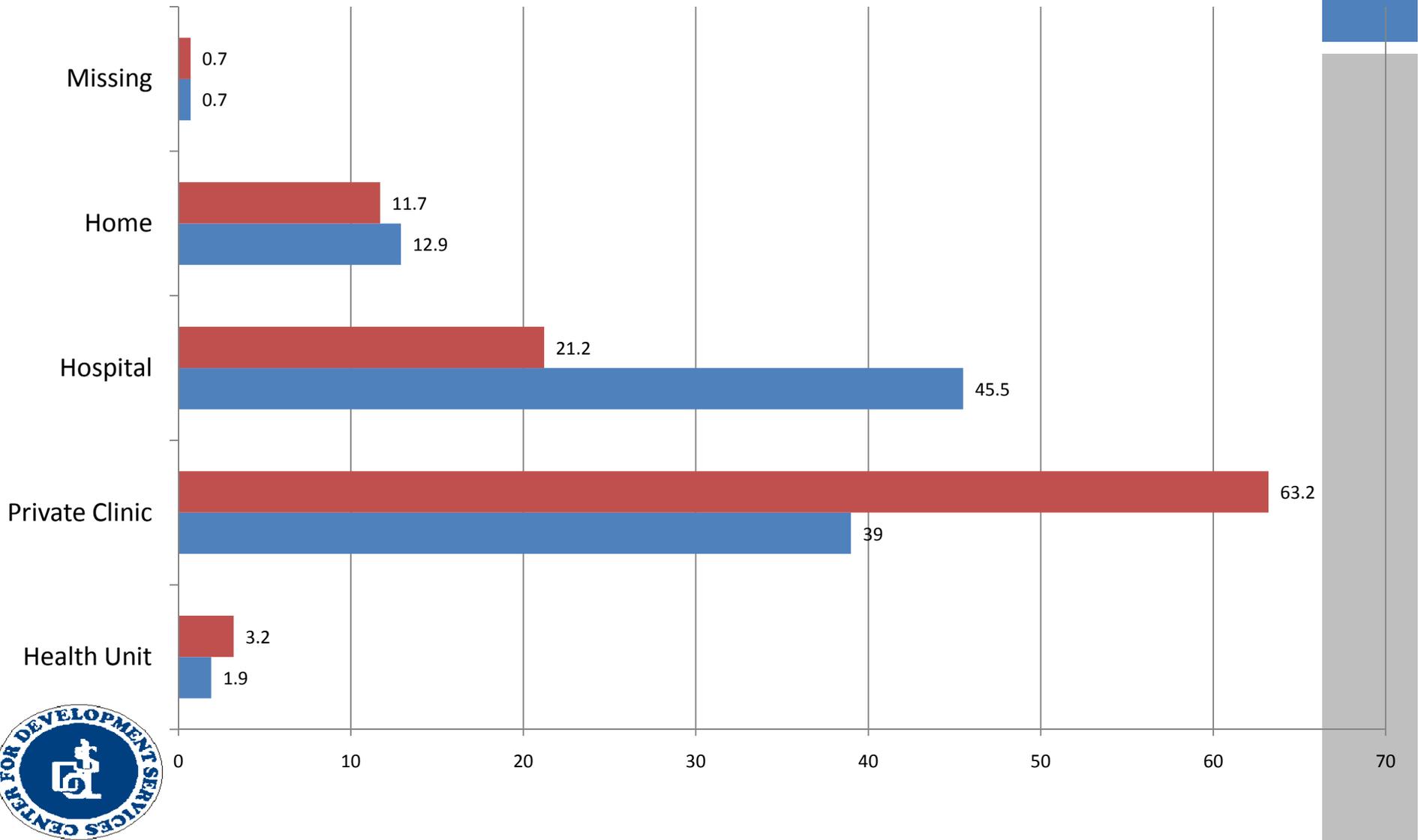
Delivery Care

- Private sector is the main delivery place with 54.7% followed by general hospitals with 30.8%
- Less women tend to deliver at home (11.7%) or use primary healthcare units (2.2%)
- 45.5% of the women in Upper Egypt delivered last baby in the hospitals compared to 21.2% delivered in the hospitals in Lower Egypt
- 62.0% of women who completed some secondary education or more delivered at a private clinic
- women with less level of education, delivered at a private facility or delivered at a hospital (about 40% each)



Place of Delivery by Region

LE Intervention UE Intervention



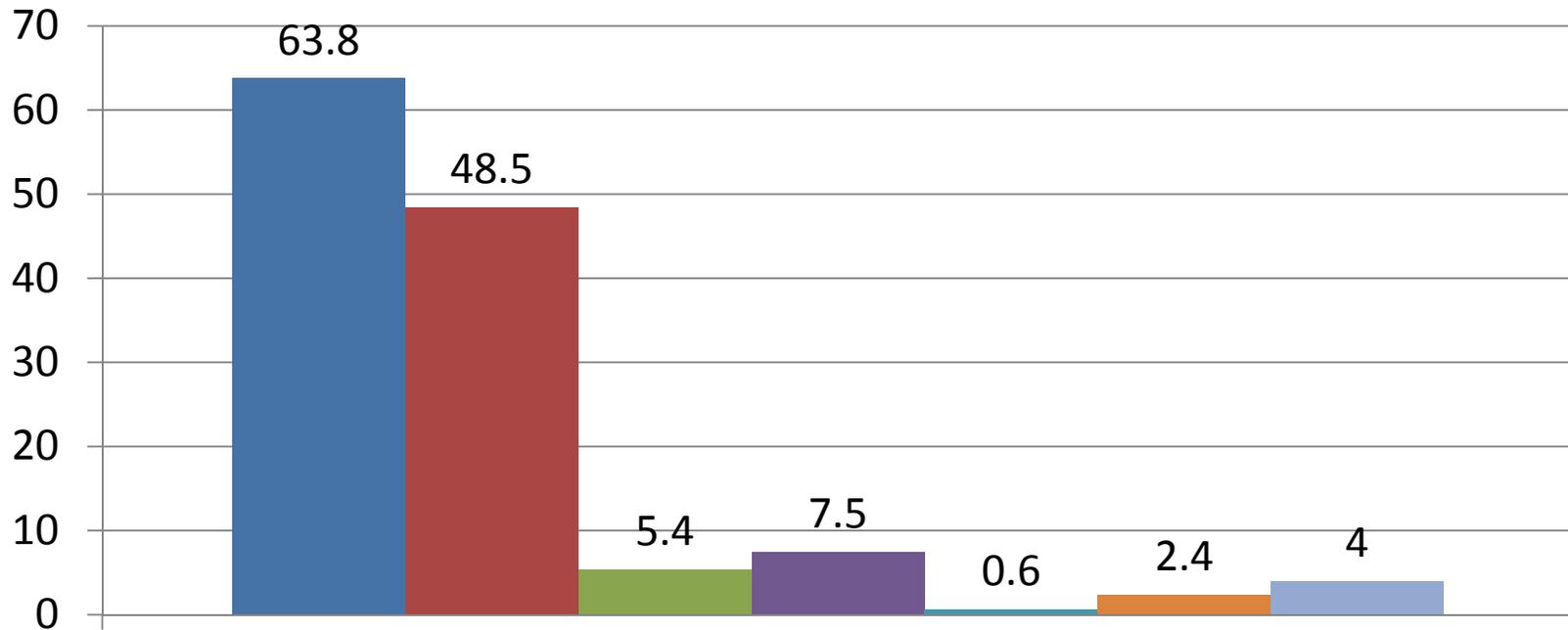
Decision of Delivery Place

- About 63.8% stated that it was her own decision
- 48.5% stated that it was the decision of the husband
- Women who had no ANC visits tend to stick to their husbands decision more than other women
- factors influencing the choice of place of delivery:
 - mainly the level of the care provided during the ANC (47.9%): the
 - opinions of trusted doctors (18.9%)
 - financial considerations (18.9%)



Decision of Delivery Place

- Mainly Women
- Mainly Husband
- Mother
- Mother-in-law
- Father in-law
- Friends/Neighbor
- Health Advisor (Visitor)



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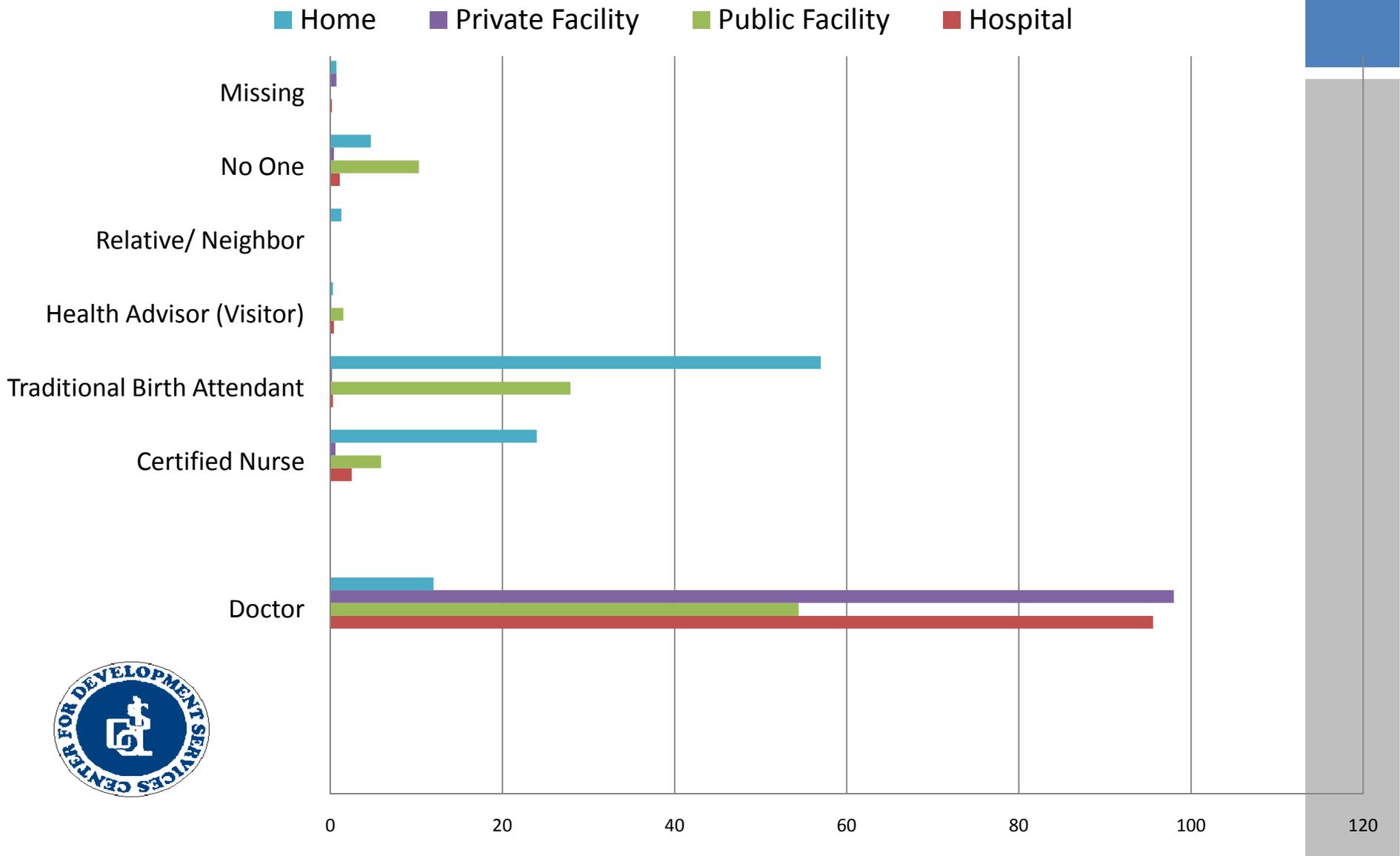


Assistance during Delivery

- 85.8% of the deliveries were assisted by a doctor
- Women who delivered at public facilities:
 - 54.4% of those were assisted by a doctor
 - 28% of those who delivered at public facilities were assisted by traditional birth attendant
- Women who delivered at home:
 - about 57% of them were assisted by traditional birth attendant
 - Less than 25% were assisted by a nurse
 - 12% were assisted by a doctor



Assistance during Delivery by Place

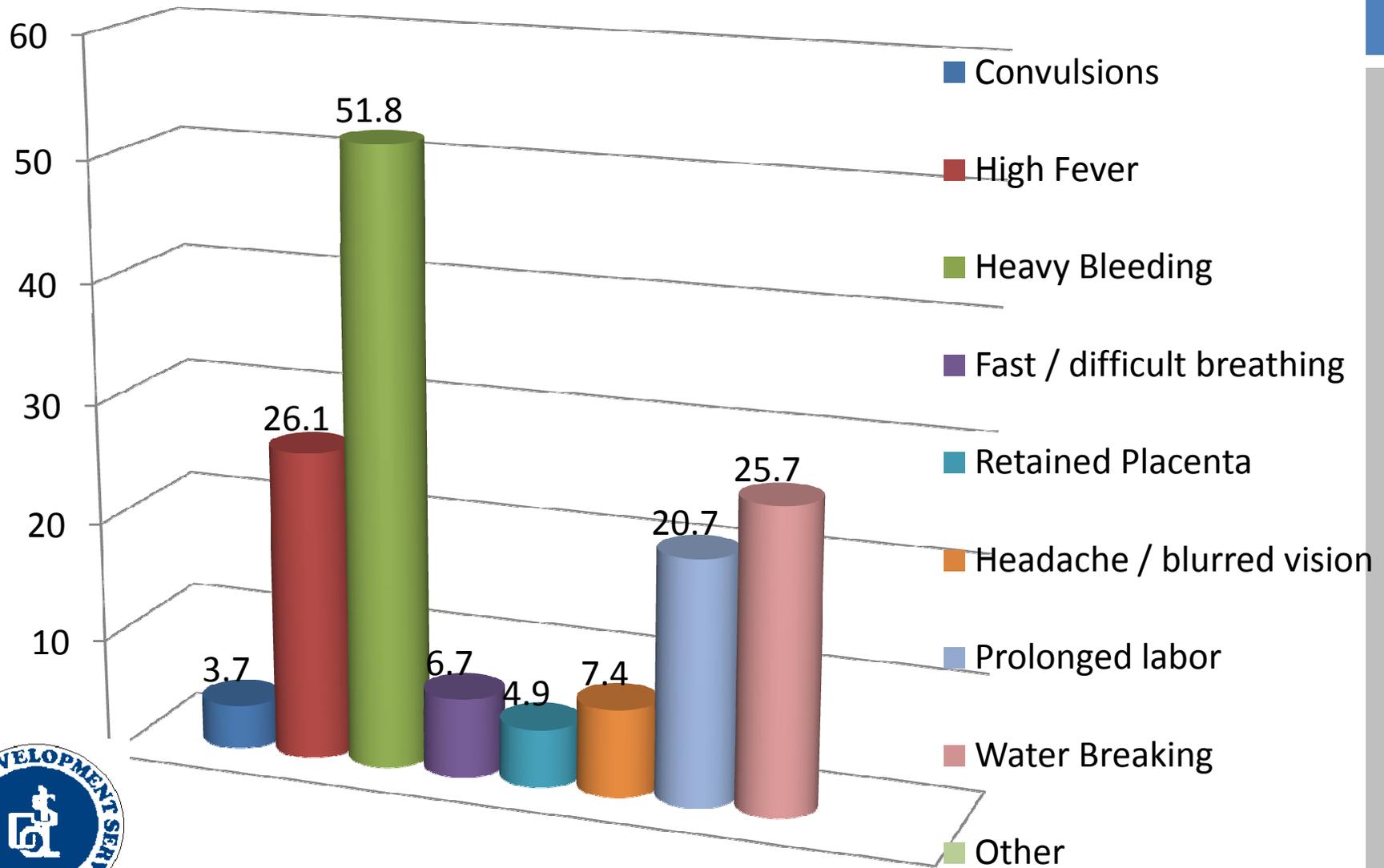


Knowledge of Complications during Delivery

- One fifth of surveyed women did not know any delivery complications
- Complications knowledge is directly proportionate to age and education
- Slightly above half of the women that didn't have ANC do not know about any complication during delivery
- Among women who know, heavy bleeding was the highest cited complication (51.8%), followed by high fever (26.1%).
- About one quarter of the women (25.7%) added water breaking



Knowledge of Delivery Complications

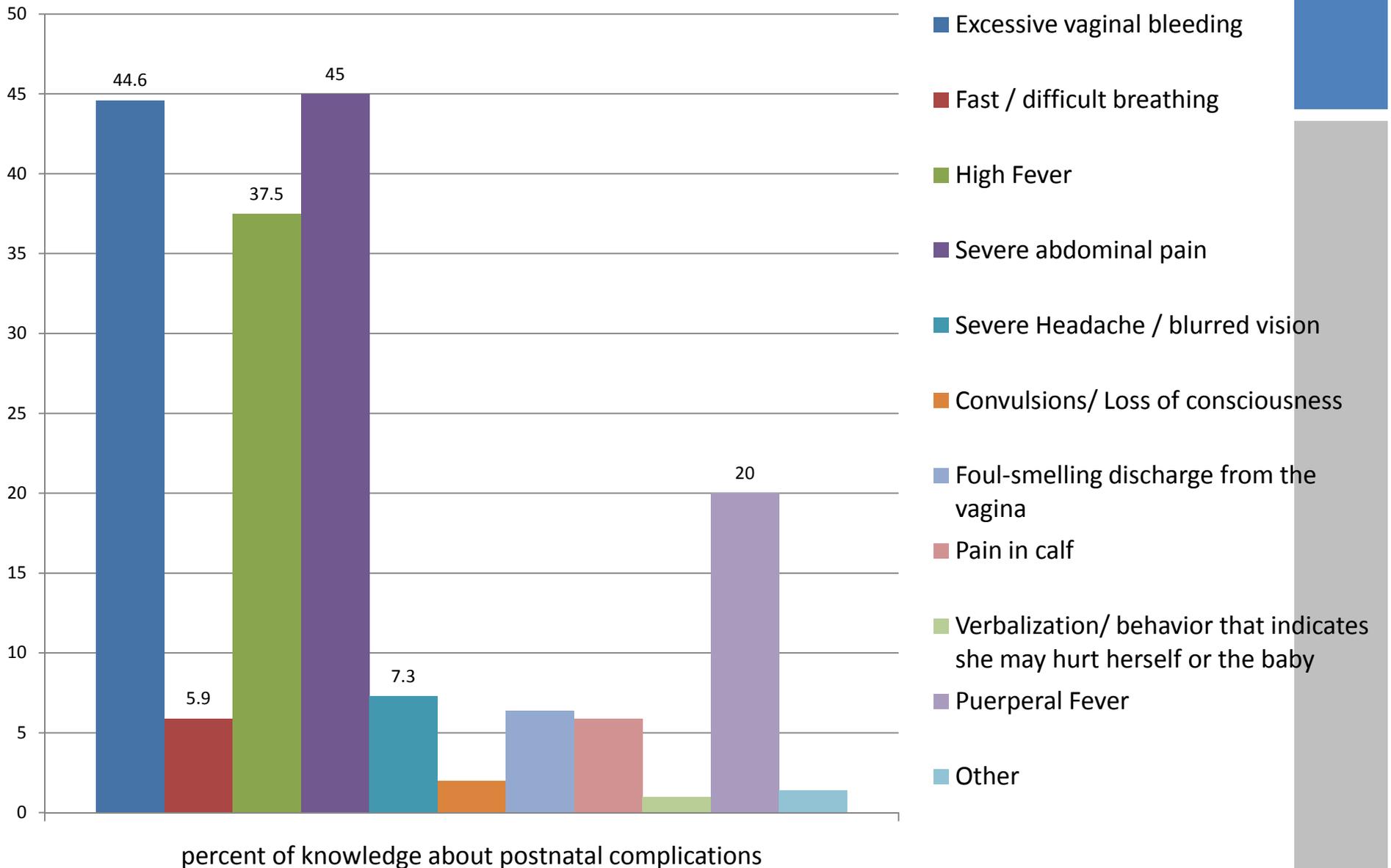


Postnatal Care

- 13.8% of all women don't know any of the complications women may encounter after delivery
- Highest cited complications were:
 - severe abdominal pain 45%
 - excessive vaginal bleeding 44.6%
 - high fever 37.5%
- Older women tend to be more knowledgeable than younger
- There is no significant difference in the knowledge between different educational levels
- Women who delivered at a public facility had the highest level of knowledge compared with those who delivered at private facilities, hospitals or home

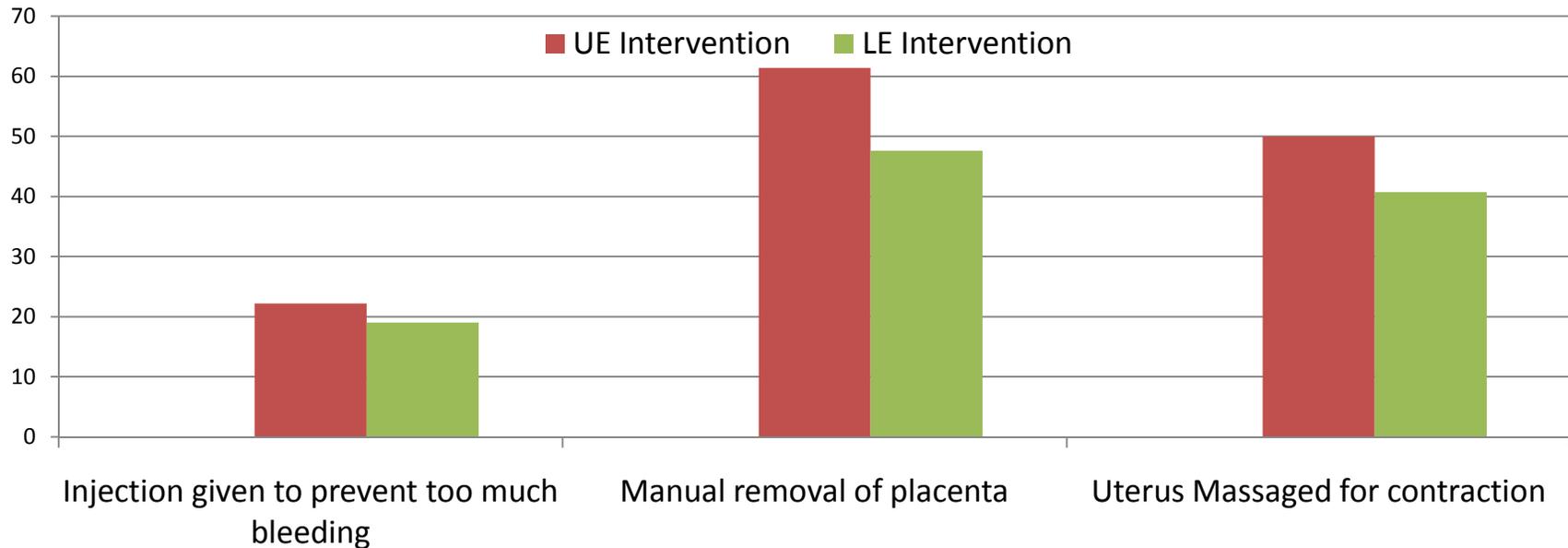


Postnatal Complications Knowledge



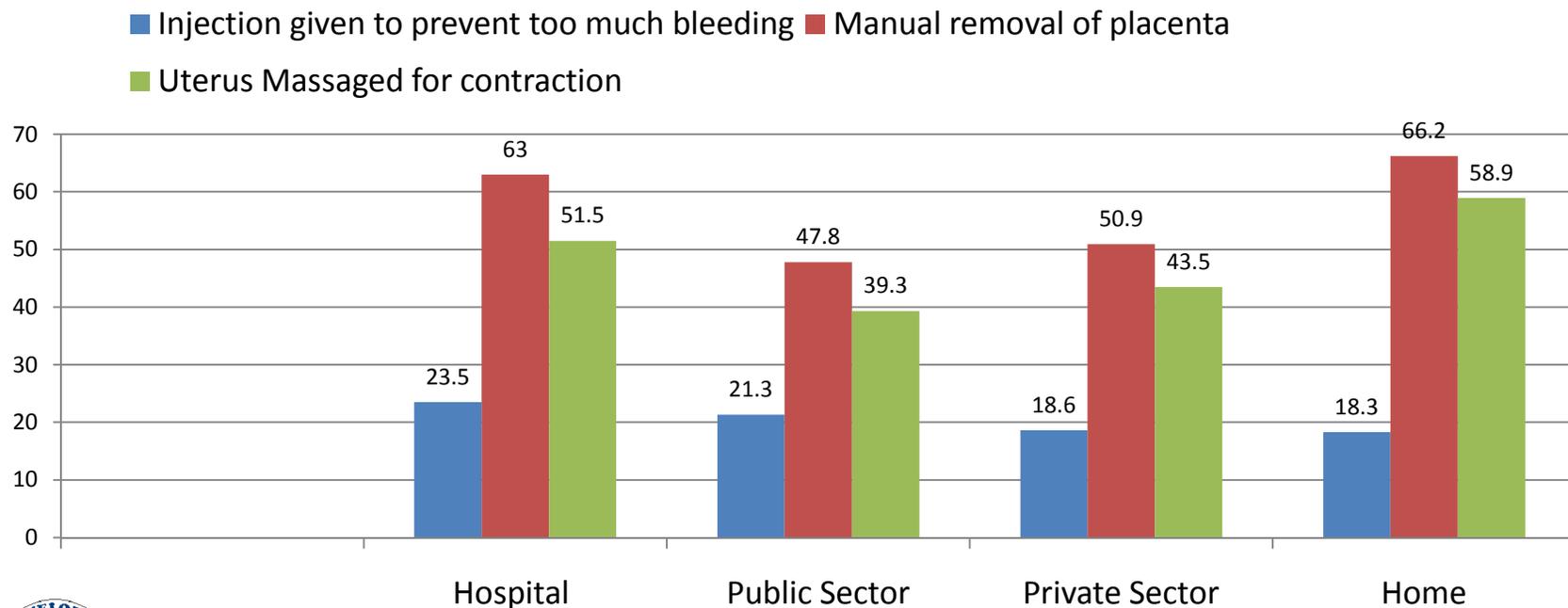
Essential Mother Care by Region

- Only one fifth of the women confirmed receiving injections after delivery to prevent bleeding too much
- 56.5% assured on having a manual removal of placenta
- 47.7% assured on having their uterus massaged for contractions



Essential Mother Care by Place of Delivery

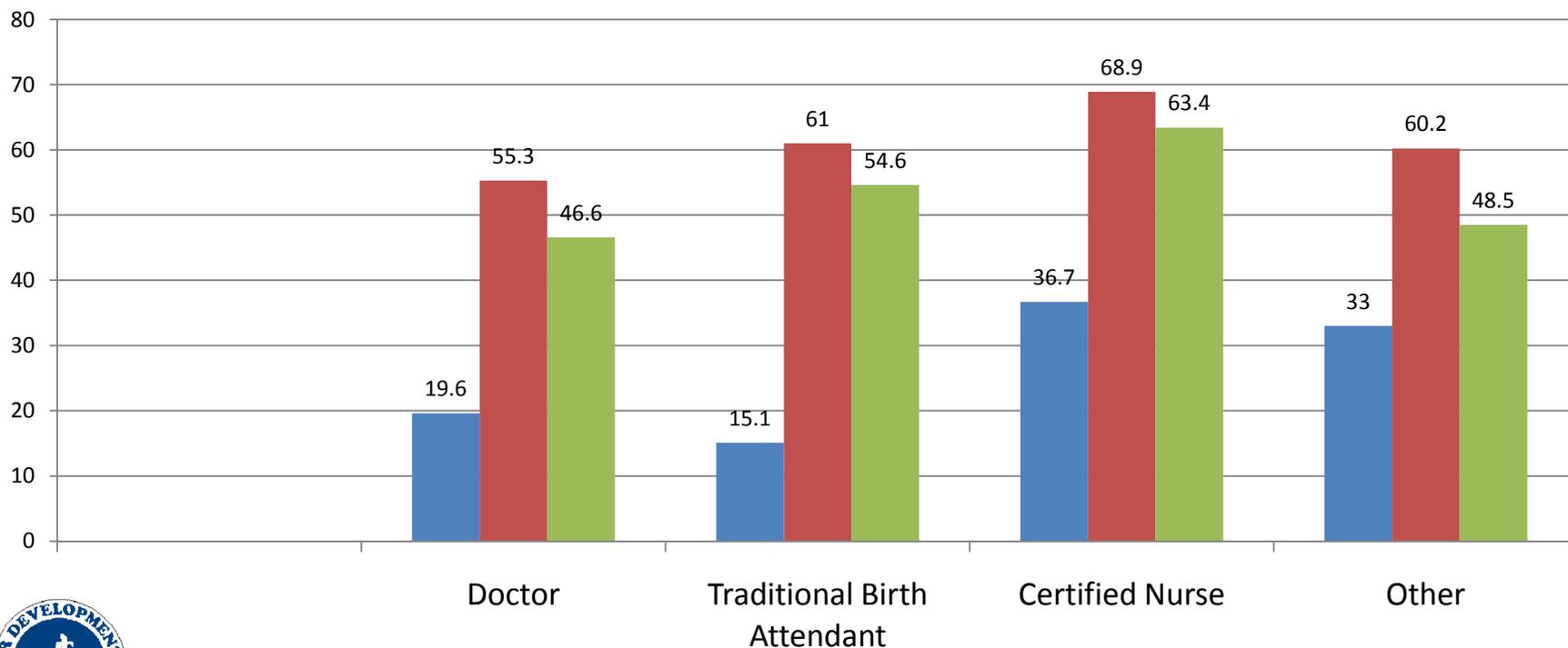
- Women delivered at hospitals or homes were more likely to have manual removal of placenta and uterus massage for contractions compared with those delivered at public or private facility, with public facilities having the least levels



Essential Mother Care by Delivery Personnel

- Women who were assisted by a certified nurse were having the highest level of receiving the three services

■ Injection given to prevent too much bleeding ■ Manual removal of placenta
■ Uterus Massaged for contraction



Timing of First Postnatal Checkup for the Mother

- 67% of women confirmed receiving their first postnatal checkup after hours from delivery
- 10.8% of women did not have any postnatal care
- No major difference was observed between women of different ages and of different education levels



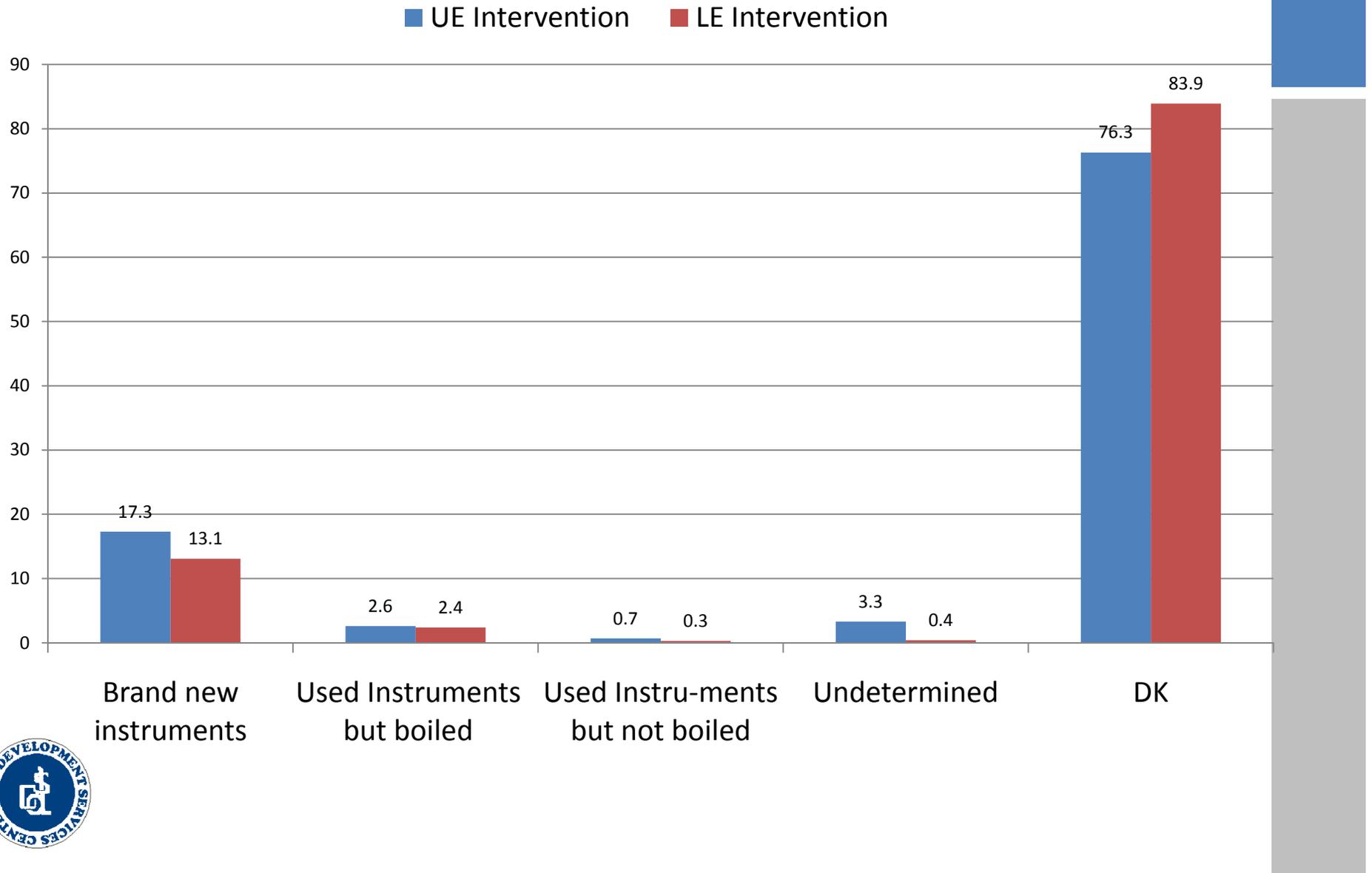
Essential Newborn Care

- The vast majority of all women (81.3%) do not know the instrument used in cutting the umbilical cord
- Only 13.6% confirmed using brand new instruments
- Women with some secondary education or more were more likely not to know what instrument was used in cutting the umbilical cord compared to others of less education
- 25% of women who delivered at a public facility mentioned putting cow dung on the cut cord
- 62.8% of women mentioned putting antiseptic or clamp

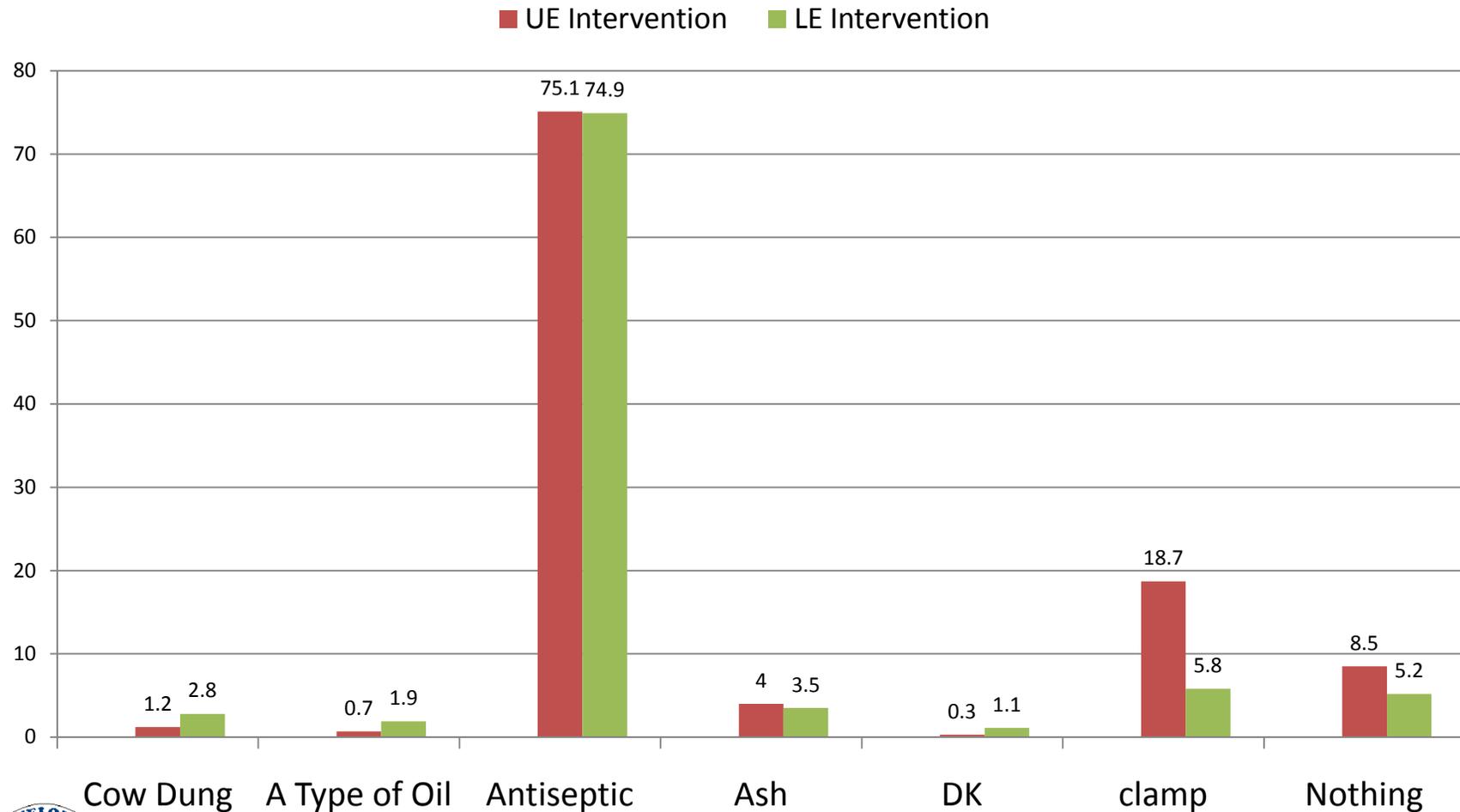
(3.8%)



Instruments Used in Cutting the Cord



Substance Used in Covering the Cut Cord by Region

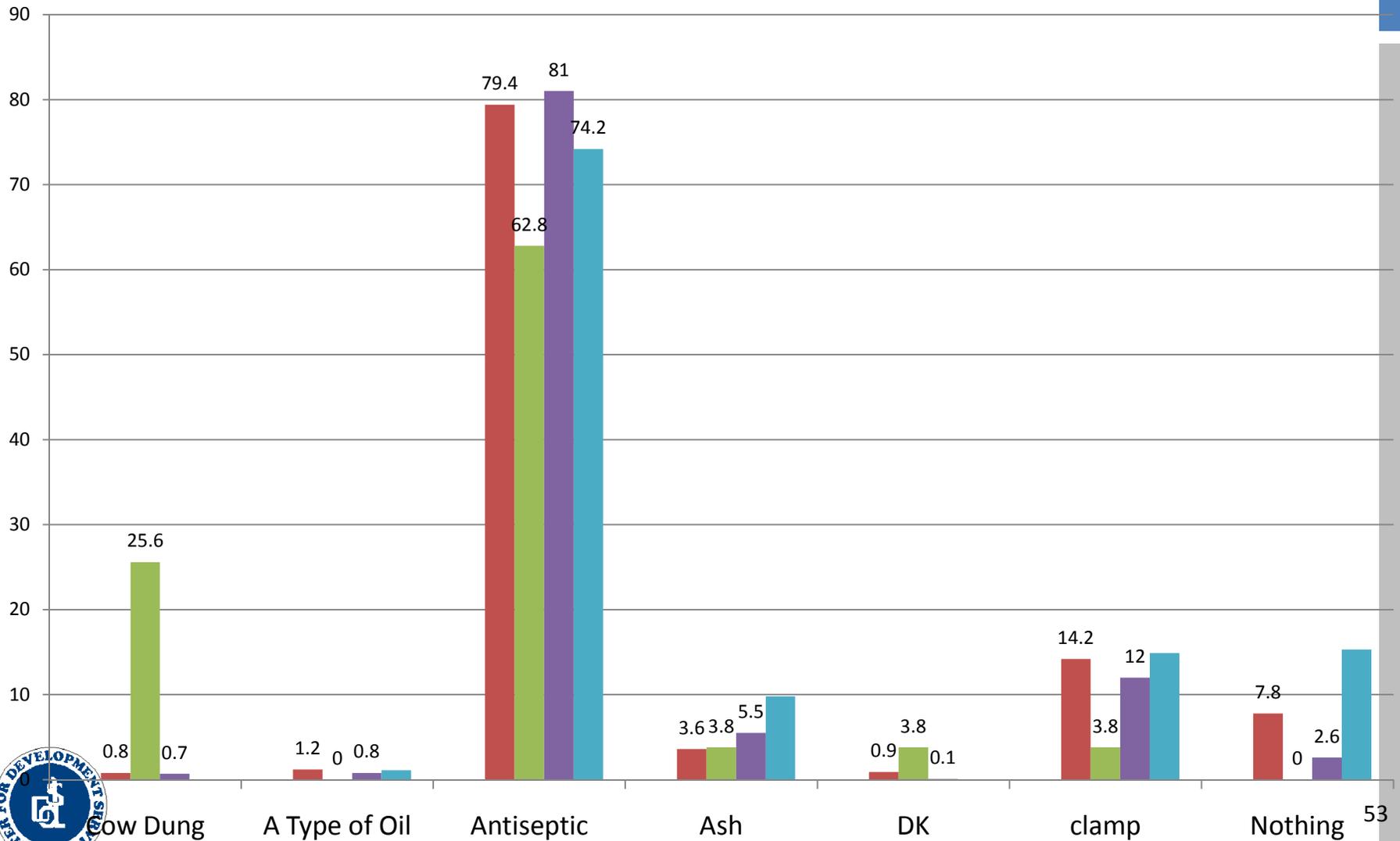


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Substance Used in Covering the Cut Cord by Delivery Place

■ Hospital
 ■ Public Sector
 ■ Private Sector
 ■ Home

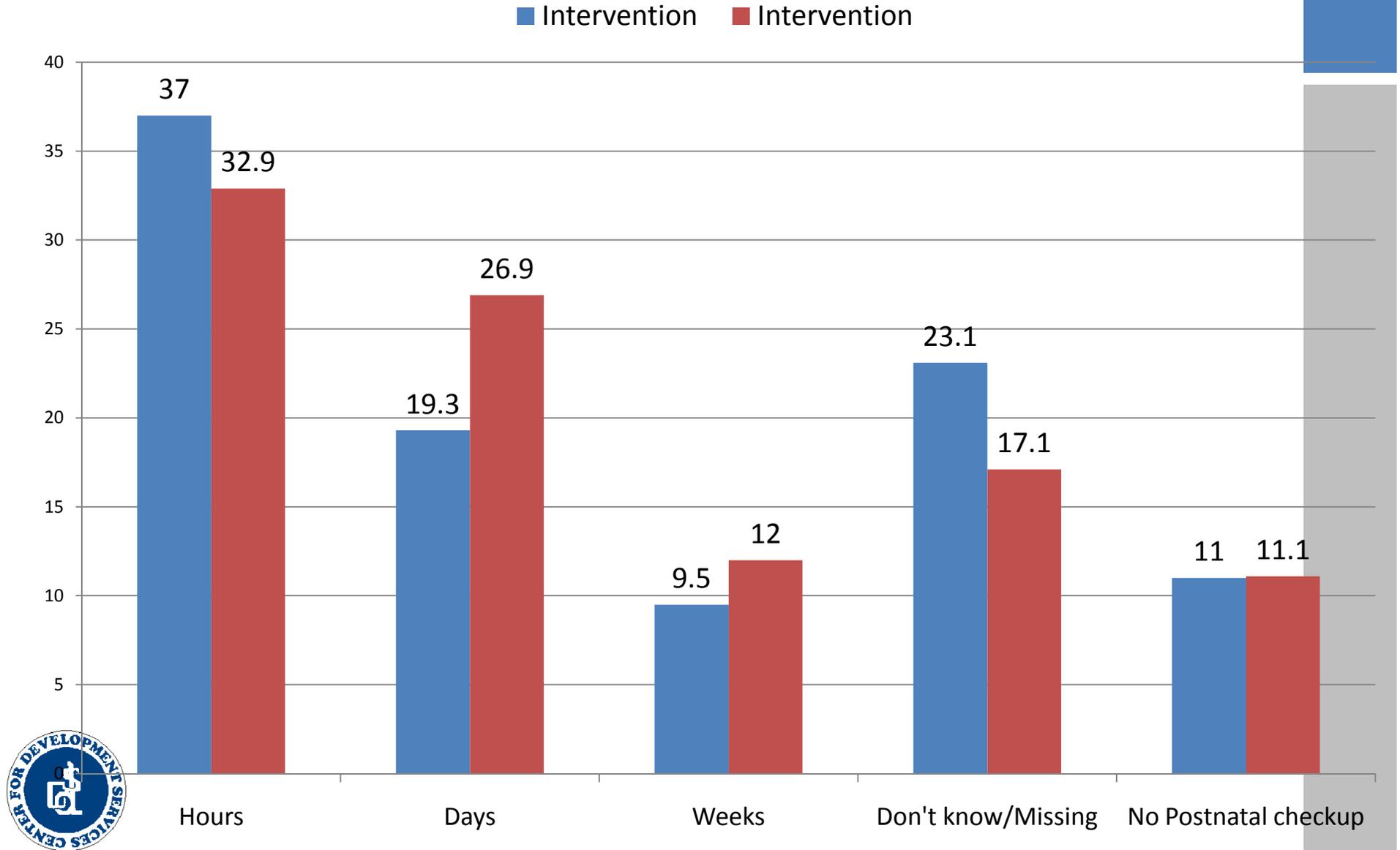


Essential Newborn Care

- 82.9% of women assured that the child was dried before placenta is delivered
- 93.2% of women stated that child was wrapped in a warm cloth or blanket
- Minor differences between women of different age, different education level, and different residence concerning the timing of the first postnatal checkup



Timing of First Postnatal Newborn Checkup



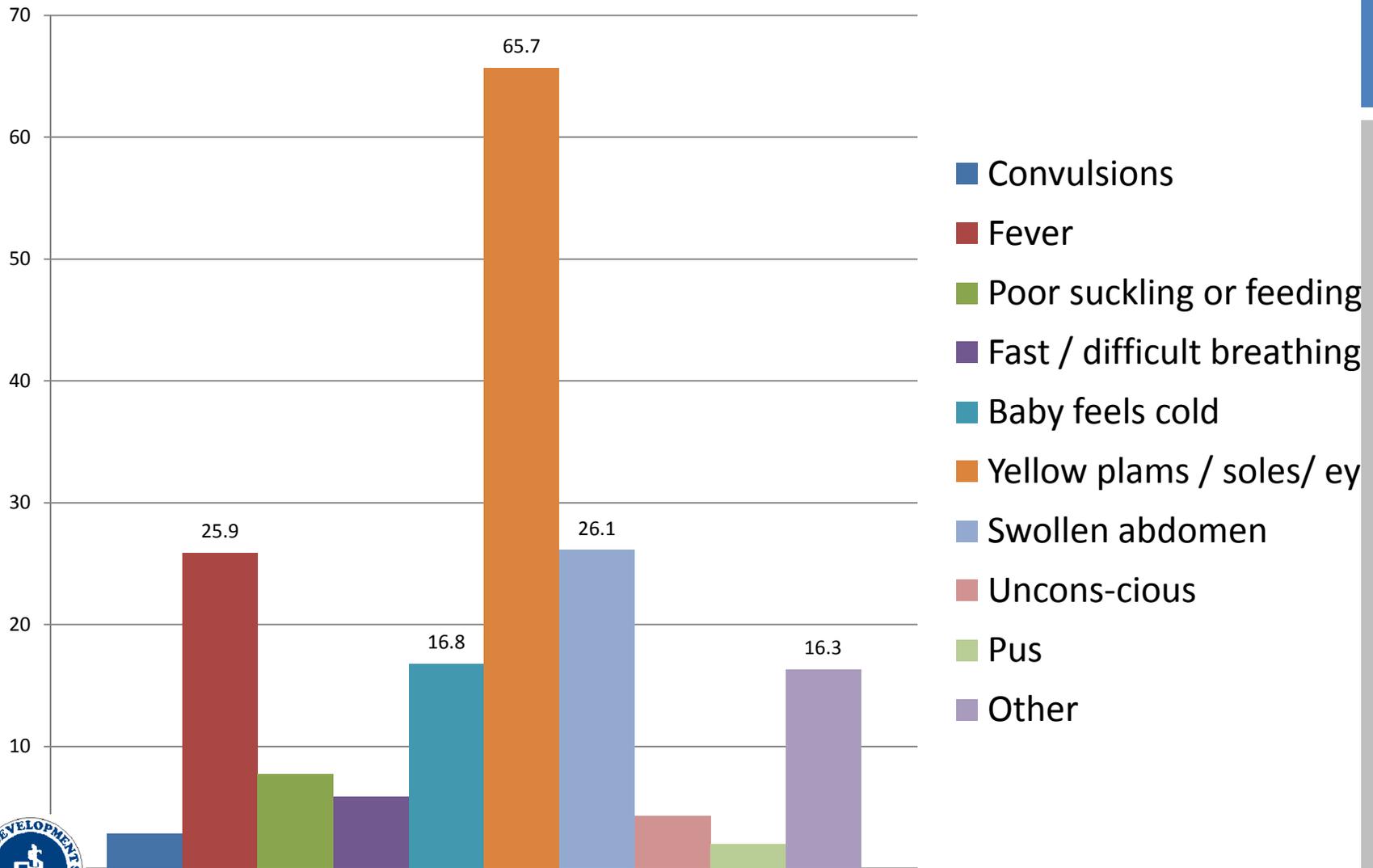
Knowledge of Newborn Illness Danger Signs

- 7.6% of women stated that they do not know any signs
- Among those who know, yellow palms/soles/eyes was the highly listed sign (65.7%), followed by swollen abdomen (26.1%), fever (25.9%), and coldness (16.8%)
- Women of age less than 20 are less likely to know about the signs of newborn illness (11.6%) compared with women of other ages



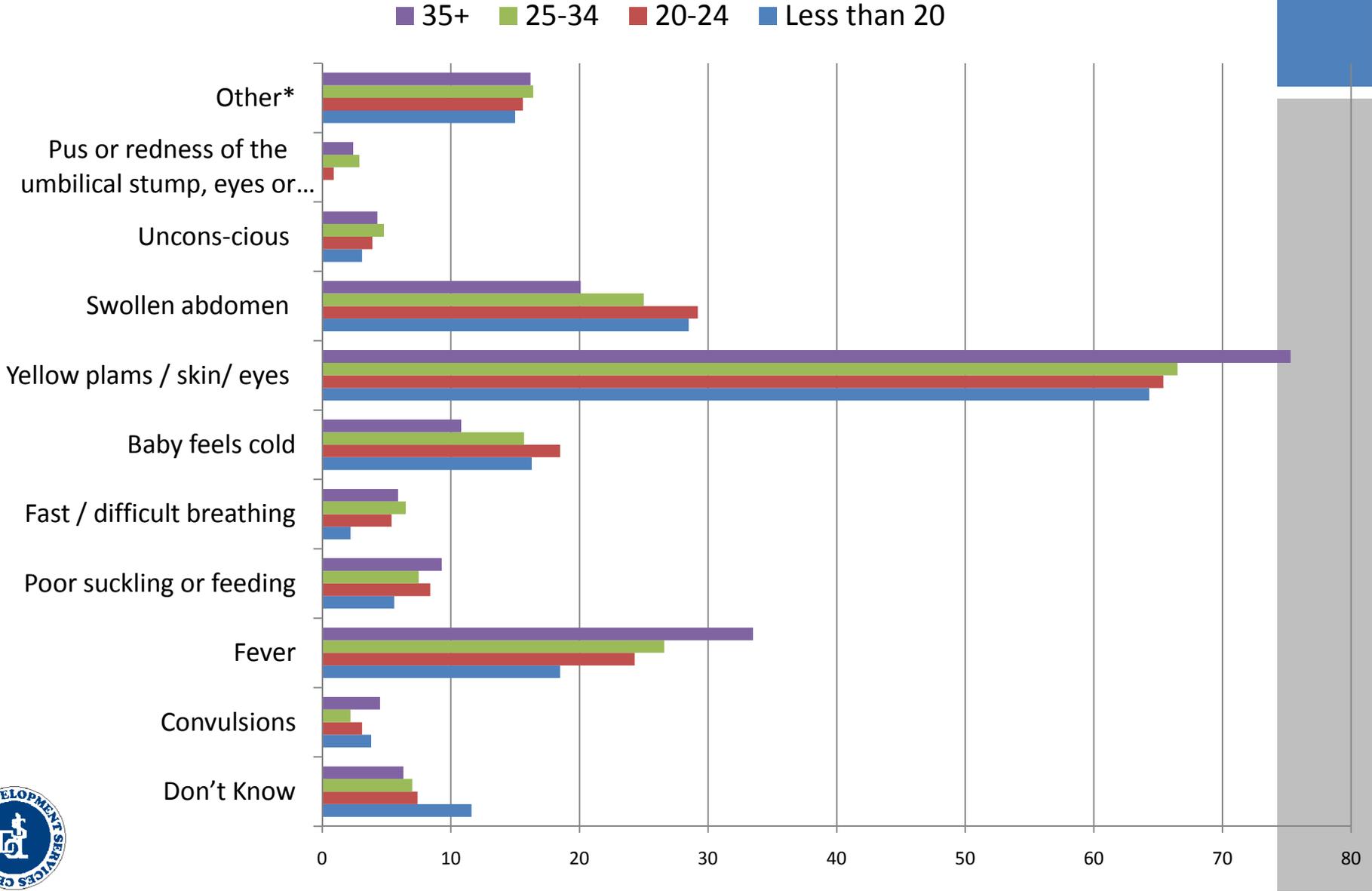
Knowledge of Newborn Illness Danger Signs

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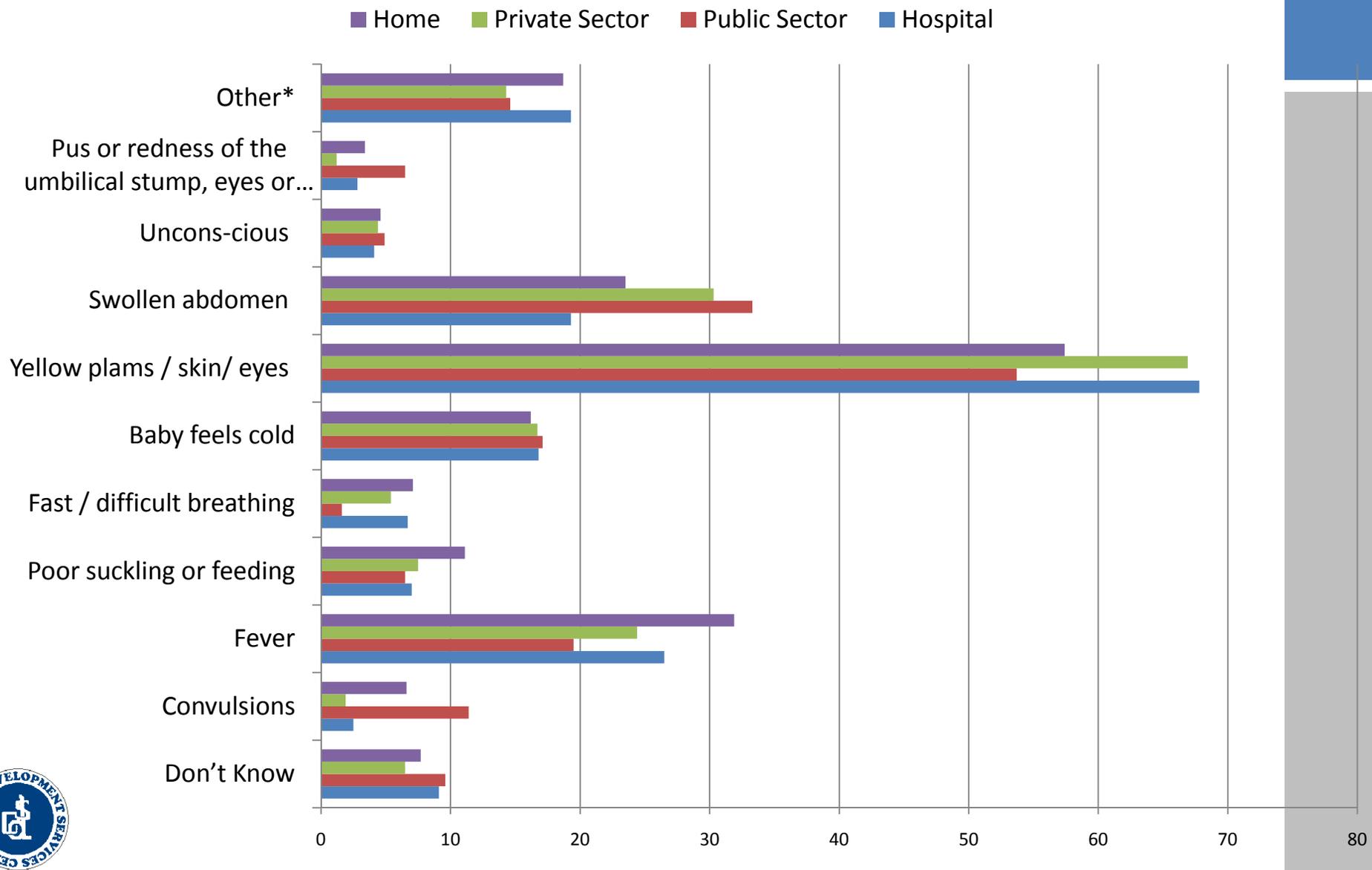
Knowledge of Newborn Illness Danger Signs by Age

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Knowledge of Newborn Illness Danger Signs by Delivery Place

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CHILD HEALTH

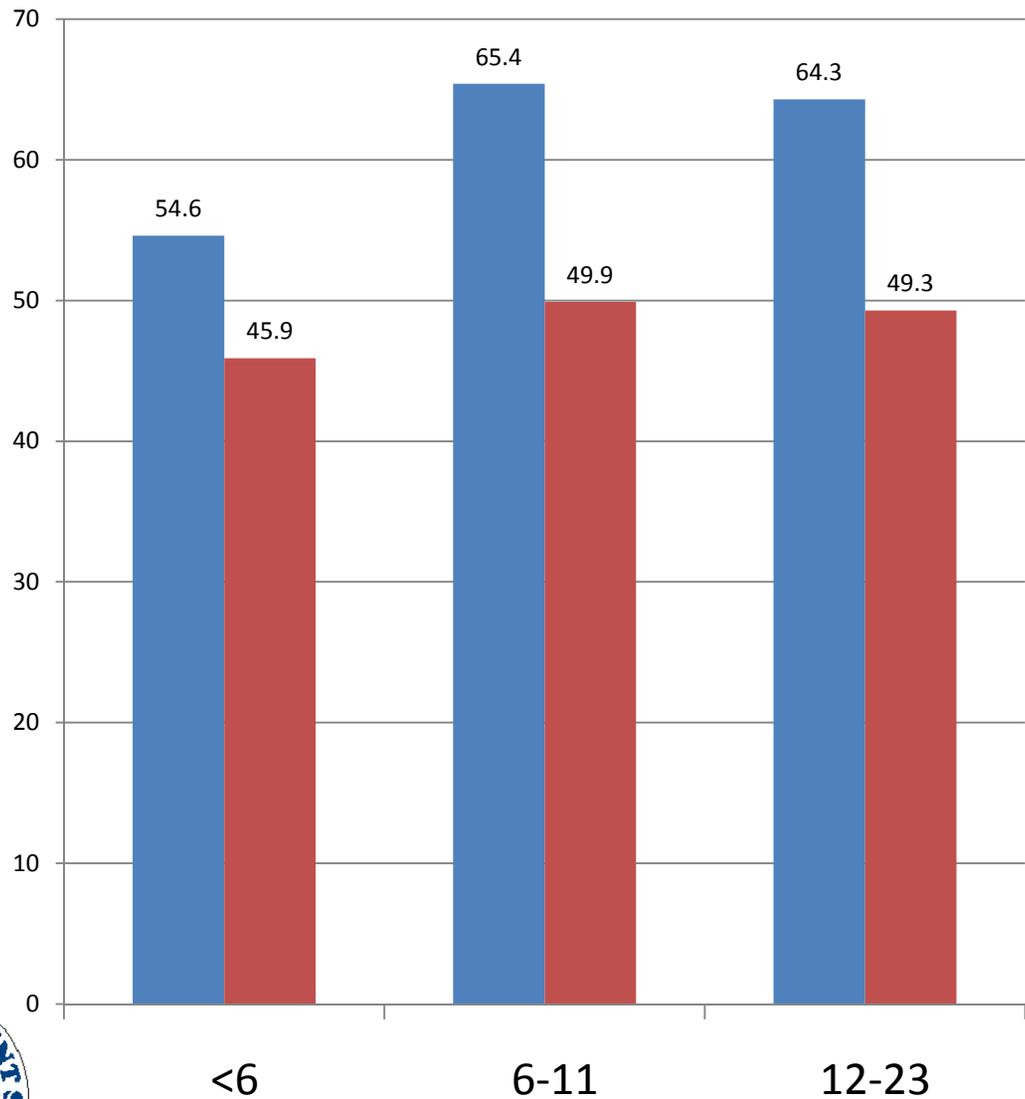


Acute Respiratory Infections

- 62.3% of children suffered from the symptoms of ARI during the two-week period prior to the survey
- Among them, 44.2% were given medical treatment by health providers
- Children age 6 – 23 months were most likely to receive medical care (about 49%)
- No significant difference in gender or education of the child

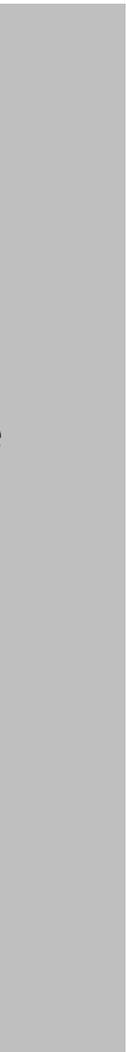


Acute Respiratory Infections by Age of Child



■ Percentage with symptoms of ARI

■ Percentage for whom advice or treatment was sought from a health facility or provider



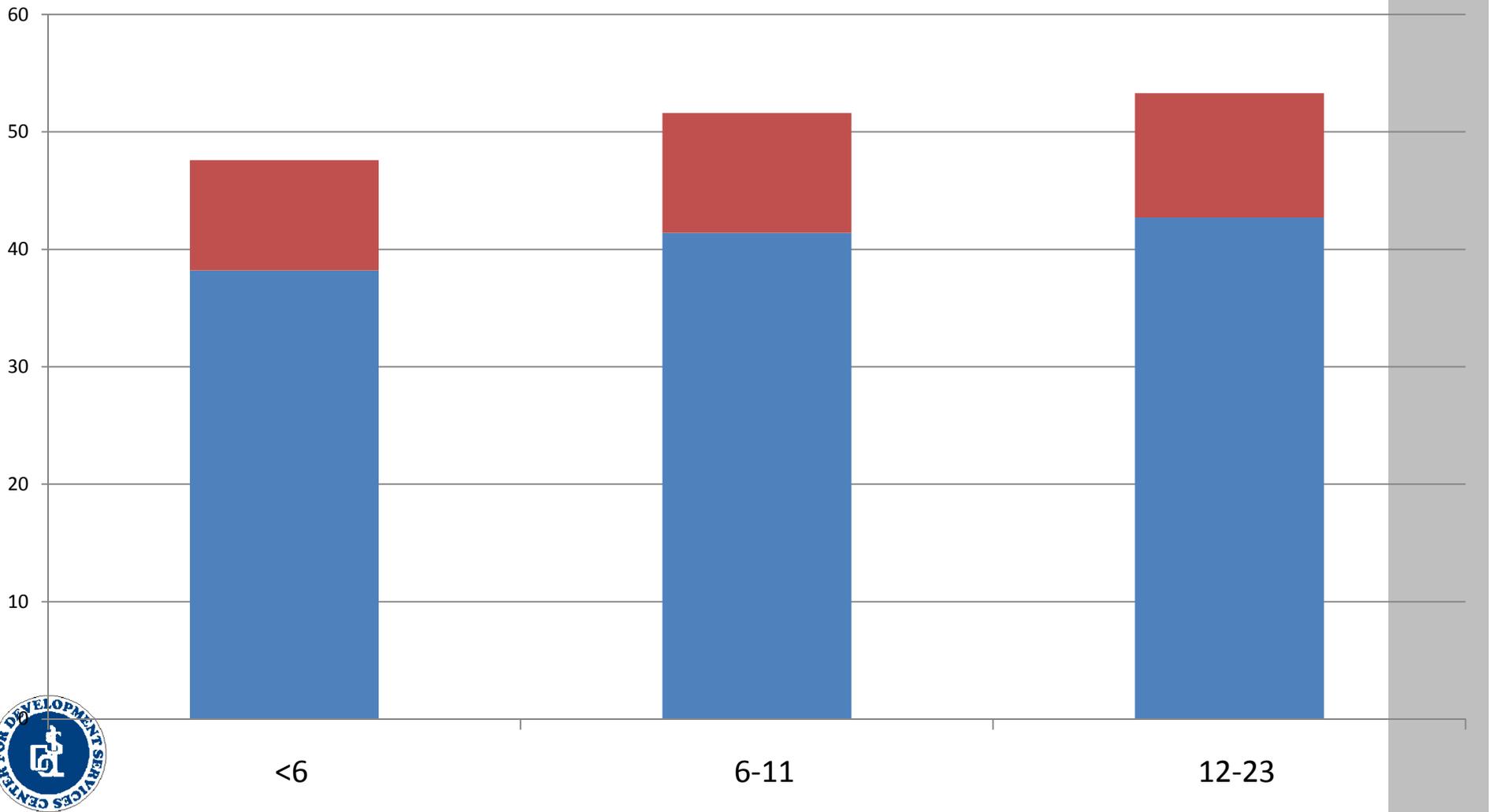
Diarrhea

- 50.3% were reported as having had diarrhea in the two week period prior to the survey
- Children of age 12 – 23 months (53.3%)
- Minor differences can be observed among different child ages, mother education, gender, and place of residence



Diarrhea Prevalence by Age

- Percentage of children with diarrhea sought Medical Advice
- Percentage of children with diarrhea DID NOT seek Medical Advice



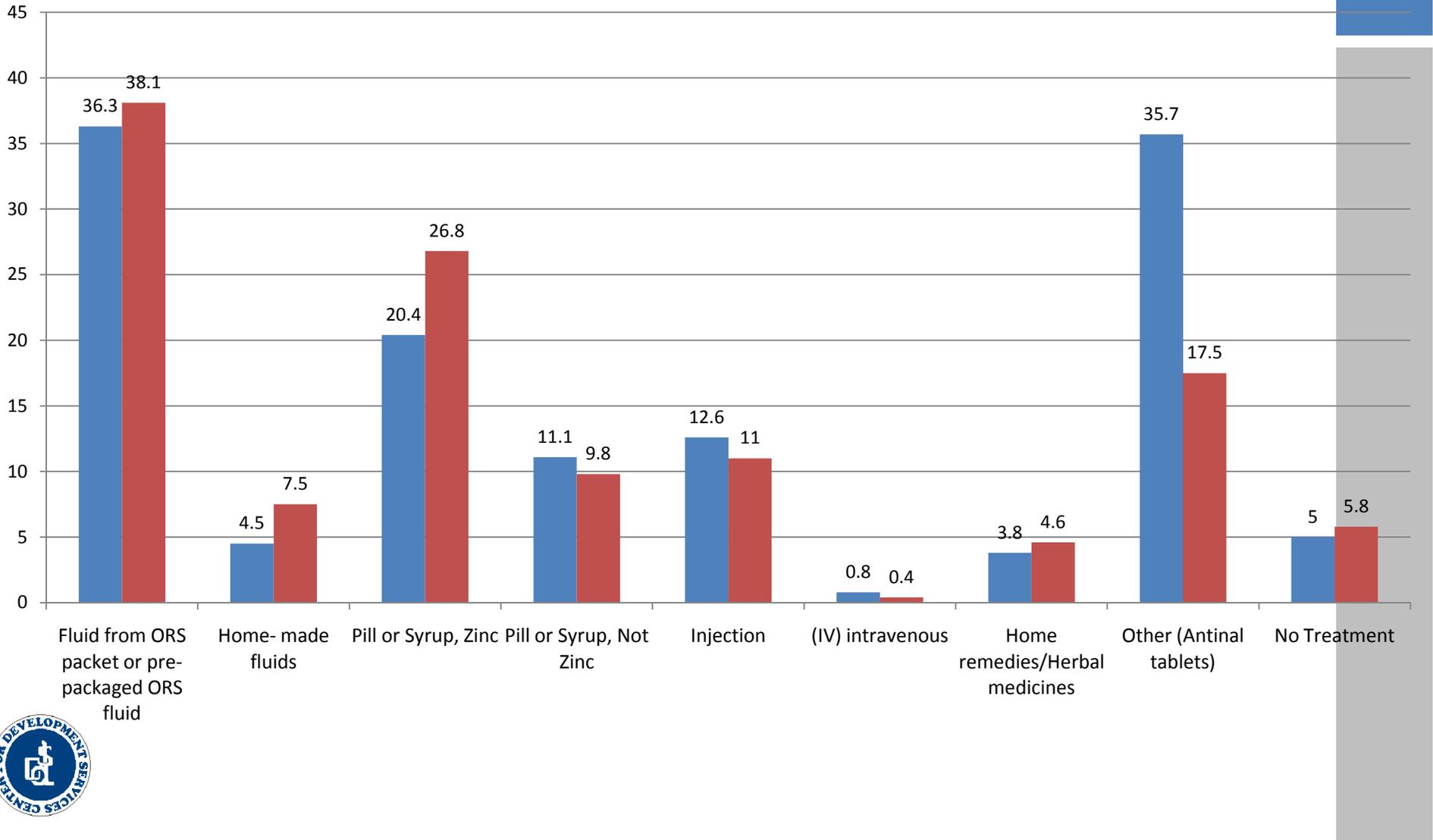
Diarrhea Treatment

- Only 4.2% of children ill with diarrhea hadn't received any treatment
- Children whose mothers are uneducated are more likely to be treated with pills or syrup NOT zinc (10.0%)
- Children whose mother completed some secondary education are more likely to be treated with pill or syrup zinc 28.6% and less likely to be treated with injections 11.5%



Diarrhea Treatment by Region

■ UE Intervention ■ LE Intervention

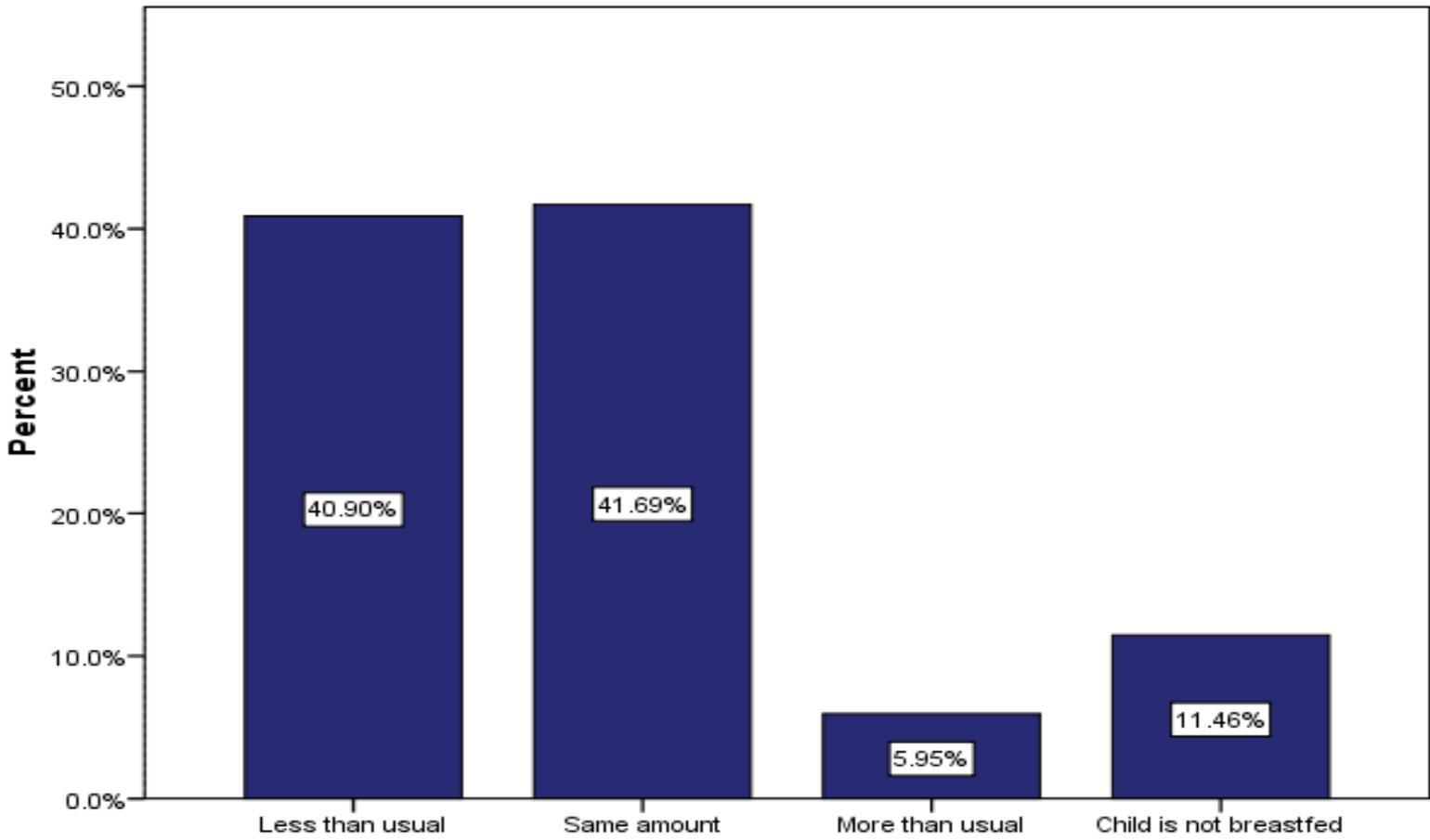


Feeding Practices during Diarrhea

- Among children with diarrhea:
 - 41.7% were breastfed as usual
 - 40.9% were breastfed less than usual
 - 34.9% offered more fluids than usual
 - 43.4% offered more food than usual



Breast Feeding Practices during Diarrhea



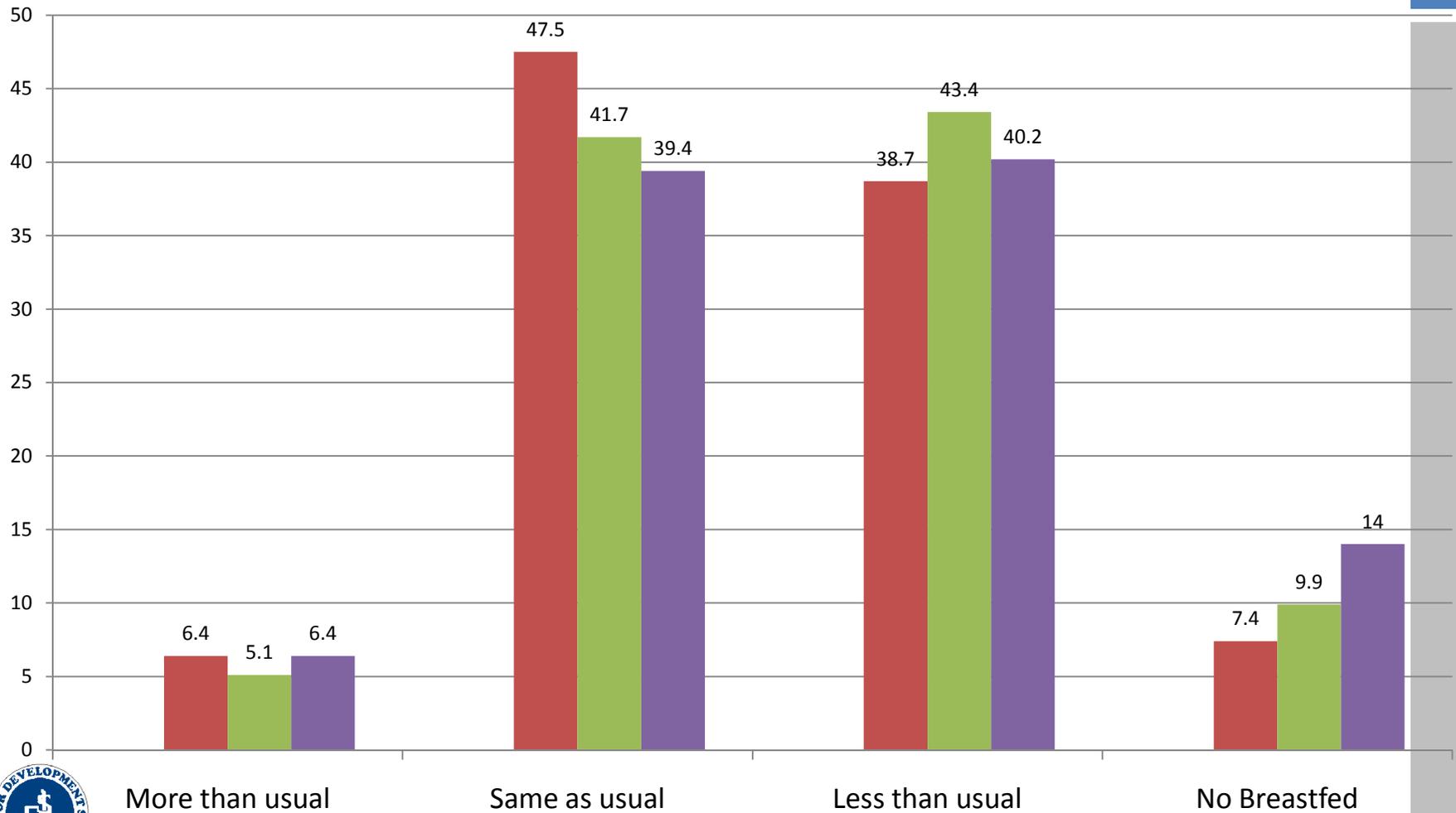
When the child had diarrhea, did you breastfeed him/her less than usual, about the same amount, or more than usual?



Breast Feeding Practices during Diarrhea by Age

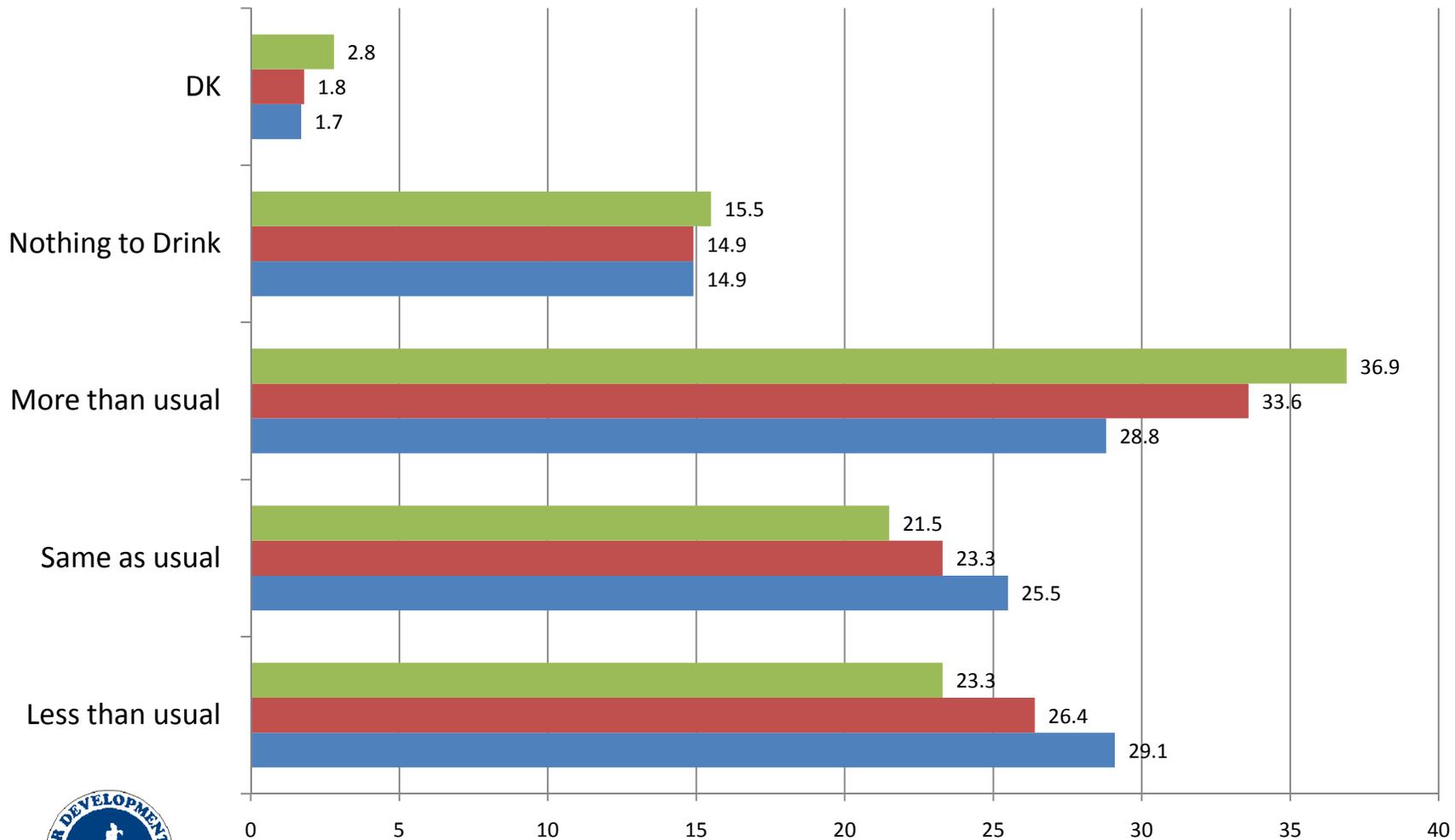
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■ <6 ■ 6-11 ■ 12-23



Fluids during Diarrhea by Mother Education

■ Some secondary or more (10+)
 ■ Primary or some primary (1 - <=9)
 ■ No education



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Hand Washing Practices

- 91.3% of all respondents wash their hands before food preparation
- 85.9% wash their hands before feeding children
- 79.8% wash their hands after defecation
- Almost the same pattern is followed by women of different education level and child age



BREASTFEEDING PRACTICES AND NUTRITION STATUS



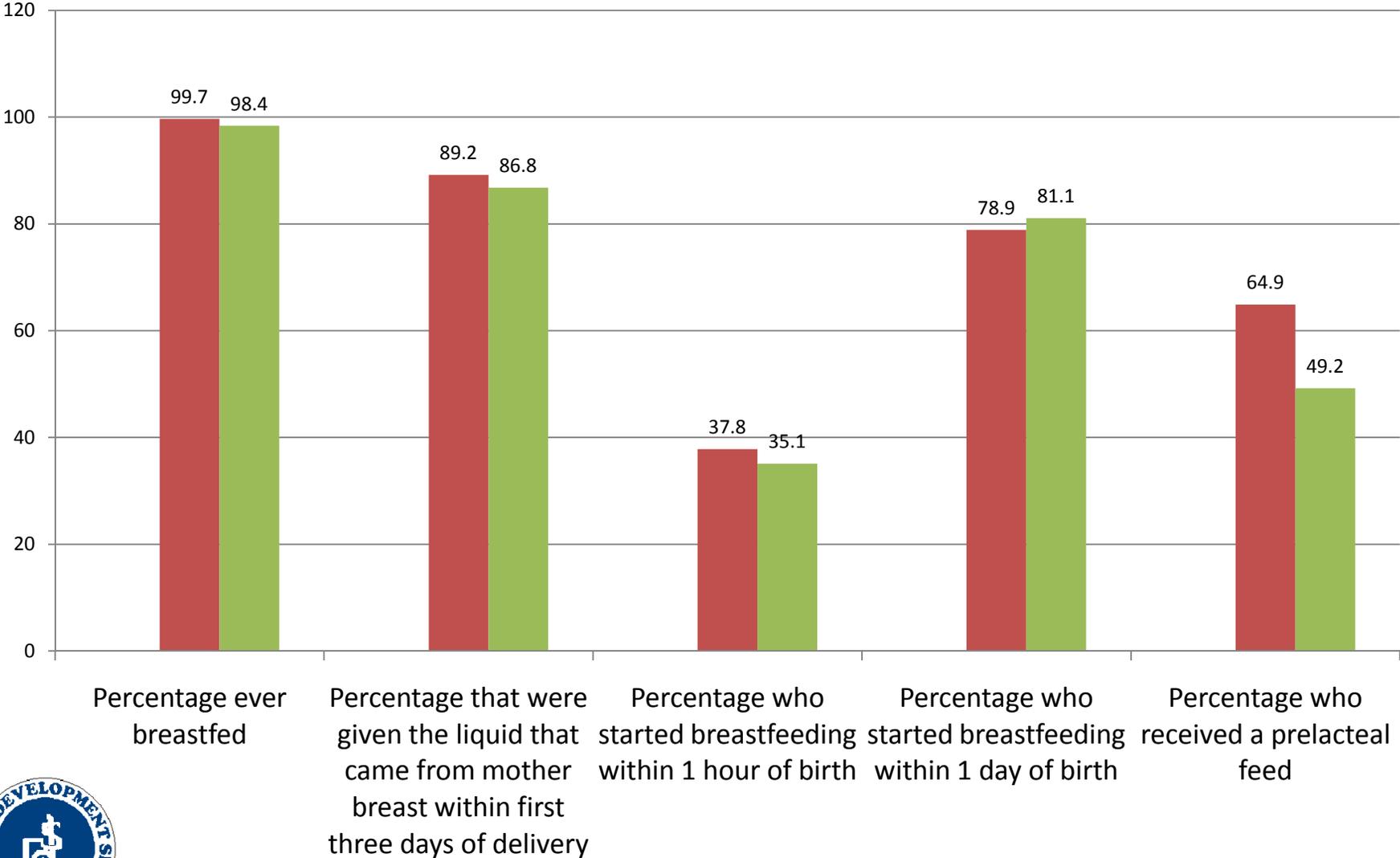
Initiation of Breastfeeding

- 99.1% of children aged less than 2 years at the time of the survey were reported as having been breastfed
- 30.9% of the children were put to the breast within an hour of delivery
- 77.5% of the children were breastfed within the first day.
- 87.6% of children received prelacteal feeding during the first 3 days after birth



Initiation of Breastfeeding by Time

■ UE Intervention ■ LE Intervention



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Nutrition Status of Children

- Results show that:
 - 11.4% are stunted of which 5.3% of children are severely stunted
 - 9.8% are wasted of which 3.2% are severely wasted
 - 8.1% are underweight of which 1.6% are severely underweight
- Stunting levels significantly increase with age, in which only 6.9% of children of <6 are stunted, whereas this percent increases to 19.2% for children of age 18-23

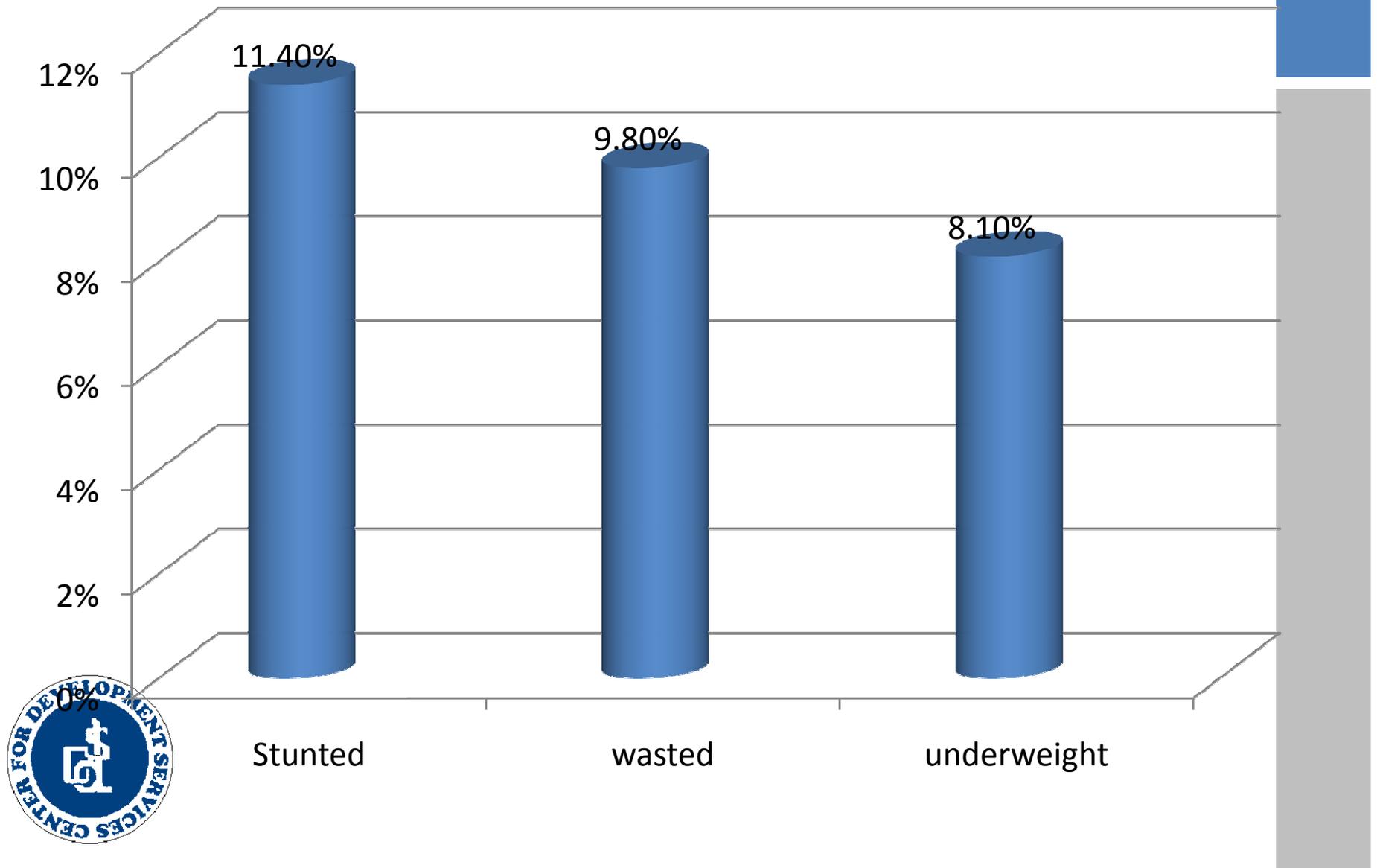


Nutrition Status of Children

- 60.1% of children who are stunted have normal weights
- Among children who are not stunted, 84.6% are neither wasted nor overweight/obese, and 10.8% are wasted
- Stunted children of age 18-23 are more likely to be of normal weight (66.7%) than younger children
- Not stunted children of age 12-23 are less likely to be wasted (about 8%) than younger children

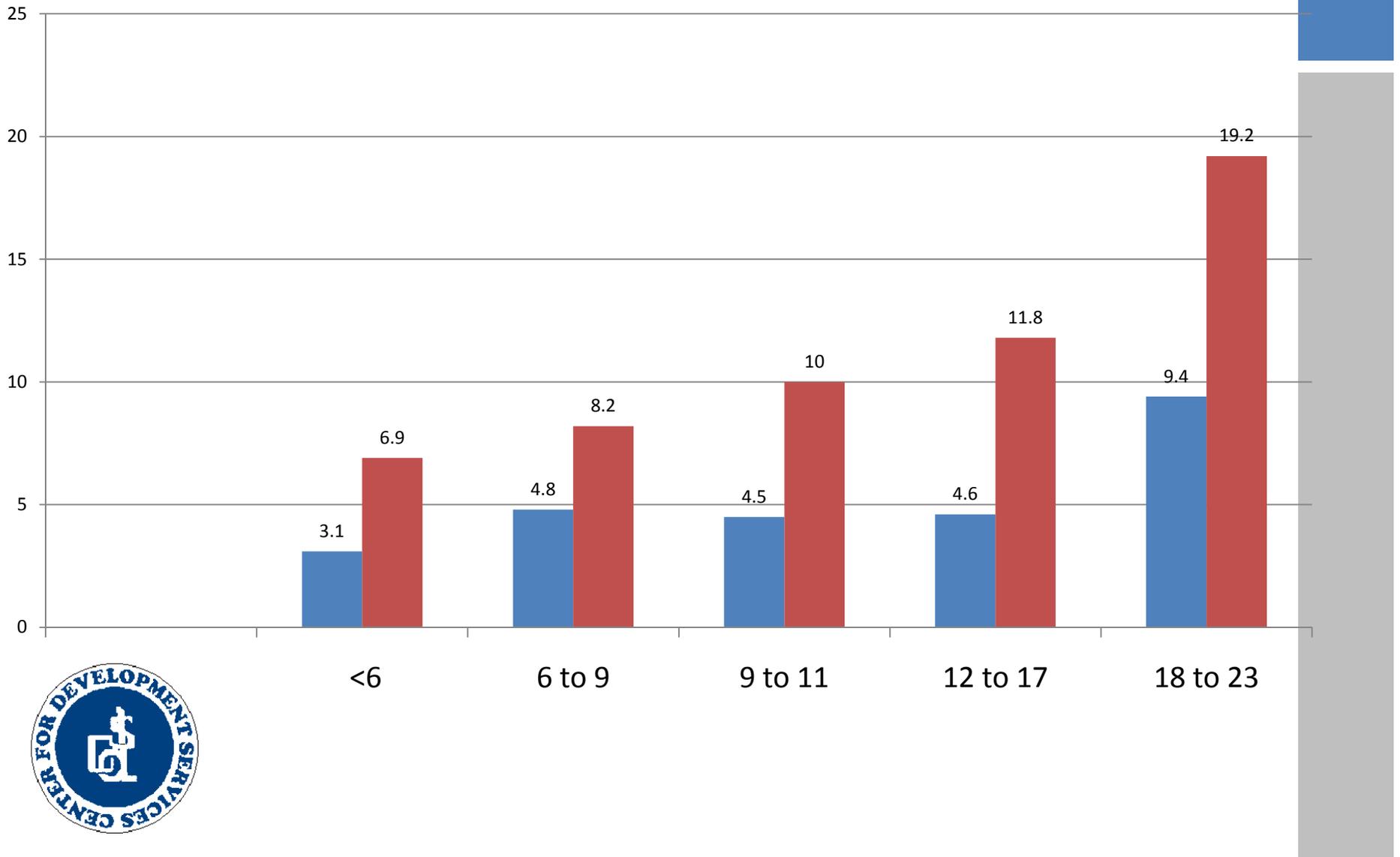


Nutritional Status of children



Height-for-Age by Child Age

■ Percent-age below -3 SD ■ Percent-age below -2 SD



Working Status of Women & Decision Making

- The vast majority of women (87.9%) stated that they are not working outside home
- only 4.8% of women of age less than 20 confirmed working outside, while the percent increased to 16.6% for those of age 35 or more
- Money decision is taken by the husband alone in 41.1% of
- 32.4% stated that the decision is taken jointly by her and the husband
- 19.3% stated that it is taken by her alone.

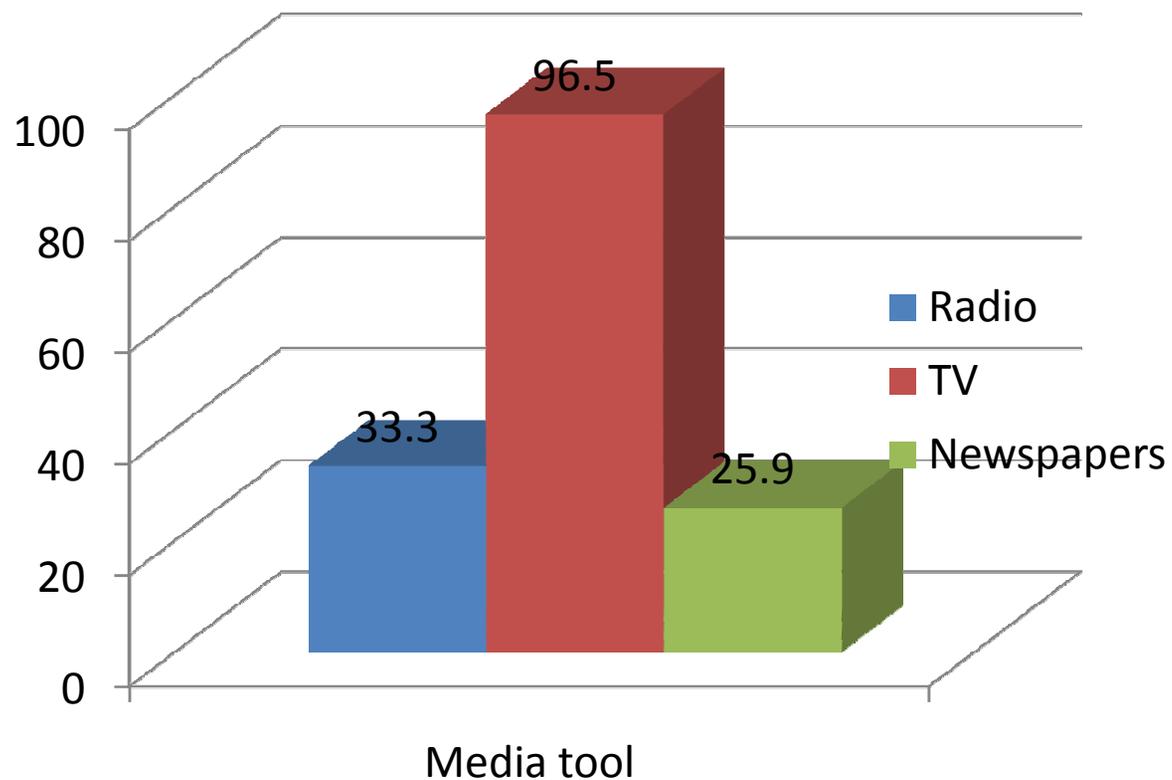


Men Survey Results



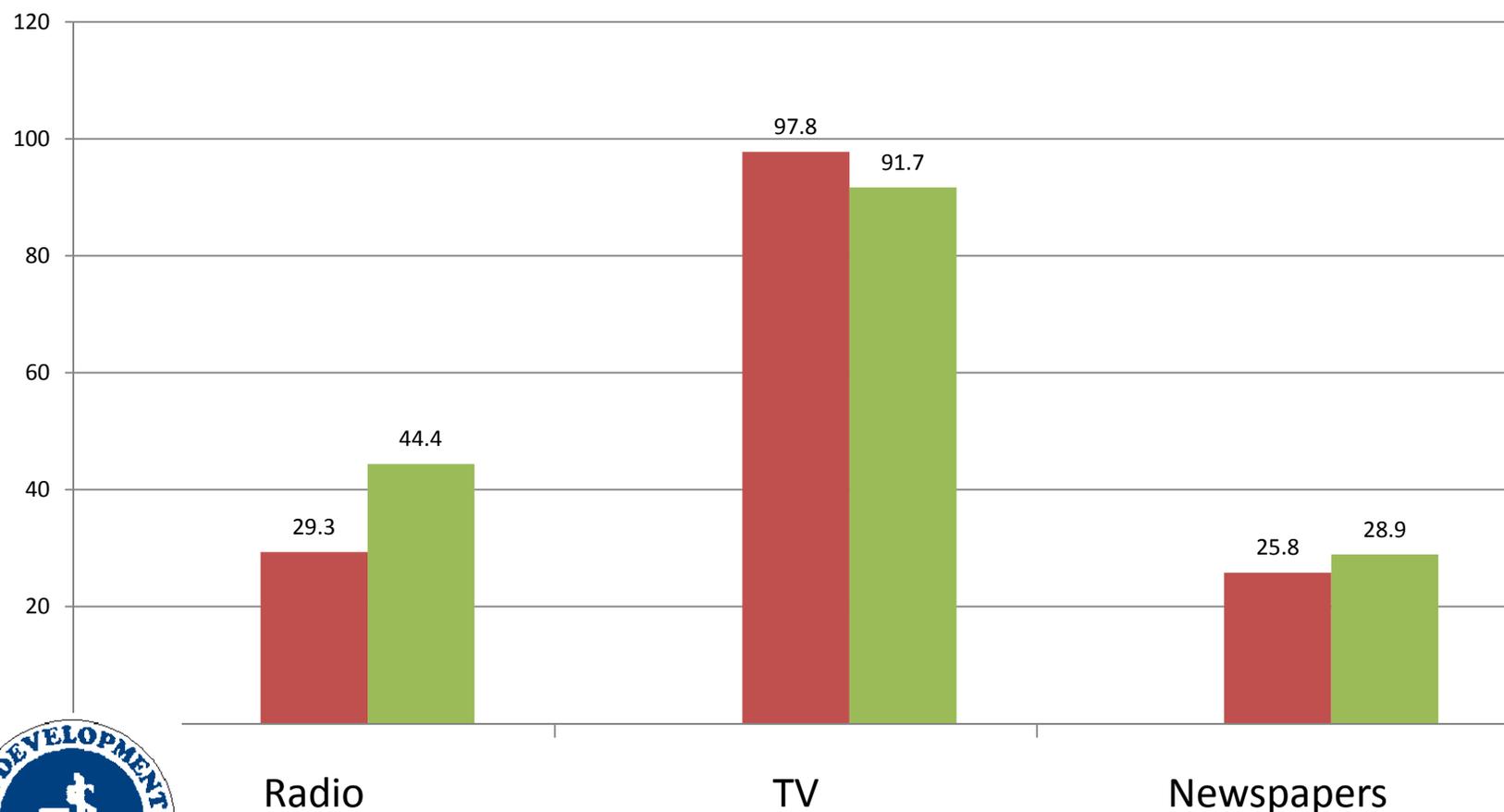
Exposure to Media Messages About Family Planning

- Television is the main source of information (96.5%), followed by the radio (33.3%) being listened to more in lower Egypt than in upper Egypt, then newspaper (25.9%)



Exposure to Media Messages About Family Planning by Region

■ UE Intervention ■ LE Intervention



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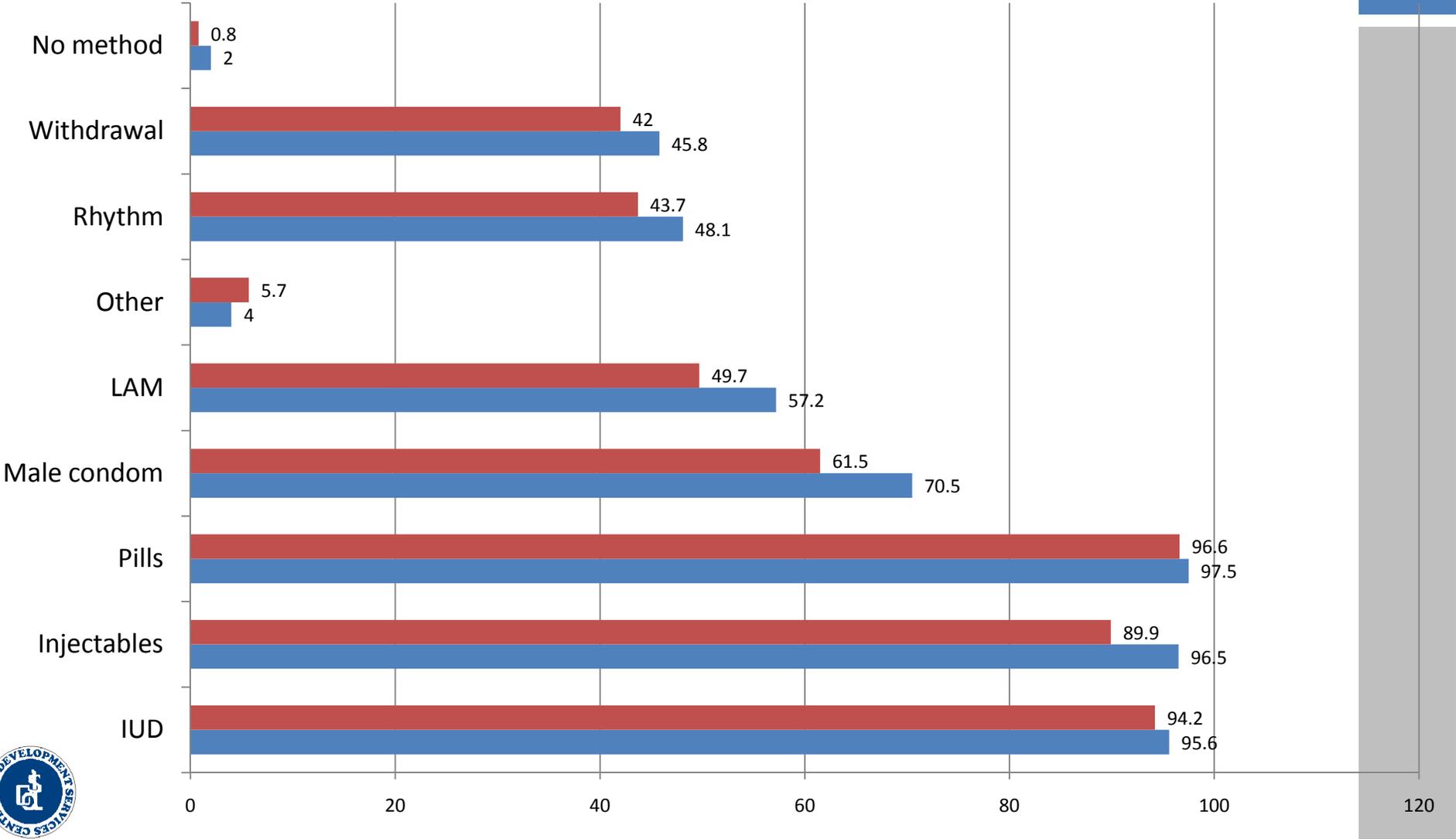
Knowledge of Family Planning

- 98.4% of men confirmed their hearing about family planning methods, mostly pills (97.6%), IUD (95.8%), and injectables (93.6%) with much less knowledge about traditional methods.
- Men were less knowledgeable than women and mother in laws



Knowledge of Family Planning by Region

LE Intervention UE Intervention

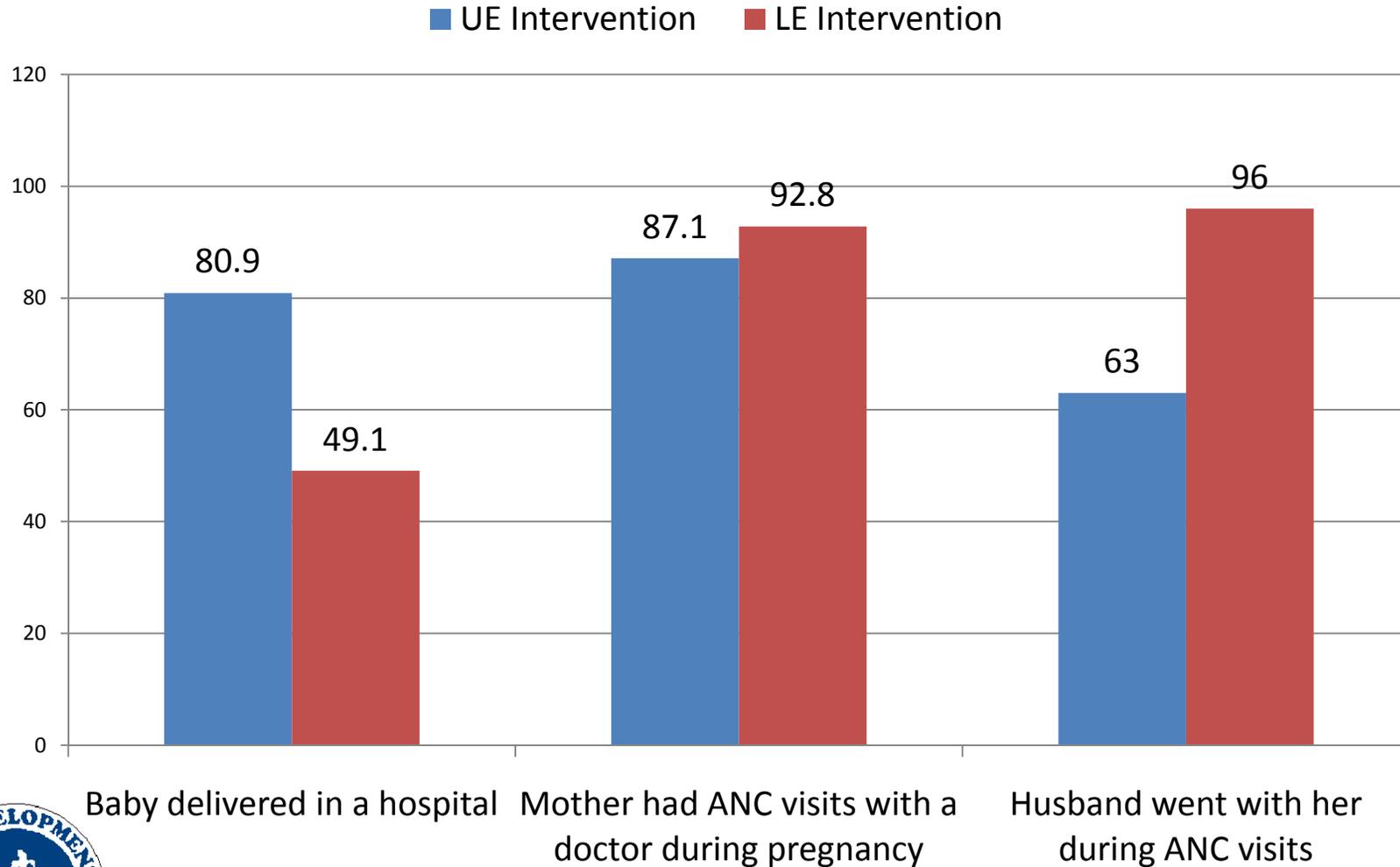


Role of Men during Pregnancy

- 89.3% of men confirmed having ANC visits
- among which 65.4% had been with their wives during these visits
- 76.0% of men reported that their children were delivered at a hospital



Role of Men during Pregnancy by Region

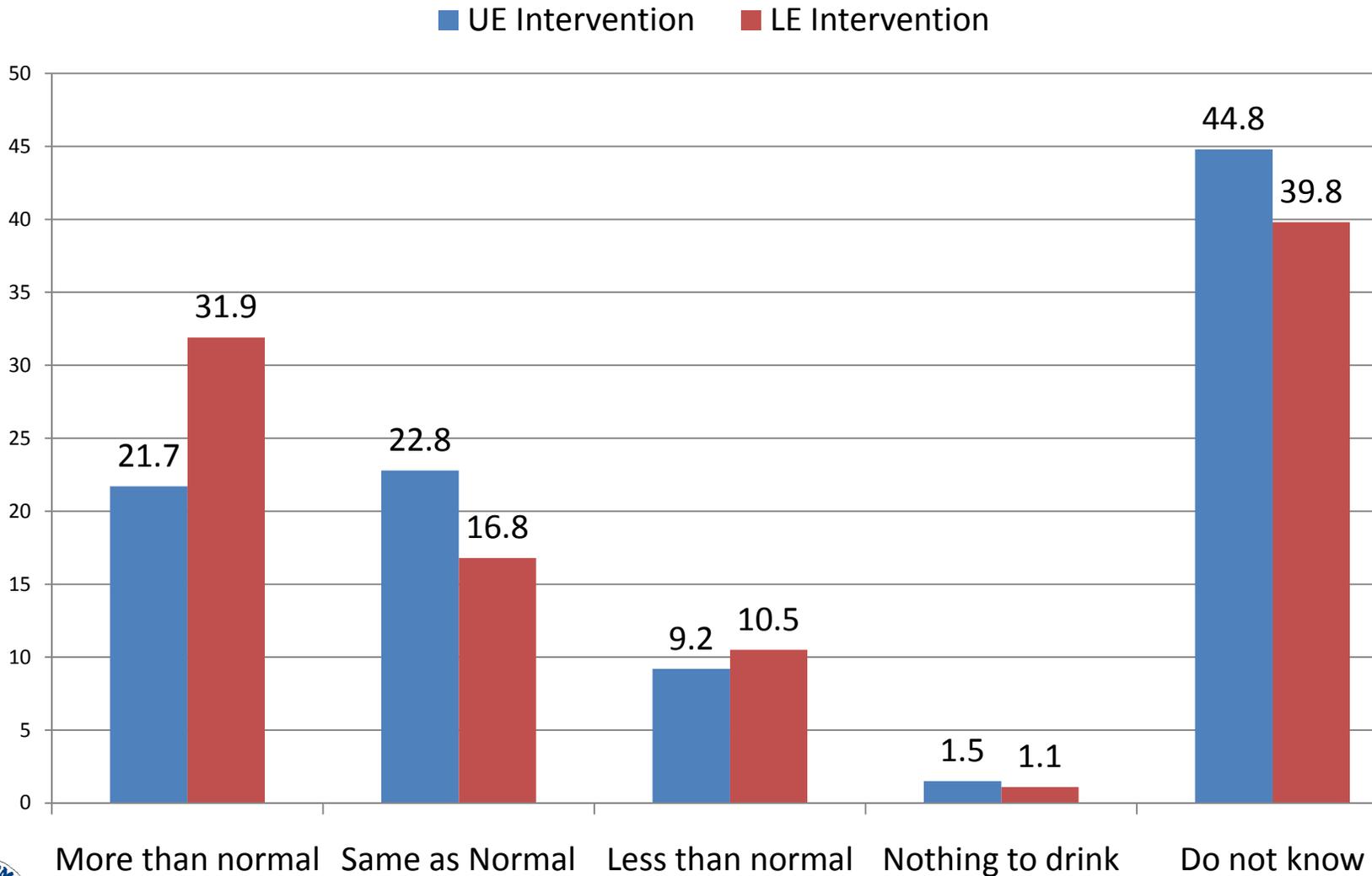


Knowledge of Dealing with Sick Child

- Men don't have good knowledge on how to deal with their sick child
- 45% of men did not know what kind of fluids required for sick child with diarrhea
- 25.1% think that child with diarrhea should be given more liquid than usual
- 19.6% think that child should be given same amount of liquid as usual



Liquids should be Given during Diarrhea



Qualitative Assessment



Contraception

- Most methods were identified by mothers and mother-in-law
- Fathers identified IUD and contraceptive pills mainly
- The perceived ideal number of children per family is higher in Upper Egypt than in Lower Egypt
- The reasons for using contraceptives were financial reasons to provide more care for the children and for mother to maintain a healthy living
- Eventually mothers do decide on the method



Contraception

“اللى بيوقف استعمال الوسيلة هو الزوج لما يكون عاوز بيخلف ”

“The husband decides on stopping using the family planning method when he wants to have more children”

A mother stated at Al-Abassa Al-Kobra village, Abo Hammad, Sharqya

“الحماة لا يفرق معها عدد الاطفال و البنات مش بتستحمل ولادة كثير ”

“The mother-in-law don't care about the number of children as mothers do not tolerate multiple pregnancies”

A mother-in-law stated at Bani Solyman village, Beni-Suef



Sources of Antenatal Care

- Primary Health care units are considered to be of low quality services
- Mothers tend to go to the private sector in Lower Egypt and to general hospital in Upper Egypt
- Availability and quality of services provided in addition to the financial factor are all considered when choosing healthcare providers



Sources of Antenatal Care

“العيادة فيها اجهزة بس مش زى اللى فى المستشفيات – لان المستشفيات فيها اجهزة بس مش فيها دكاترة”

“Clinics has equipment but not as in hospital.
However, hospitals don't have doctors”

A mother stated at Halla village, Quos, Qena

“المستشفيات والوحدة الصحية مش فيها اهتمام ومفهاش اى حاجة”

“Hospitals and primary health units doesn't have any attention to patients or anything”

A mother-in-law stated at Al-Abasa Al-Kobra village, Abu Hammad, Sharquya



Antenatal Care

- Mixed knowledge of how many visits should be done during pregnancy
- Almost all participants from different groups reported they should go only when they have a problem
- Danger signs of pregnancy are well known
- Iron intake is more valued in Lower than Upper Egypt
- Almost all participants did not know the right iron dose



Antenatal Care

“متابعة الحمل فقط فى الحالات الغير مستقرة لكن فى غير حدوث مشاكل لا تتابع”

“ANC visits are only for unstable conditions but in stable conditions there is no need”

A father stated at Al-Shorafa village, Qanater, Qalyobia

“فيه أقراص حديد من غير فلوس فى الوحدة الصحية – ومتوفرة بالوحدة والمتابعة مجاناً”

“Iron tablets are available for free at the primary care unit and ANC also”

A mother at Al-Mohamda Al-Bahria, Sohag



Delivery Care

- Private health care providers are more utilized
- None of the FGDs participants in Lower Egypt reported home delivery.
- However, some mothers and mothers-in-law in Upper Egypt mentioned home delivery if midwife was trusted and experienced (Asyut and Beni-Suef)
- Father is more involved in the decision



Delivery Care

“الولادة القيصرية في المستشفى 150 جنيه وفى العيادة 1500”

“Delivery by C-section costs LE150 in general hospital and LE1500 in a private clinic”

A mother stated at Koom El-Daba'a village, Naquada, Qena



Postnatal Care

Mothers' Health after Delivery

- All participants agreed that they care less about postpartum care in comparison to ANC and delivery
- Fathers and mothers-in-law reported less knowledge regarding postpartum care
- Mothers depend on their own when it comes to postpartum care
- Almost half attendees did not receive after delivery care
- Mothers delivered in public facilities were not keen on follow up



Postnatal Care

Mothers' Health after Delivery

“المشاكل فى اول اسبوعين هى حمى النفاس وفى هذه الحالة يتم الذهاب إلى الدكتور، ولا يتم الاستعانه بالداية فى مثل هذه الحالات لأن خبرتها ممكن تكون قليلة ”

“Problem during first 2 weeks after delivery is prepural sepsis. In that case we go immediately to the physician not the midwife”

A father stated at Shoubra Al-Nakhla village, Sharquya

“



Postnatal Care

The Newborn's Health

- Jaundice and care of umbilical button were the most important health issues raised by interviewees
- Mother is the main caregiver
- Seeking medical consultation is very high among interviewees



Postnatal Care

The Newborn's Health

اتوفي مني طفل كان عنده الصفراء ومالاقيناش حضان نخطه فيها ، الخاصة كانت ب 200 جنيه في الليله، كل المستشفيات الحكومية فيها حضانات لكن مش كفاية”

“I lost a child, he had jaundice and couldn't find an vacant incubator. Private incubator was LE200 a night and there was no public hospital available one “

A mother stated at Al-Shatb village, Asyut



Child Health - Diarrhea

- All groups seems to know that symptoms even that fathers were very skeptical about their own knowledge
- Breast feeding and soft food and ORS are the lines of treatment used
- ORS is less valued by the mothers in Upper Egypt
- Mothers-in-law were very comprehensive in their approach to treatment
- Fathers preferred seeking medical advice



Child Health - Diarrhea

“اعراض الاسهال لما بيجيله 6 مرات فى اليوم – جلد البطن ينكمش – جسمه دبلان – فاقد الشهية ”

“Diarrhea symptoms include; defecation for 6 times, abdomen skin is wrinkled, pale body, no appetite for food”

A mother stated at Al-Abassa Al-Kobra village, Abo Hammad, Sharquya



Child Health –

Acute Respiratory Infections (ARI)

- Participants aware of symptoms of common flu
- They couldn't identify the differences between pneumonia and common flu
- Reasons for respiratory tract infection were exposure to cold and smoke
- Fathers usually smoke indoors with their children around
- Participants reported that they seek pharmacist or friends' opinion in cases of mild respiratory tract infection, but in severe cases they go for medical consultation



Child Health – Acute Respiratory Infections (ARI)

“زيت الطعام بمعلقة يدفى الصدر”

“Feeding the baby warm cooking oil with a spoon warms his chest”

A father stated at Al-Halla village, Quoos, Qena



Breastfeeding Practices

- Mothers and Mothers-in-law are aware of the importance of colostrum, its immunity impact on newborns and how long does it last.
- Fathers tend to signify colostrum's importance
- Herbs, sugar and solid food are frequently given in the first 6 months
- Breast bumping isn't common belief or practice among the interviewees



Breastfeeding Practices

“السرسوب مهم والسيدات تعرف ما هو وامتى ينزل، لذلك يهتموا بالرضاعه مباشرة”

“Colostrum is important, women know what it is and when it is secreted and that’s why they breastfeed their newborn immediately”

A mother stated at Bani-Solyman village, Beni-Suef

“يعطي صدر الأم حنان للطفل عند ولادته”

“Mother’s breast gives comfort to the baby upon his delivery”

A mother-in-law stated at Al Monsha’a Al-Kobra, Qalyobia



Nutritional Status child less then 6 months

- Fathers considered the mothers the main caregiver and responsible mainly for the nutrition of the children
- All the groups agreed that medical consultation is a must when faced with any wasting problems
- All the groups couldn't identify the growth development chart



Nutritional Status child less then 6 months

“حاجات بتاعت ربنا او لما يشيل حاجه ثقيلة”

“Its God’s will or when he carries something heavy”

A mother-in-law addressing short stature at Al-Shorafa village, Qalyobia



Nutritional Status

Child older than 6 Months

- Fathers and mothers-in-law considered the mothers fully responsible
- Mothers were able to identify appropriate food given after 6 months
- Financial factors play a role in determination of nutrition



Nutritional Status

Child older than 6 Months

“فيه طفل أكلوه فول جاتله انيما الفول”

“One mother fed her child beans so he acquired
beans anemia”

A mother at Naga'a Al-Nagar village, Sohag





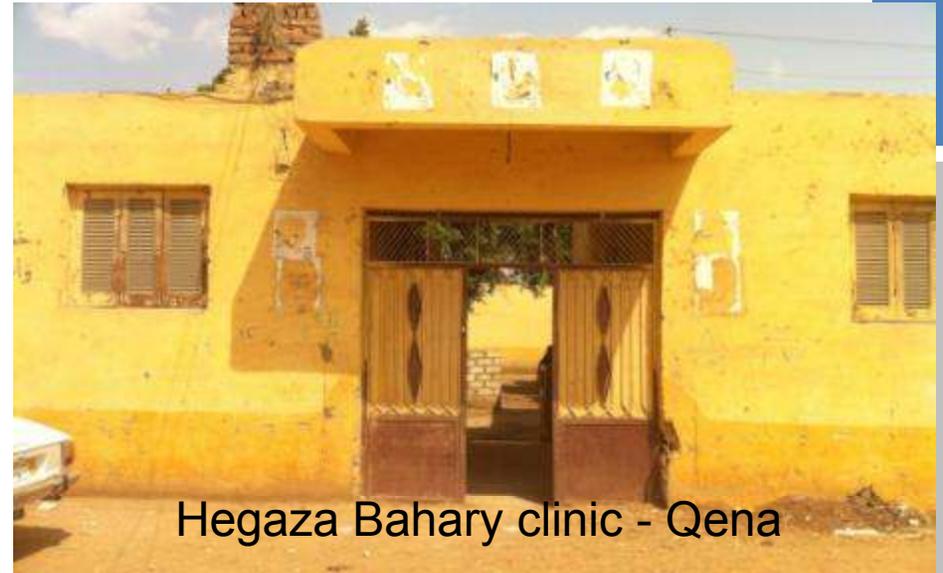
Health Facility Assessment



Health Facility Assessment



Hegaza Quebly clinic - Qena



Hegaza Bahary clinic - Qena



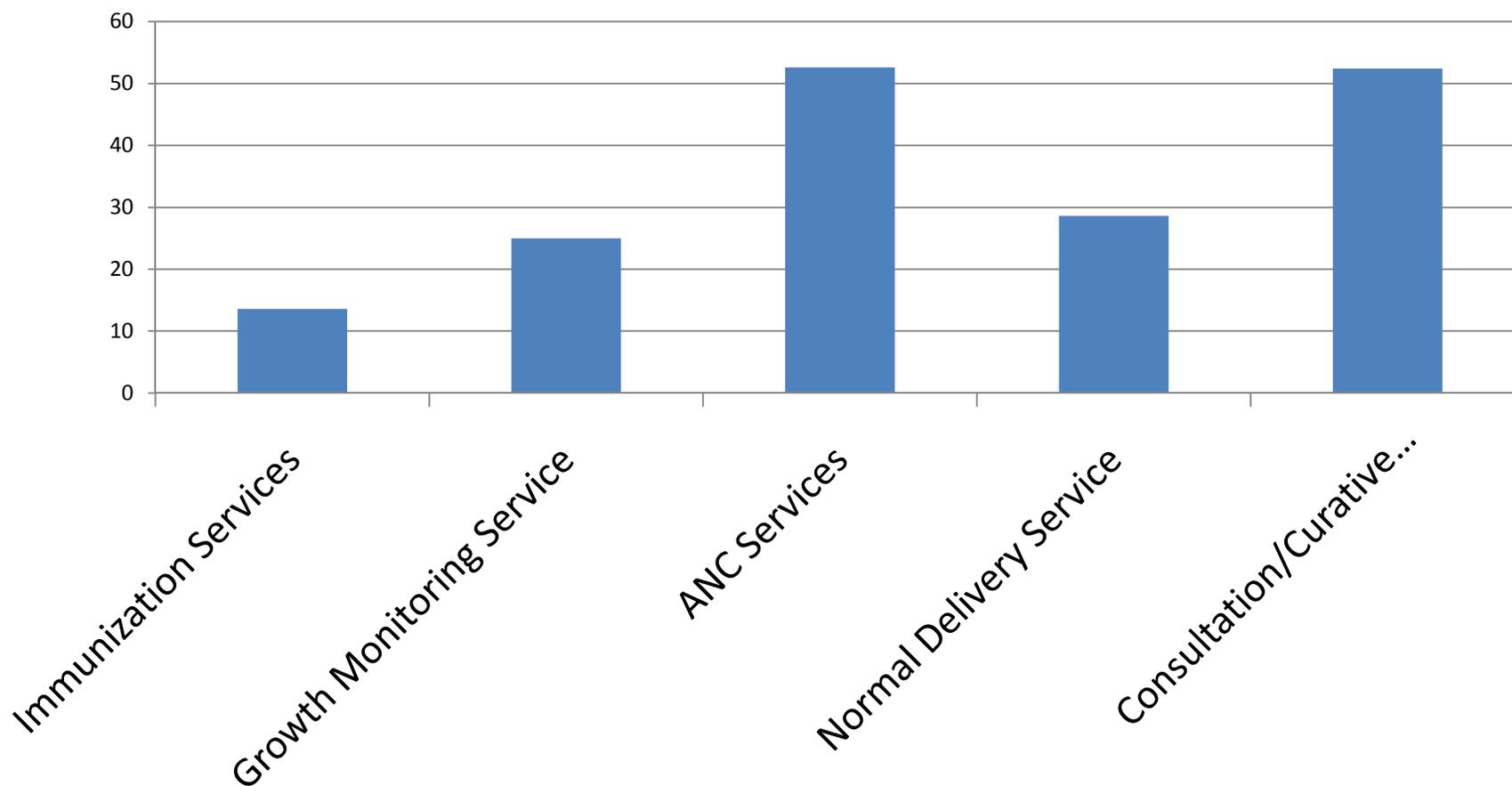
Shandweel clinic - Sohag



Availability of MNH-FP-Nutrition Services

Percentage of clinics with service available

■ Percentage of clinics with service available



114



Health Facility Assessment

- In the child consultation room:
 - 50% of the facilities have children scale
 - only 4.2% have ORS' cup
 - none has watch with second hand
- At the delivery room:
 - 50% of the facilities have infant scale
 - 8.3% have neonatal resuscitation devices
 - 4.2% have baby wraps



Health Facility Assessment

- In the ANC room:
 - 66.7% have blood pressure machine,
 - One third have hemoglobin reagents,
 - 25% have working adult scale
- At the child drug area,
 - 8% have diarrhea drugs, iron tablets, folic acid and antibiotics
 - 4% have ORS packets, iron drops, Zinc, eye infection ointment/drop, oxitocin, and tetanus vaccine.

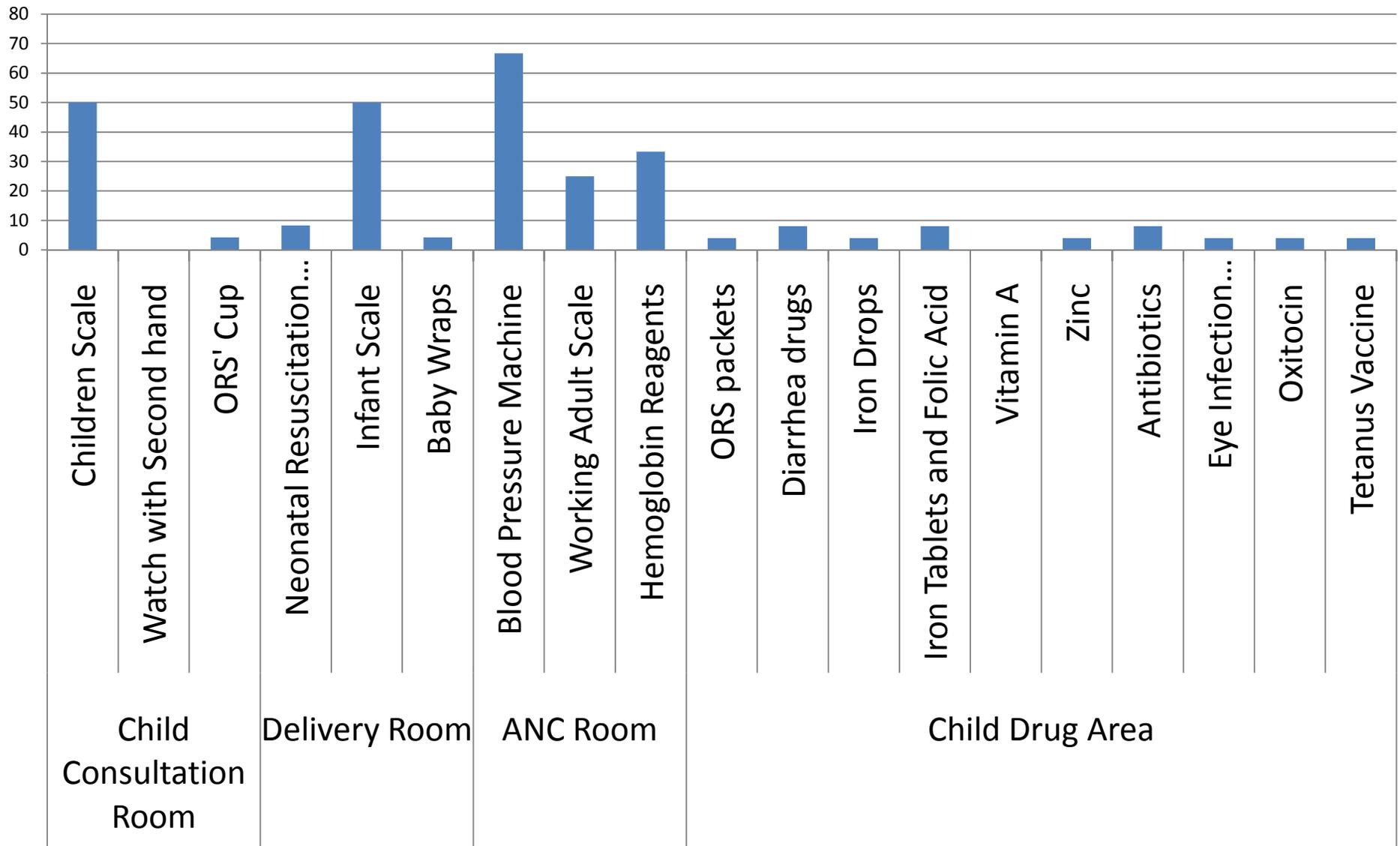
None of the facilities have Vitamin A



Availability of Drugs, Equipment, and Supplies at the Health facility

Percentage of clinics

■ Percentage of clinics



Health Facility Assessment

- 58.3% of facilities' managers interviewed confirmed receiving help in the facilities services from local community members
- 72.0% confirmed receiving ideas and suggestions from them
- 76.0% confirmed receiving financial or in-kind support from the CDA



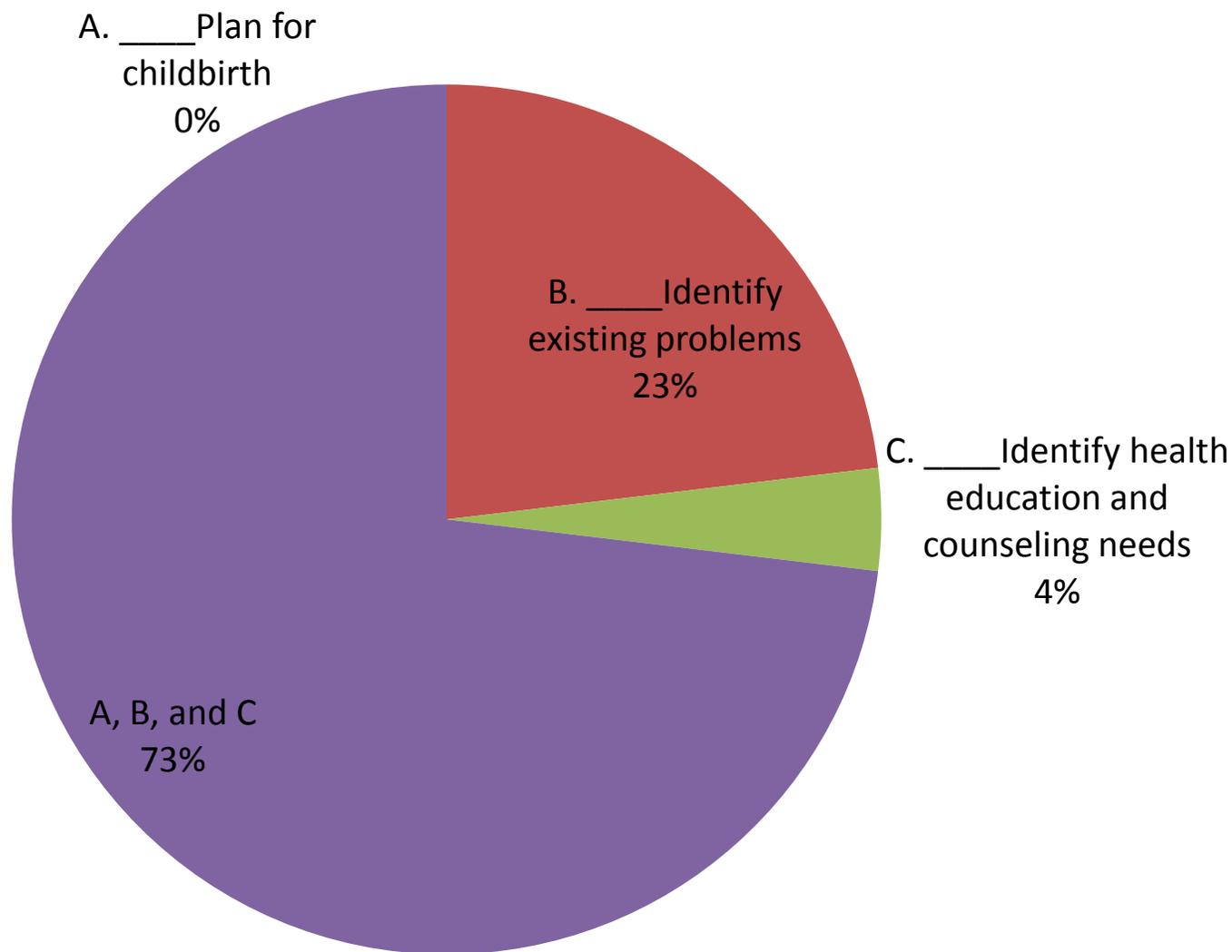
Health Workers Survey

- Health Workers Information on ANC
- Health Workers Information on normal Labor, childbirth and immediate newborn care
- Management of Complications
- Postpartum Care (Baby and Mother)



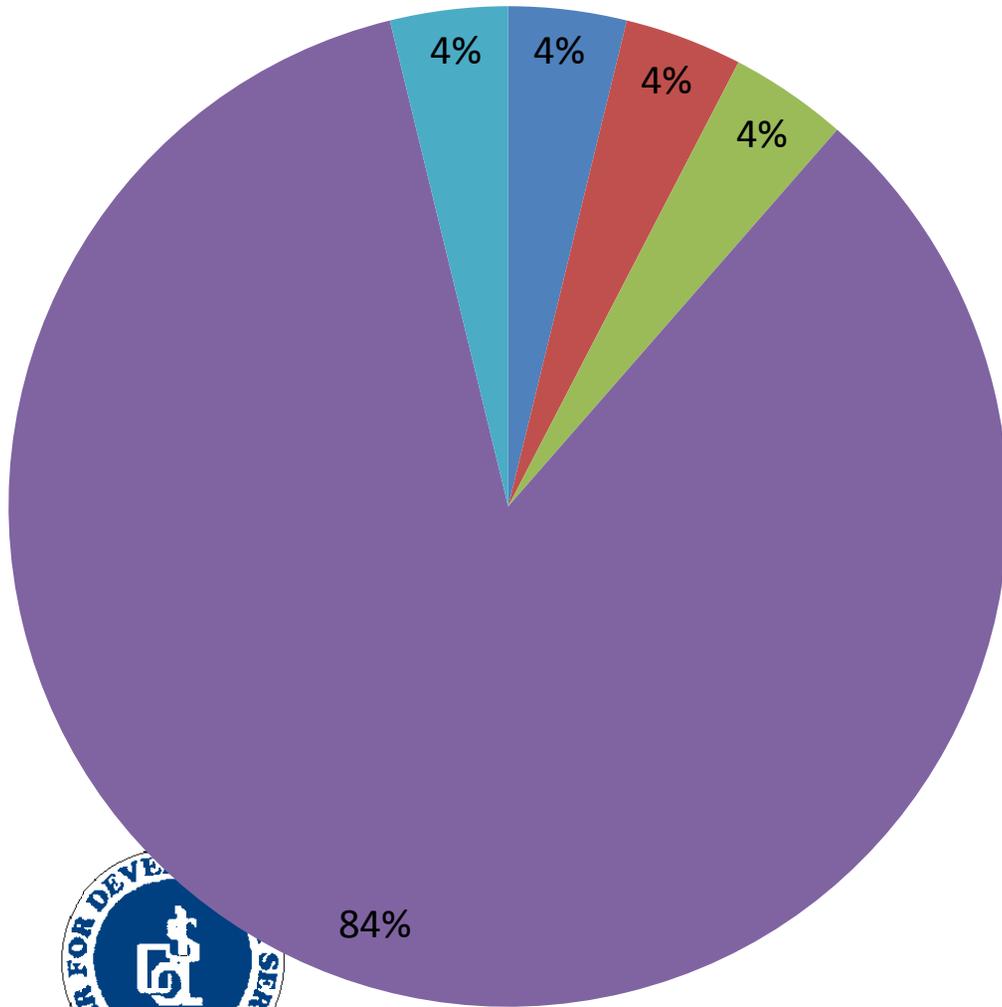
Health Workers Information on ANC importance of the information obtained from the antenatal history

120



Health Workers Information on ANC pregnant women should receive educational messages

121

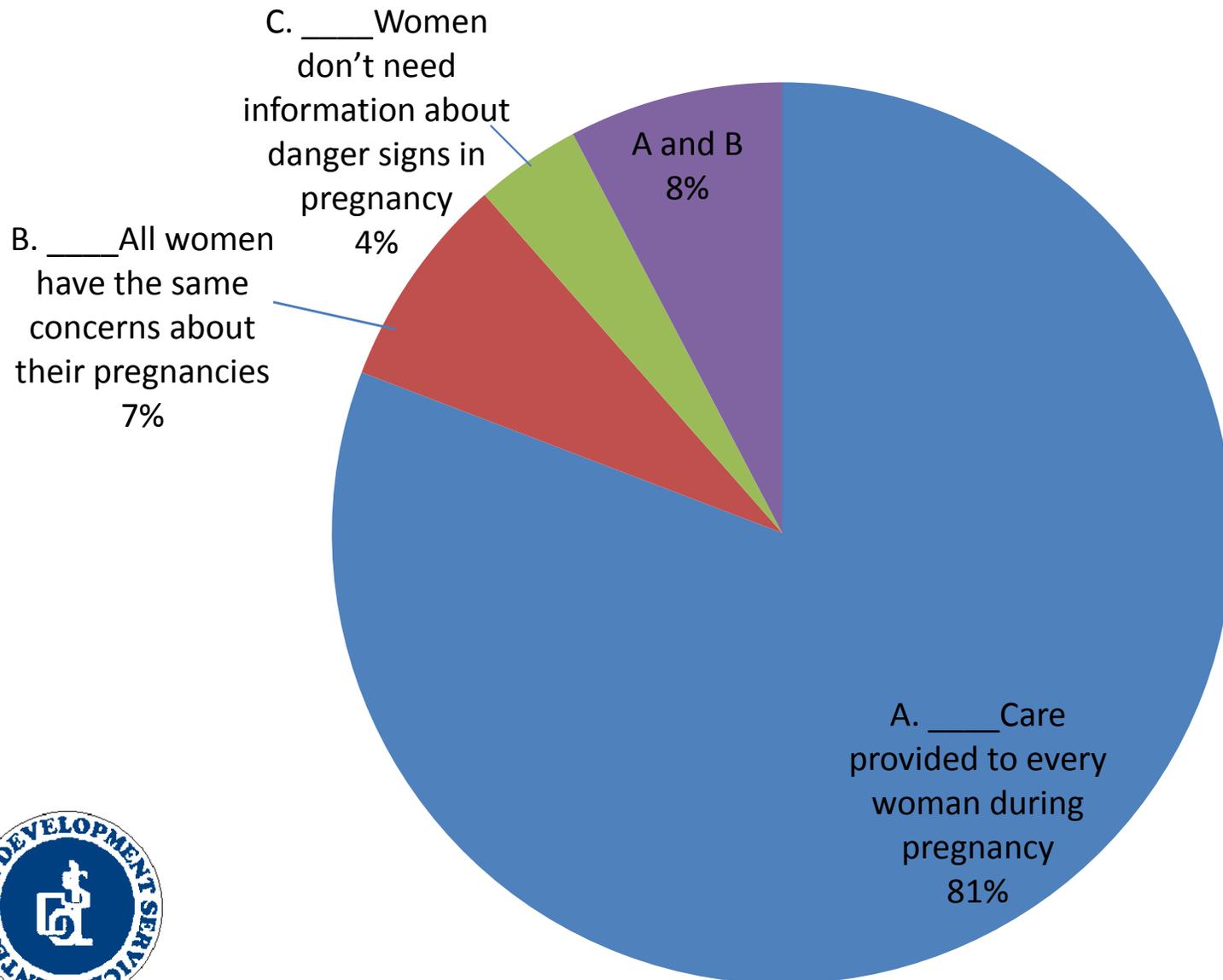


- A. ___ Personal hygiene, rest, and exercise during pregnancy
- B. ___ Diet and nutrition during pregnancy
- C. ___ Danger signs during pregnancy
- A, B, and C
- A and C



Health Workers Information on ANC focused ANC means

122

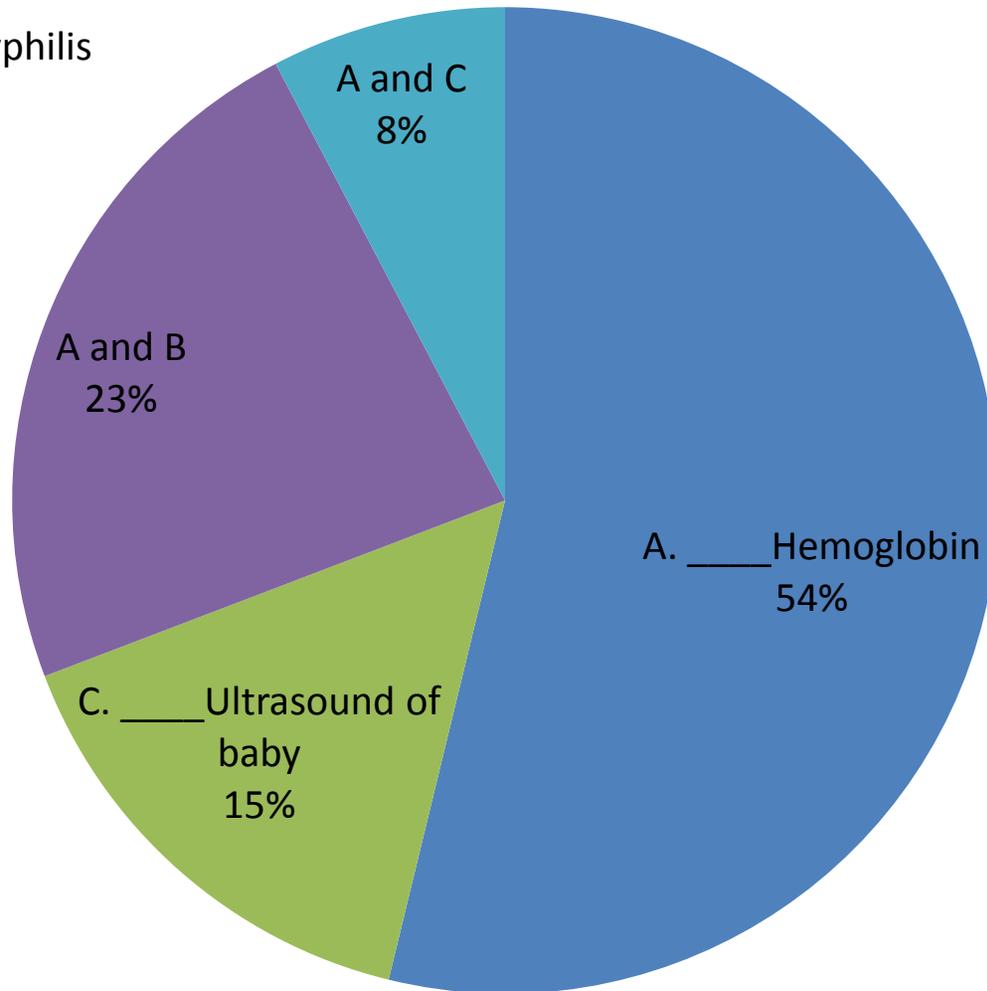


Health Workers Information on ANC

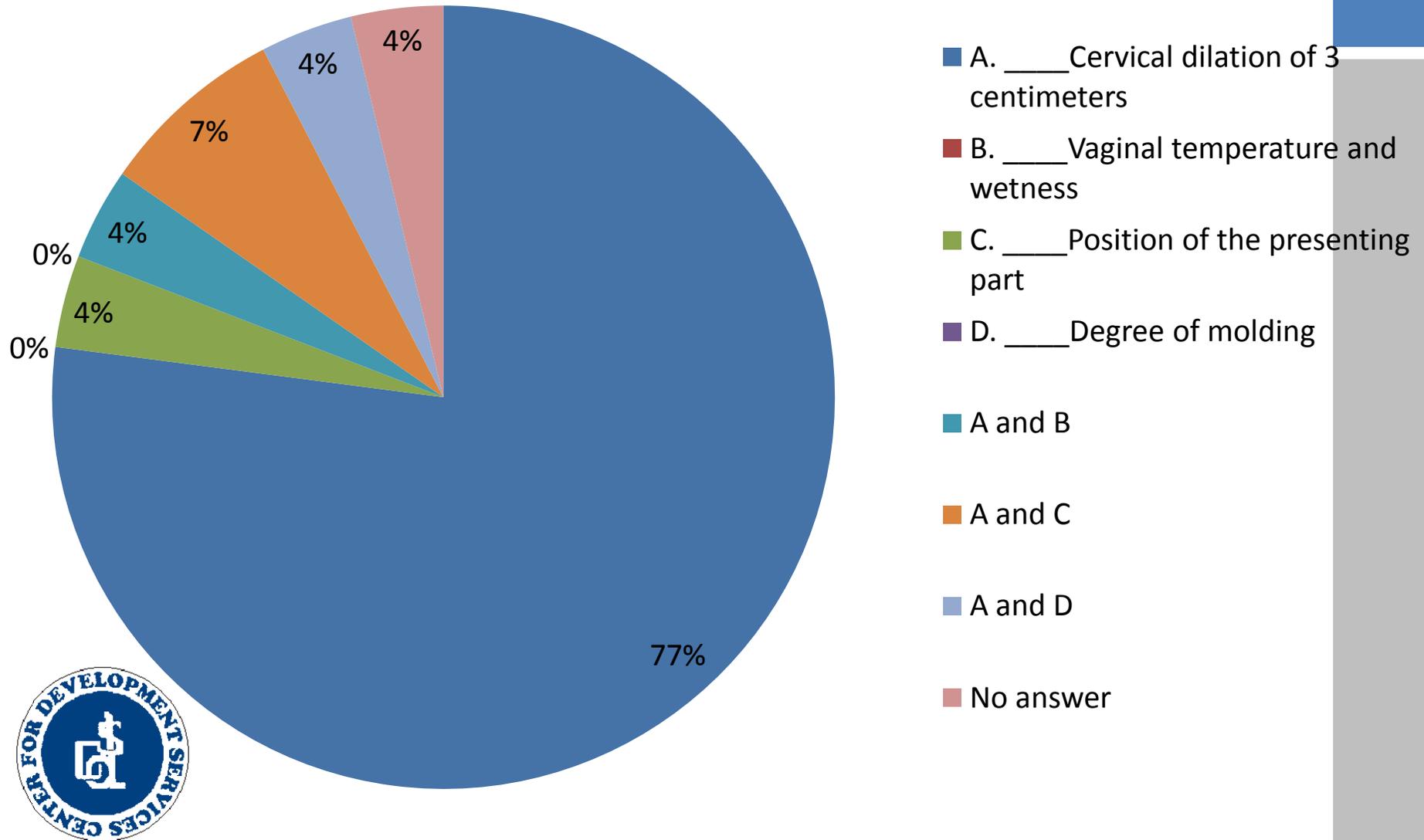
Tests that should be performed for every woman during ANC

123

B. ____ Test for syphilis
0%



Health Workers Information on normal Labor what to record during vaginal examination

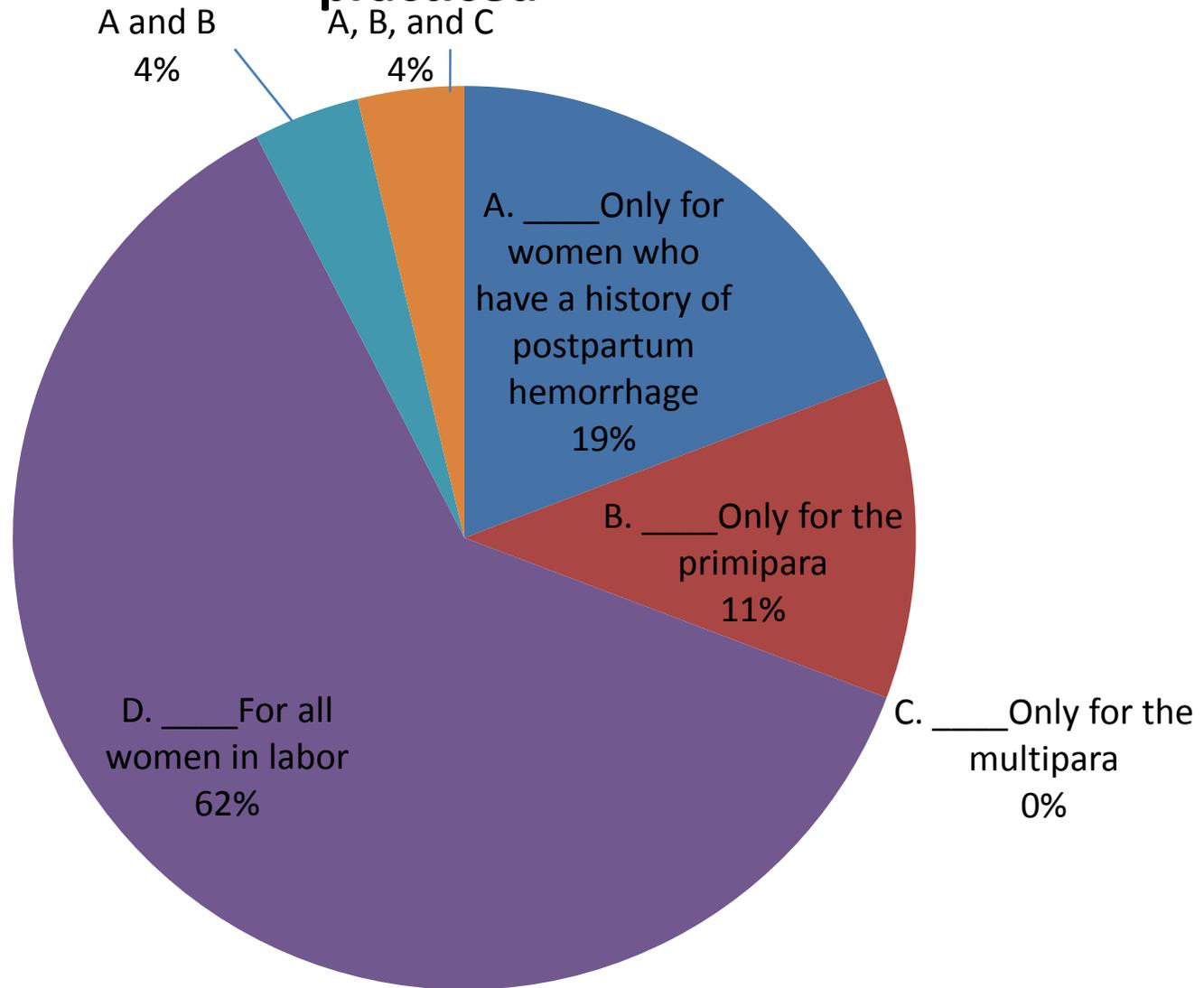


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124



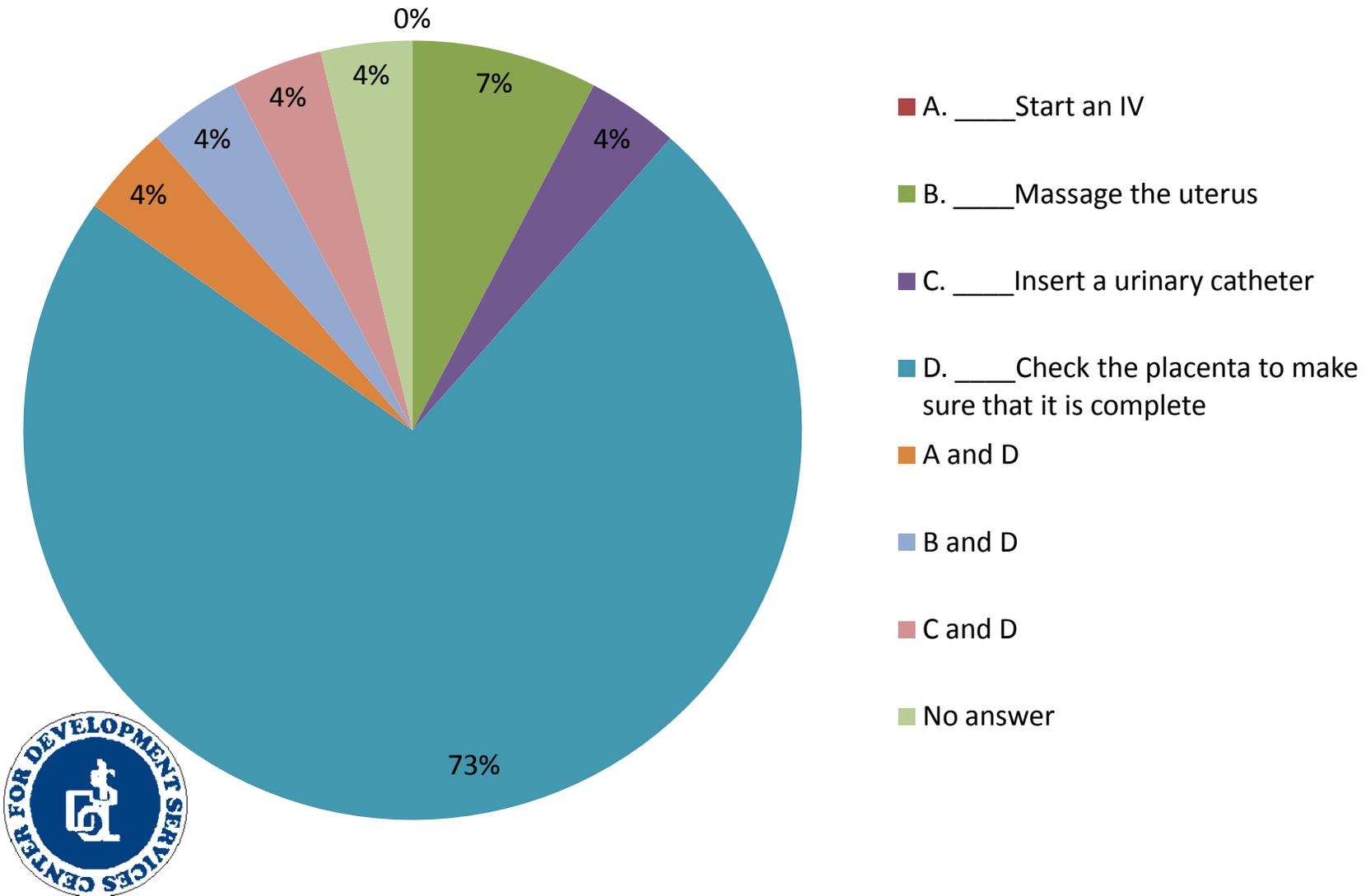
Health Workers Information on normal Labor active management of the third stage of labor should be practiced



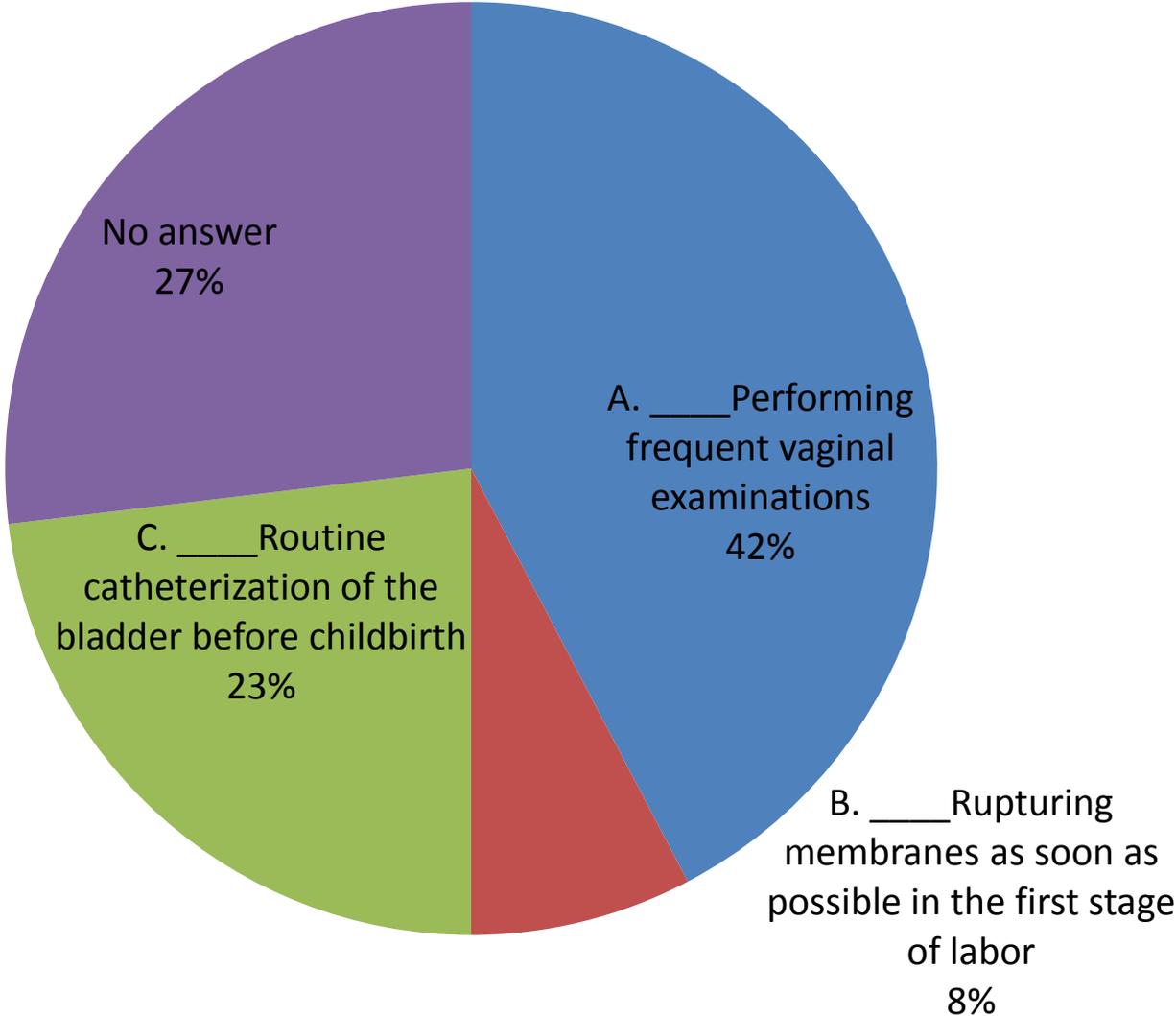
Health Workers Information on normal Labor

If bleeding continues after delivery of the placenta, after calling for help, providers should:

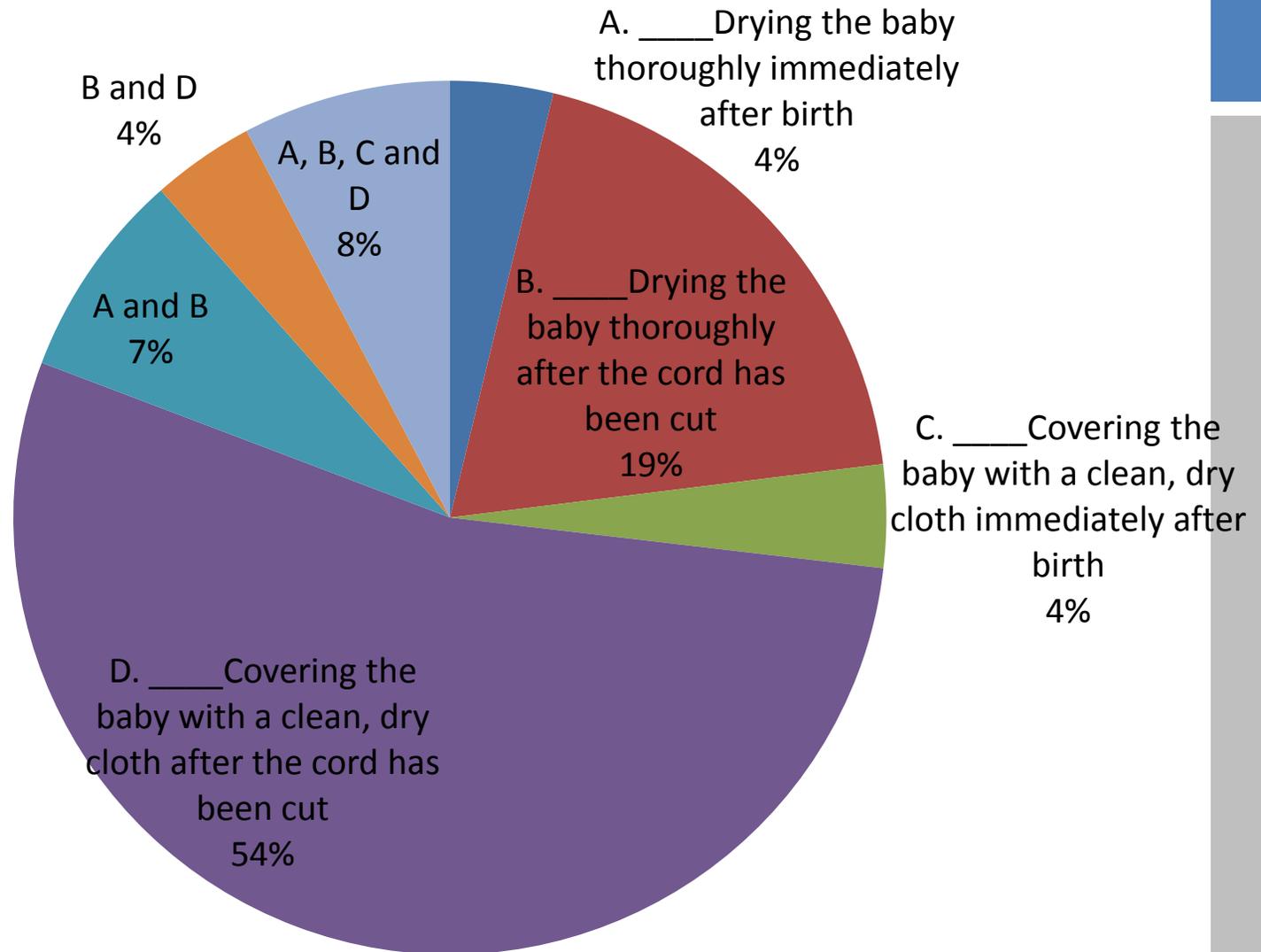
126



Health Workers Information on normal Labor decrease the risk of infection during childbirth

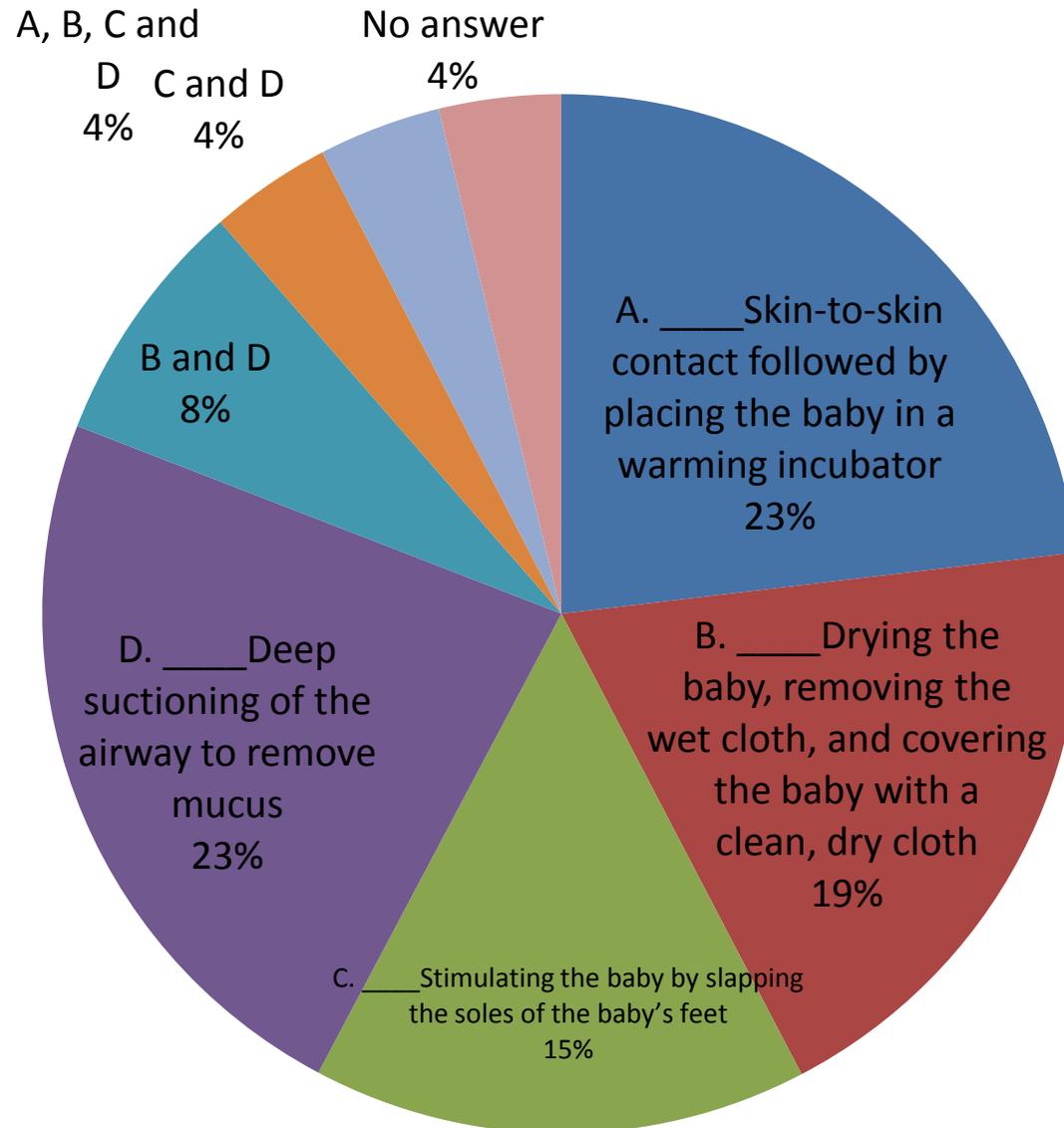


Immediate New Born Care first step in thermal protection for the newborn

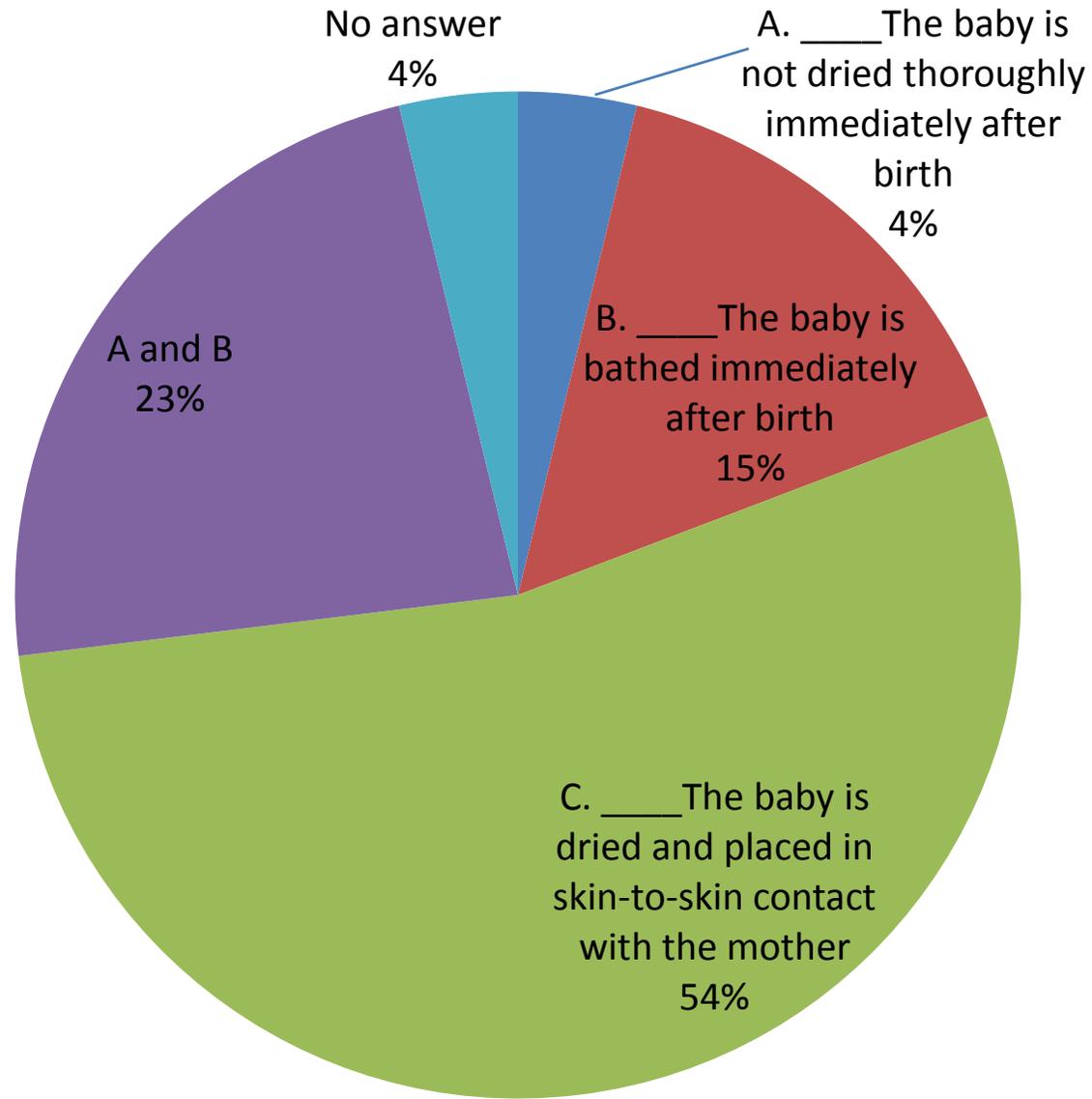


Immediate New Born Care

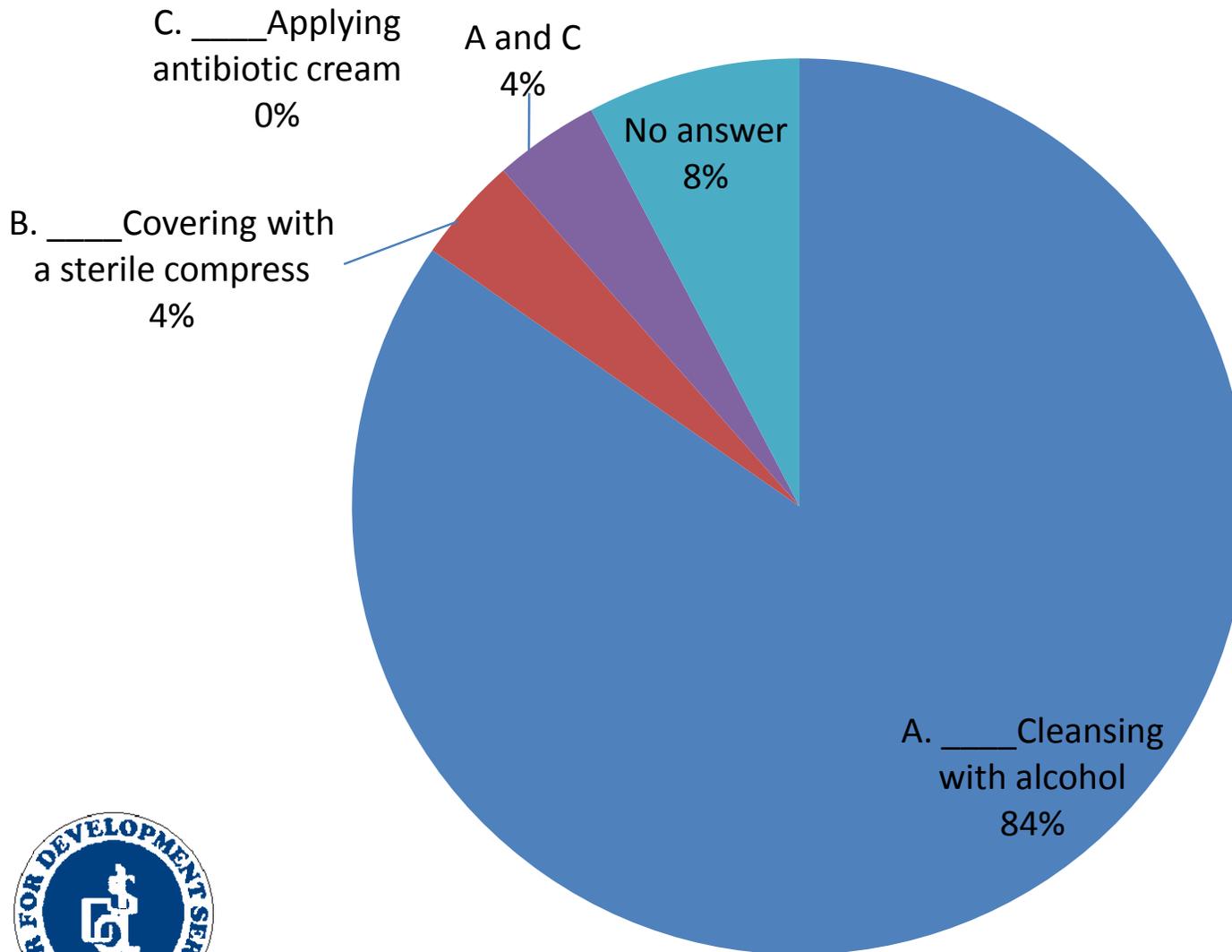
immediate care for a normal newborn includes



Immediate New Born Care hypothermia factors



Immediate New Born Care umbilical cord care

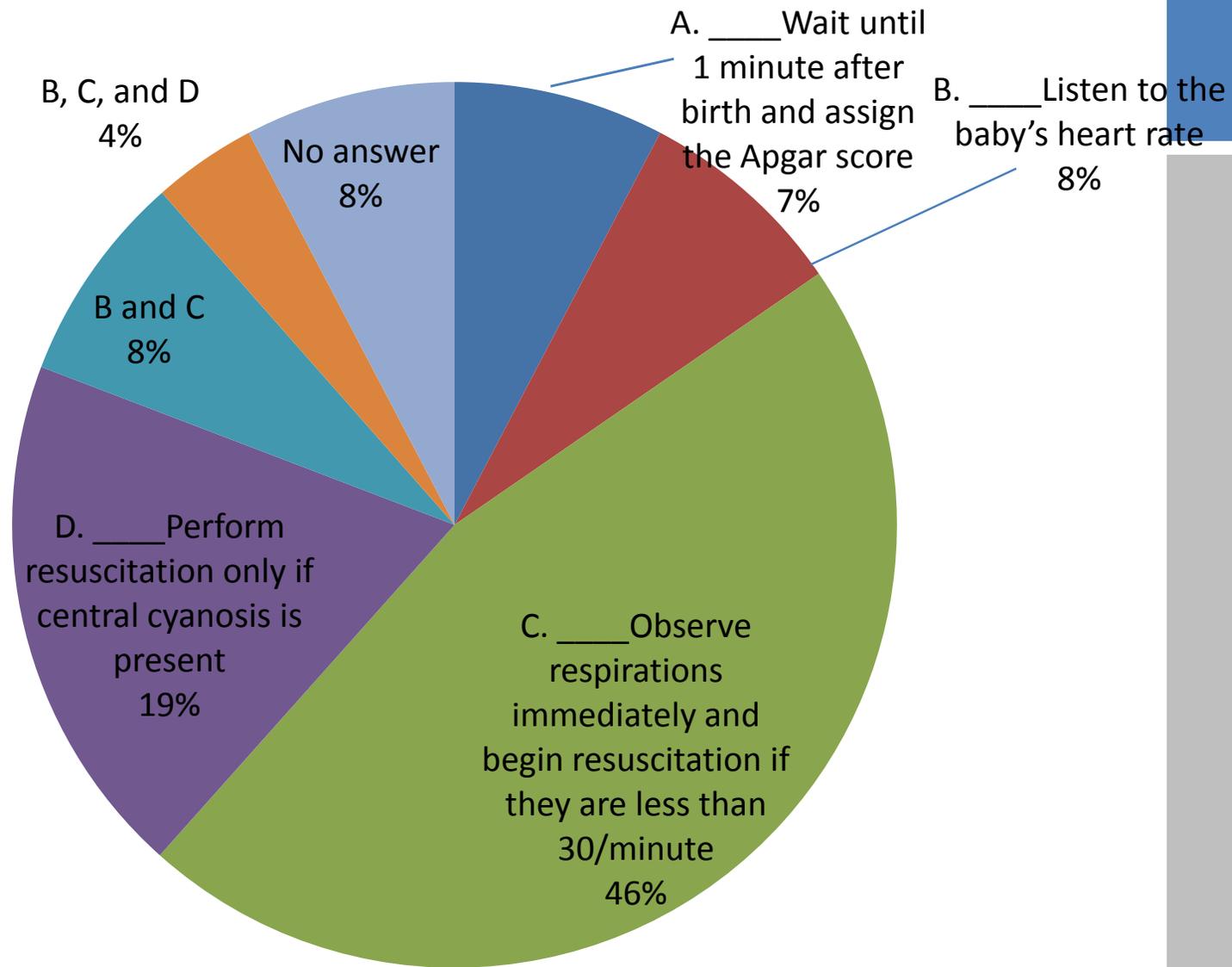


131



Immediate New Born Care

how to determine if newborn needs resuscitation

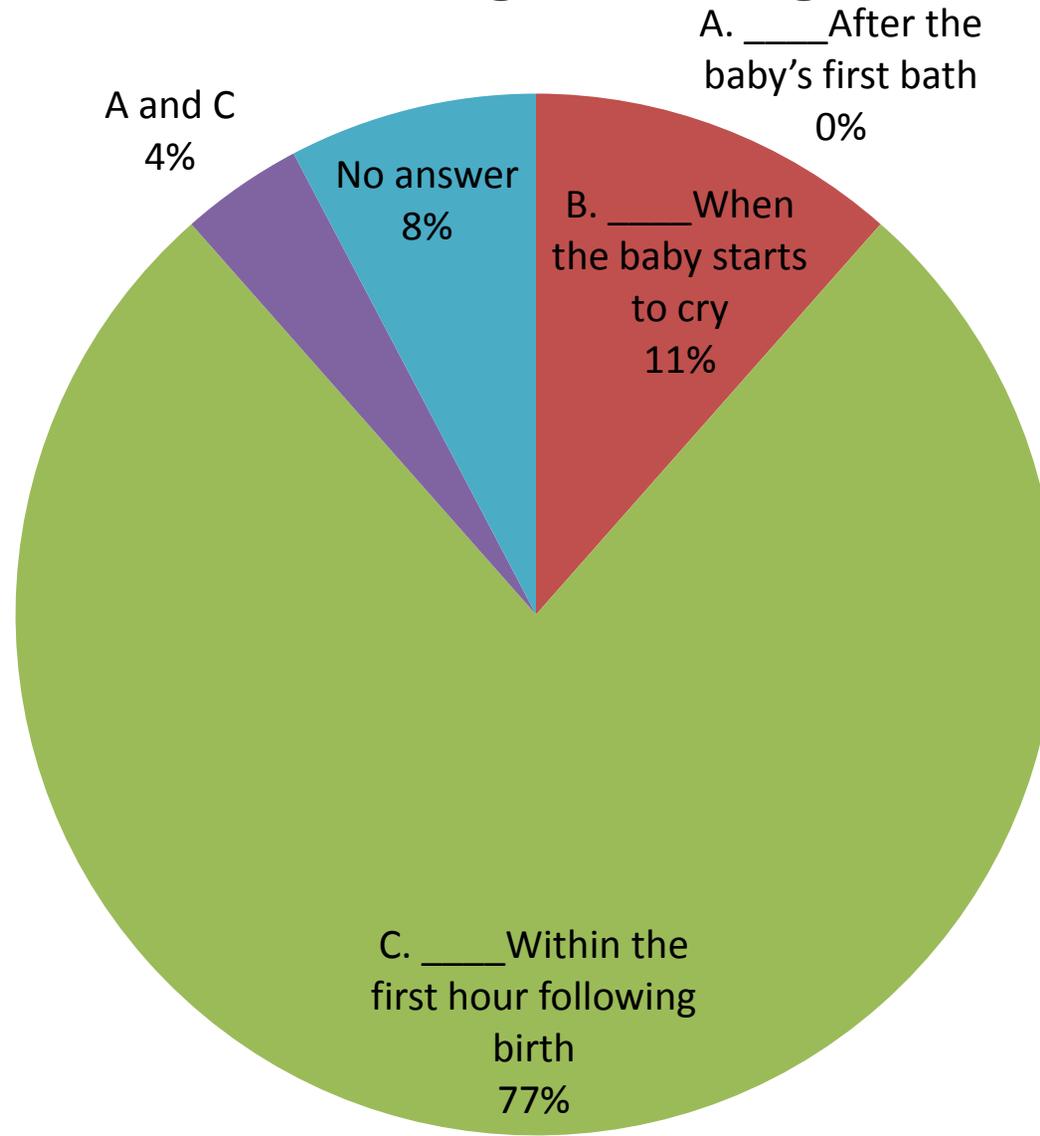


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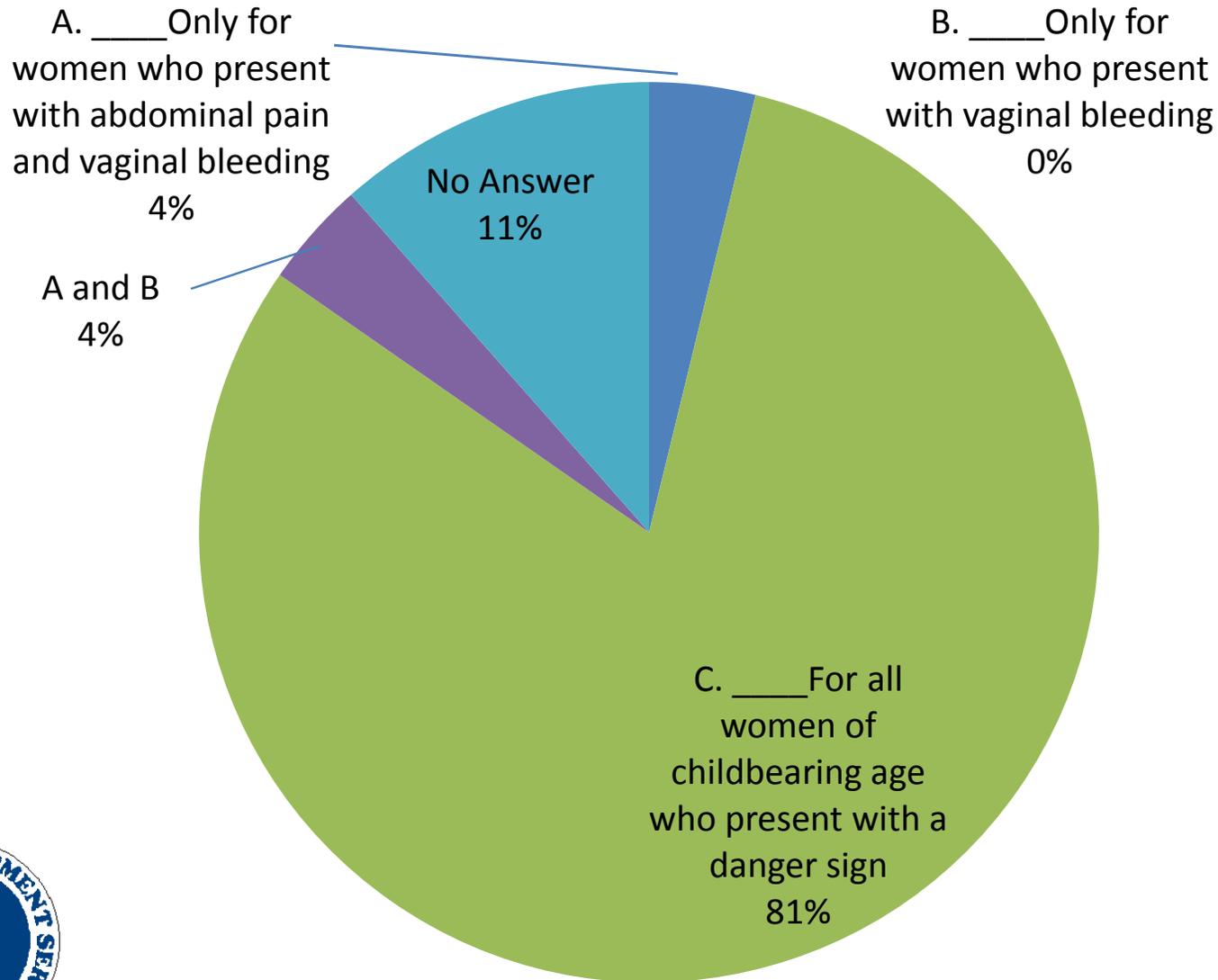


Immediate New Born Care

Breastfeeding should begin

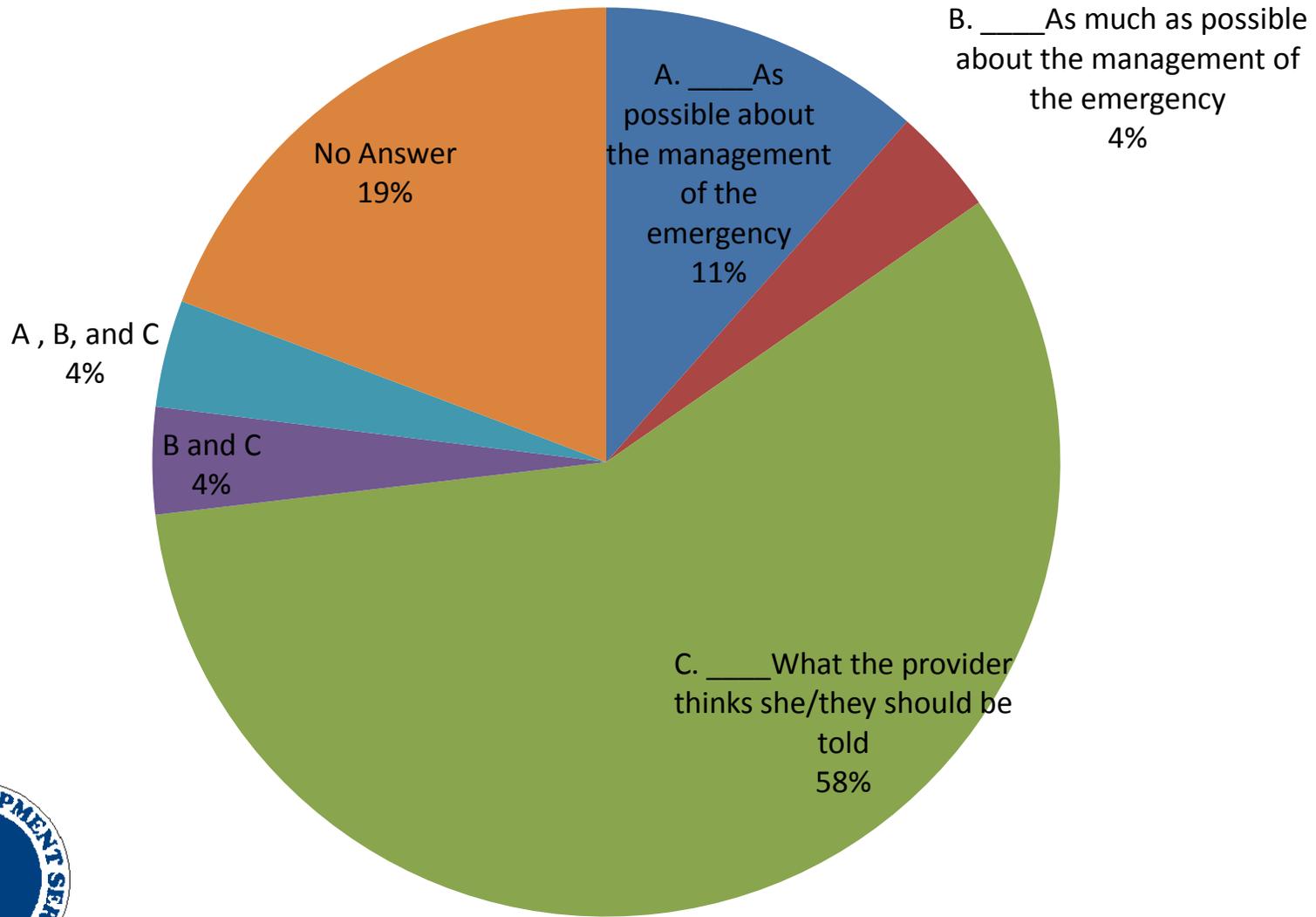


Management of AN Complications carry out a rapid initial assessment



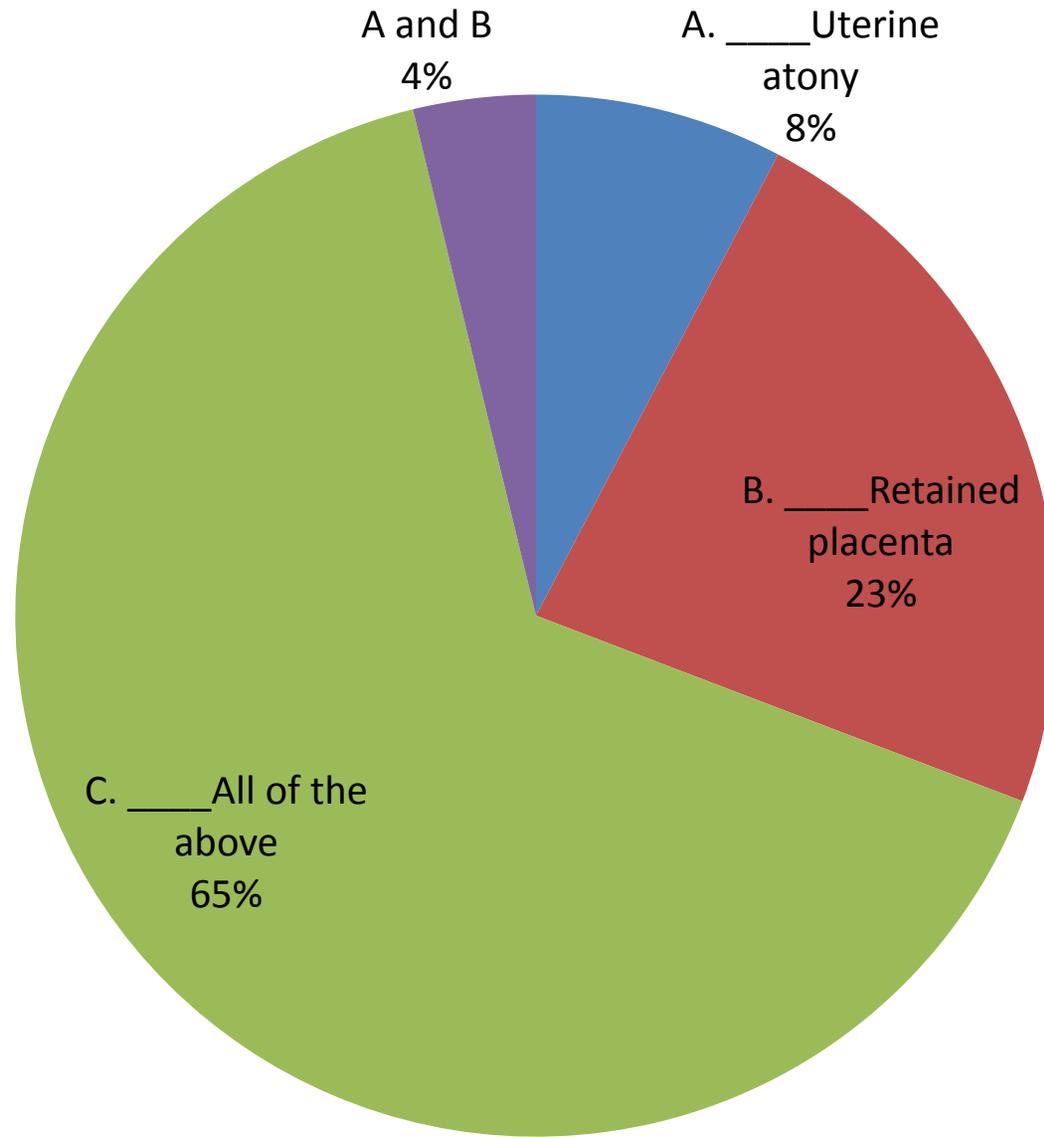
Management of Obstetric Complications tell the woman and her family or support person

135



Management of Obstetric Complications

causes of immediate postpartum hemorrhage

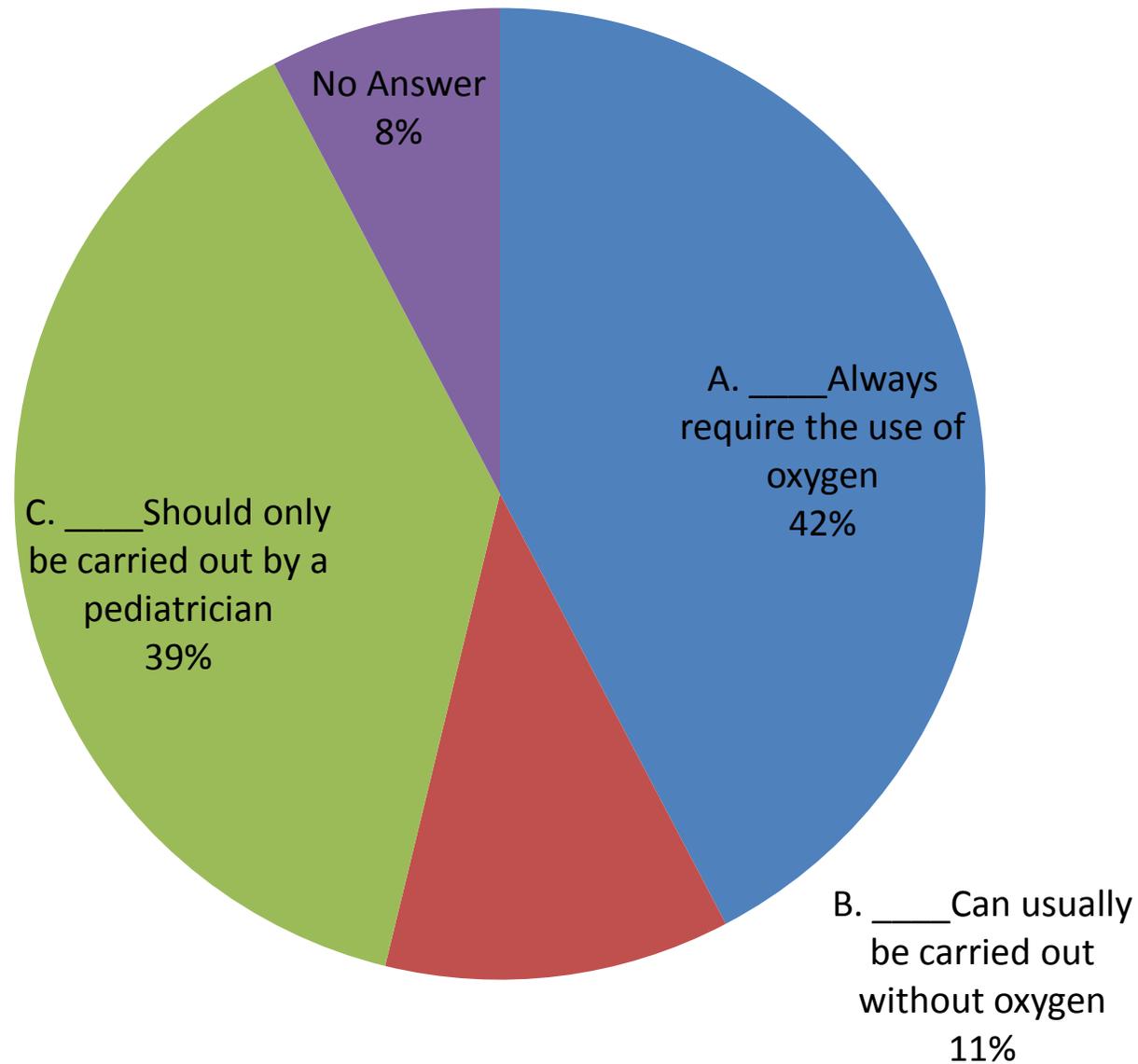


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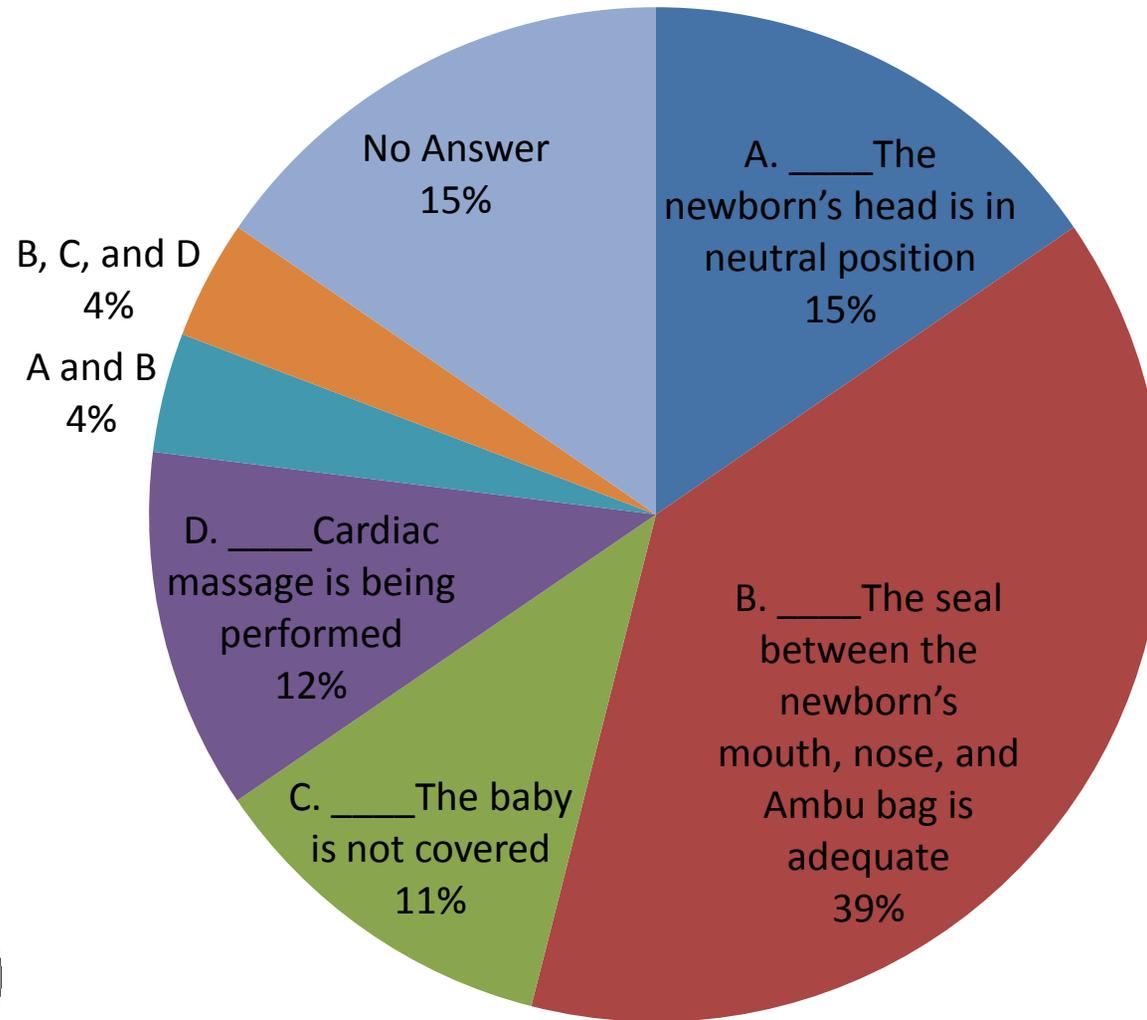
Management of New Born Complications new born resuscitation procedures

137

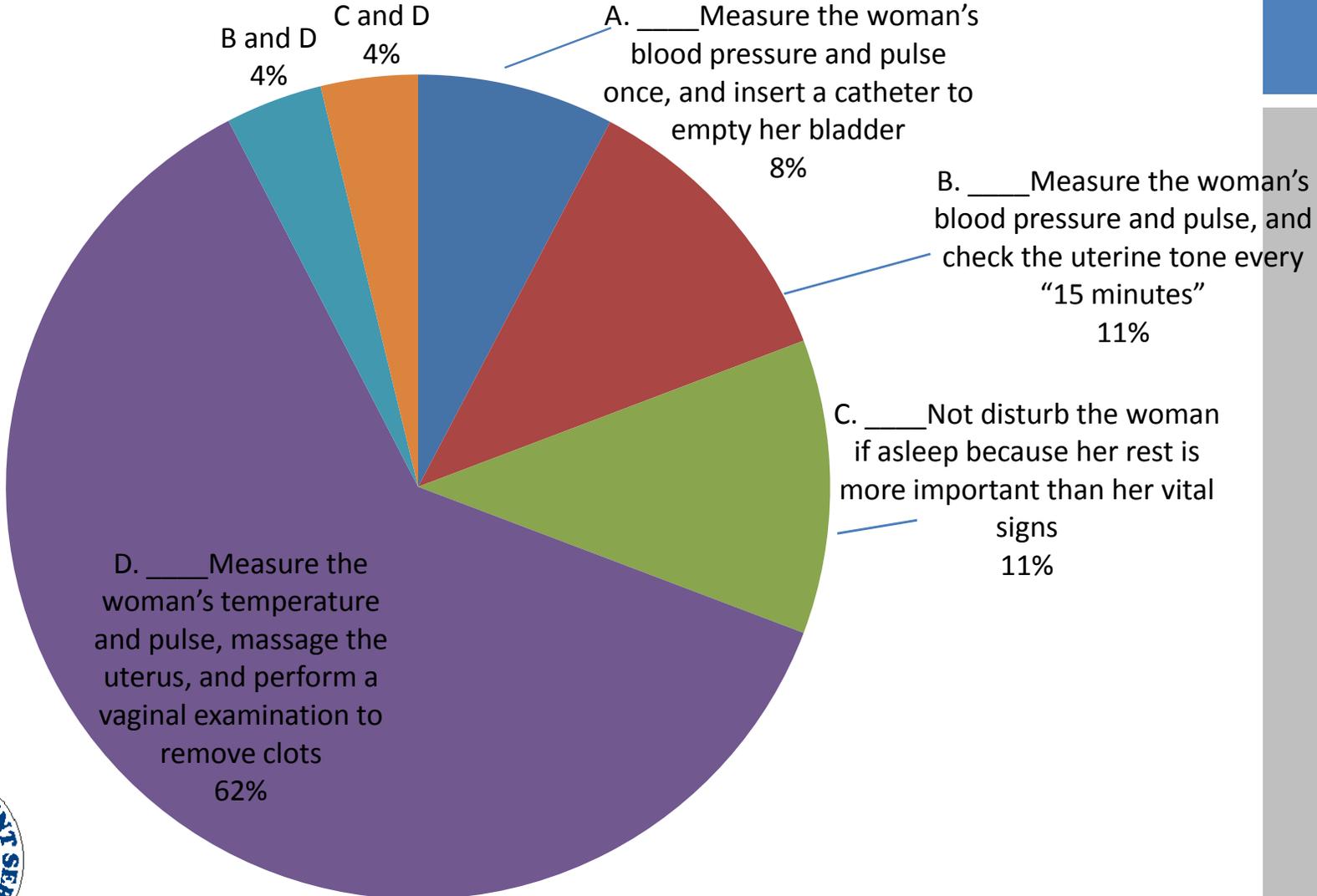


Management of New Born Complication newborn resuscitation with an Ambu-bag and mask

138

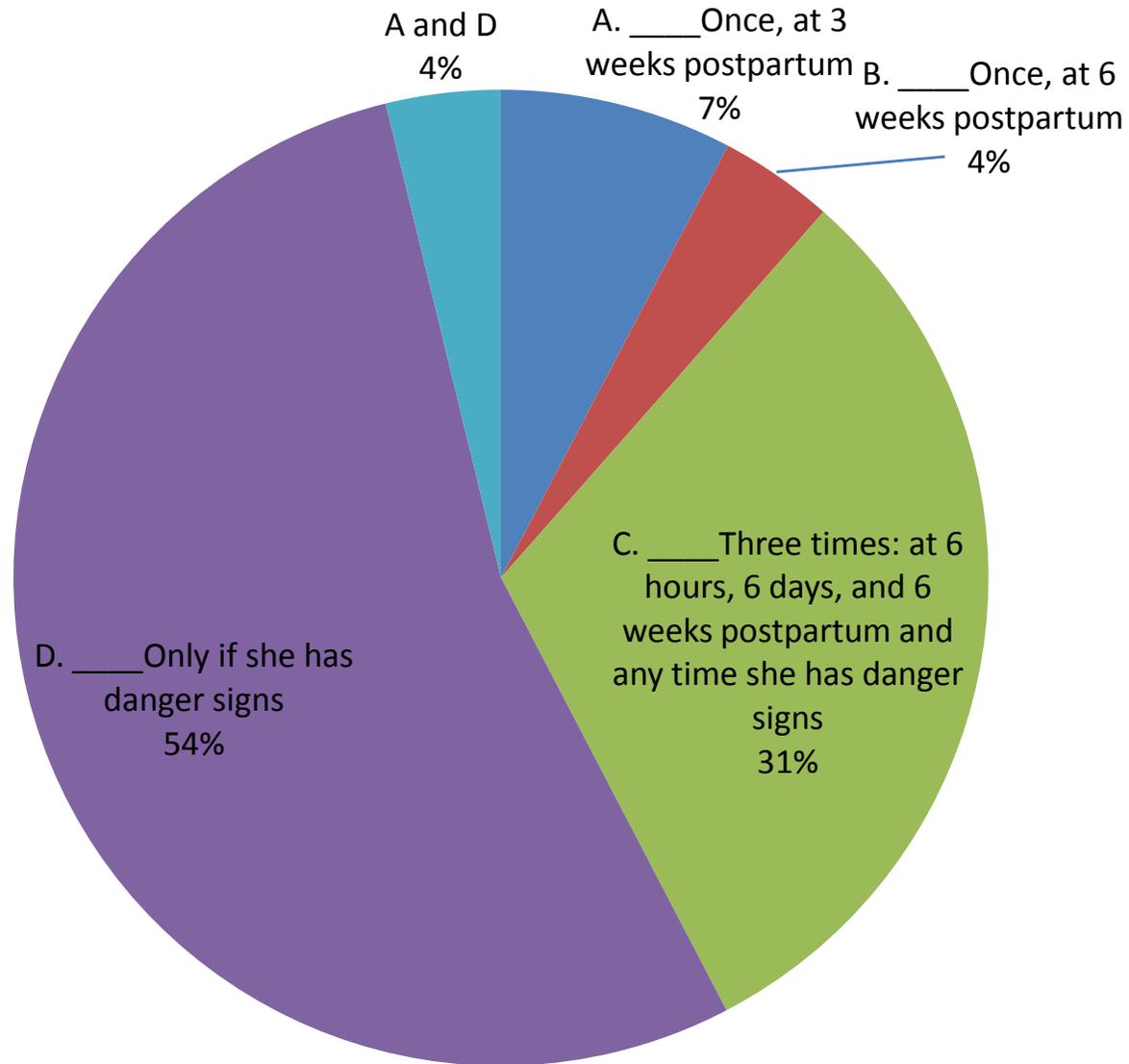


Postpartum care (baby and mother) during the first 2 hours following birth



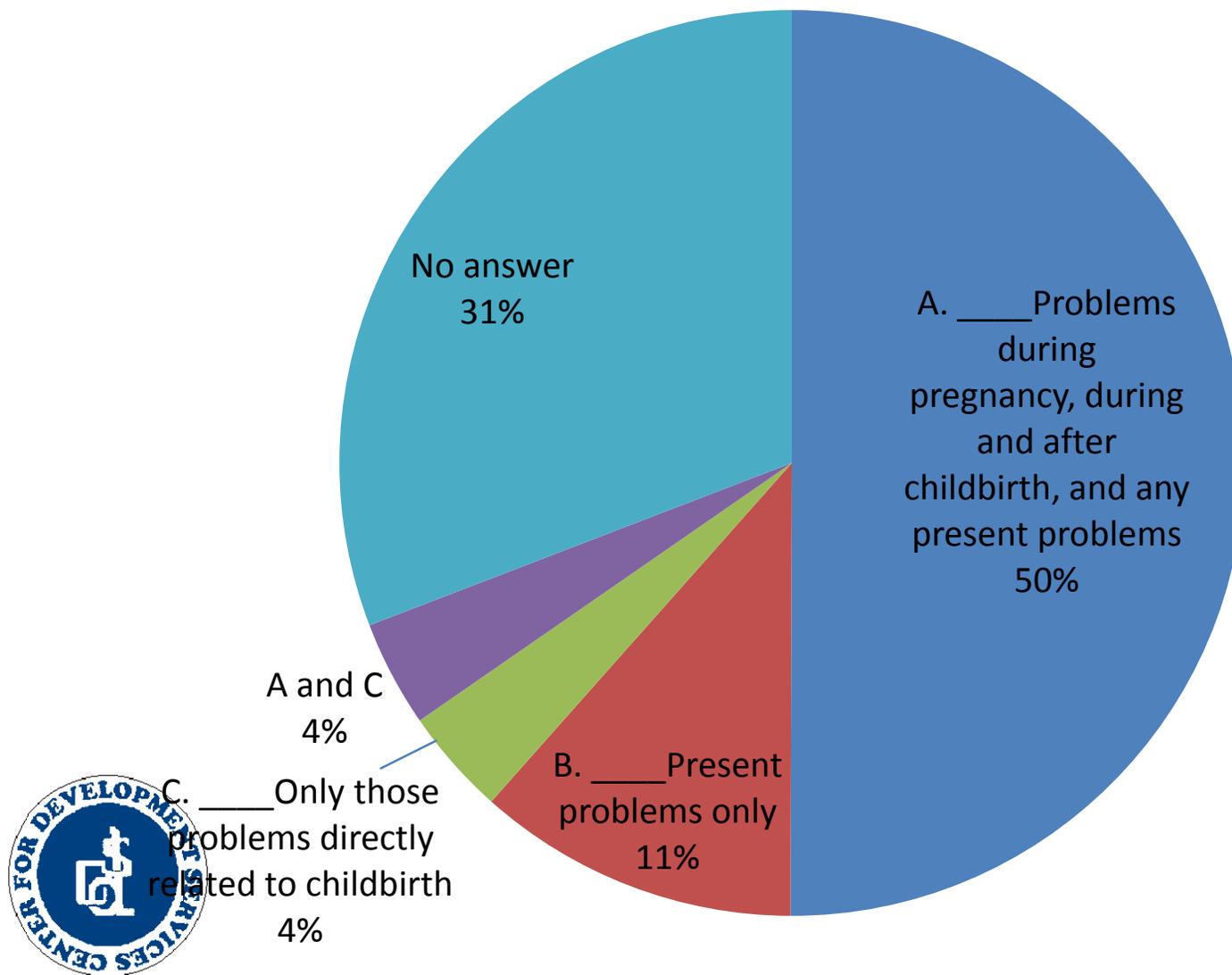
Postpartum care (baby and mother) postpartum visit schedule with a skilled provider

140



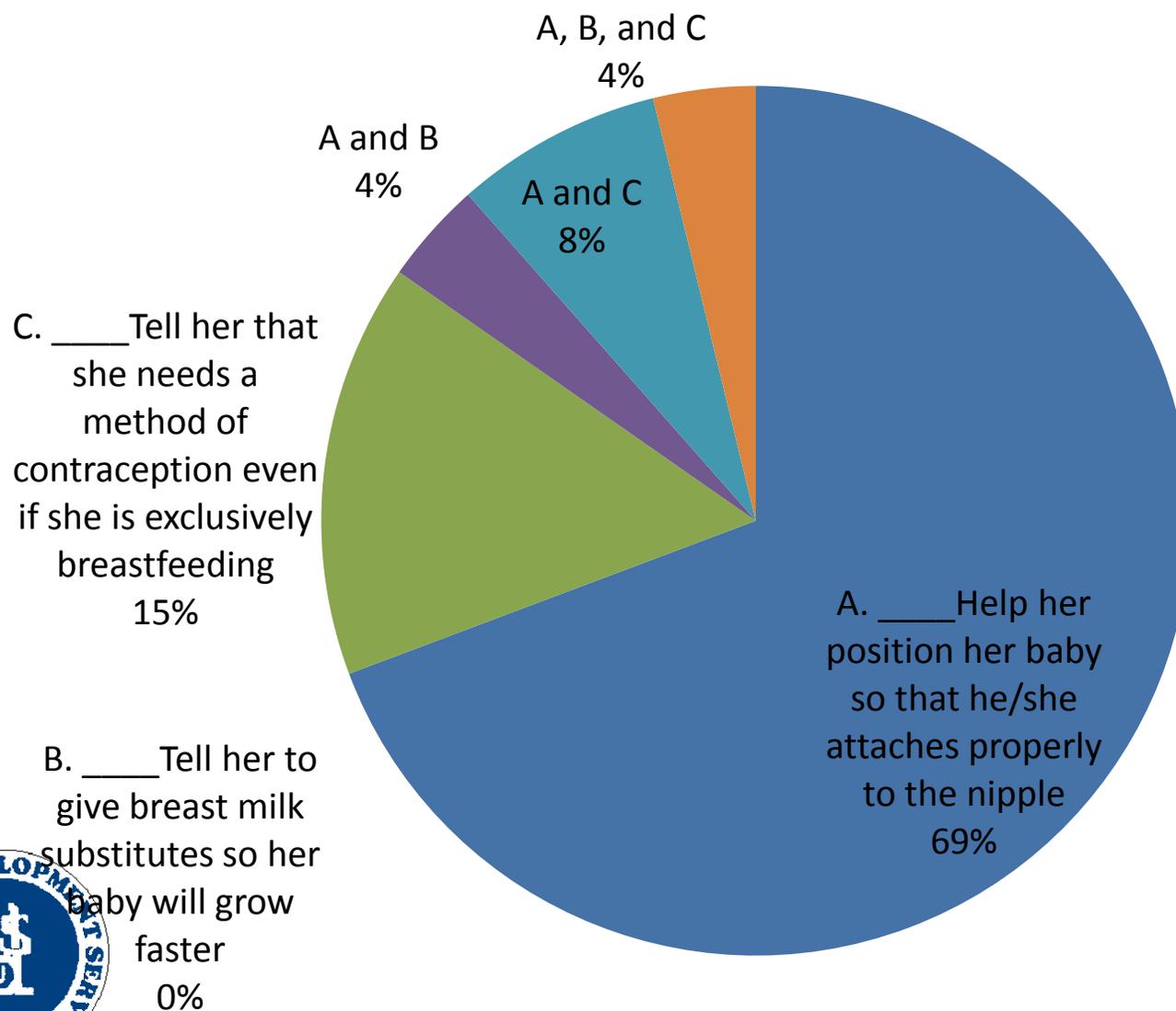
Postpartum care (baby and mother) information obtained from women during postpartum visits

141

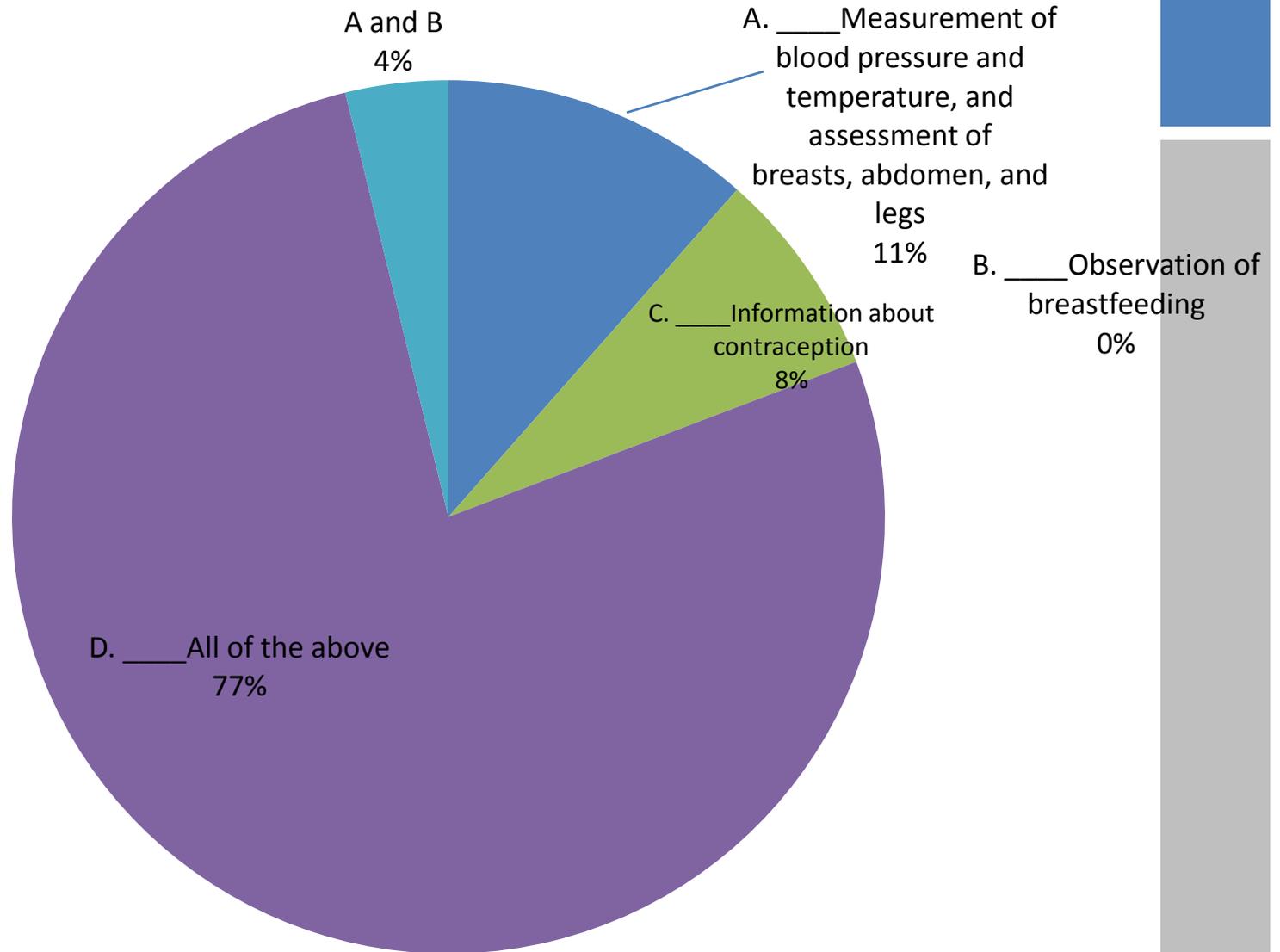


Postpartum care (baby and mother) counseling mothers about breastfeeding in the 6 hrs following birth

142



Postpartum care (baby and mother) postpartum examination



General Observations by Health Facility Assessment Specialists

- Little number of nurses
- Minimal training if any
- Physicians turnover is high



Pharmacy Staff Interviews

- Reproductive Health
- Pregnancy
- Infant health and nutrition
- Referral to medical doctors



Pharmacy Staff Interviews

Reproductive Health

- Lower Egypt is much common with people seeking reproductive health questions
- Women ask more about availability of some contraceptives
- Knowledge is not sought at pharmacy except by newly married men
- Lactation, vaginal infections and menstrual cycle related medicines are most common



Pharmacy Staff Interviews

Reproductive Health

- Oral contraceptives are most demanded
- IUD and hormonal injections are available at primary health units
- Microcept is the most demanded contraceptive pill



Pharmacy Staff Interviews

Pregnancy

- Iron and folic acid tablets are most dispersed based on prescription not pharmacy staff advice
- “females bear it for the sake of their children” a pharmacist in Sharqya stated when asked about side effects of iron tablets



Pharmacy Staff Interviews

Infant Health and Nutrition

- Women questions:
 - Nutritional supplements in diarrhea
 - Formula milk
- Men questions:
 - Subsidized formula milk
- Anti diarrheal medicines have been dispensed increasingly over the last 5 years. Flagyl is the most common



Pharmacy Staff Interviews

Infant Health and Nutrition

- Increased rate of RTI
- Abimol and Cetal are most dispensed
- Subsidized milk, Babylac 1 and 2, S26 are the most common dispersed formula brands, while Cerllac and Hero baby are the most commonly supplements



Pharmacy Staff Interviews

Referral to Doctors

- Fear of liability in case of pregnant women
- Pharmacies of Lower Egypt were prompt in their response to say that most patients go to the doctor and come with a prescription this was not stated in pharmacies of Upper Egypt
- No awareness material available at any pharmacy





Conclusion

Contraception

- Women showed better knowledge in the intervention group in Lower Egypt than in Upper Egypt with regards to the health risks associated with close spaced pregnancies, mentioning the mother's anemia followed the low-birth weight of the newborn as the main risks



Contraception

- The knowledge of women about more methods of contraceptives was more associated with the age of the women while difference in education wasn't significantly different
- Accordingly, mothers-in-law were more knowledgeable which showed in qualitative survey



Contraception

- 70% of all women are currently using modern methods contraceptives
- Age and education are both associated with more use of contraceptives
- Qualitative survey raised other reasons for contraception as the need to care of the mothers' health and financial cost of raising a child



Contraception

- Women in Upper Egypt use contraceptives (64.8%) less than in Lower Egypt (76.6%)
- In 75% contraception is a joint decision
- Qualitative survey indicated that men have a strong decision on stopping the contraceptive usage



Maternal Health- Antenatal Care

- In Upper Egypt, percent of women seeking ANC from public sector in intervention districts was significantly greater than those in control districts; the situation is reversed in Lower Egypt
- There was a little bit of discrepancy between quantitative and qualitative surveys about the number and reason behind ANC visits



Antenatal Care

- During the antenatal period around 71% of all women took iron tablets or syrup and about 40.6% received two or more TT injections during pregnancy
- The higher the education the higher their compliance
- Fathers and mothers-in-law affirmed on iron tablet intake



Antenatal Care

- Private sector plays a major role at all governorates, Lower Egypt depends more than Upper Egypt on private sector
- There are no proper systematized counseling services for ANC, breastfeeding, child spacing
- 10.2% reported no knowledge of any complications during pregnancy



Delivery Care

- Private sector is the main delivery place in Egypt with 54.7% followed by general hospitals with 30.8%
- 85.8% of these deliveries were assisted by a doctor
- This situation might not last for long
 - as many women from Upper Egypt during the interviews reported negative experiences in the public hospitals and
 - even with financial constrains to pay for private system for delivery



Delivery Care

- Women with no education and no ANC visits tend to stick to their husbands decision regarding delivery place
- Quantitative showed men are more in control when it comes to delivery place
- Qualitative showed joint decision is more common



Postnatal Care

- There is a severe less knowledge and significance when compared to antenatal and delivery care
- Age, education, work status and place of delivery affect the knowledge about post delivery complications
- Women who delivered in public facility are more aware on postpartum complications



Child Health

- Peer consultation and pharmacist consultation appears to be of great importance as only 44% consulted physicians
- Diarrhea seems to be still very common about half of interviewed had a child suffering from it in the 2 weeks prior to interview
- Knowledge regarding feeding during diarrhea seems to be mixed across groups, education and regions



Child Health

- Mothers reported that they can do minimal interference when it comes to predisposing factors
- Hand washing before food preparation seems very common
- No gender differences reported for care



Breastfeeding Practices and Nutritional Status

- Almost all interviewees acknowledge breast feeding and its importance
- 99.1% of children aged less than 2 years were reported as having been breastfed
- Among them 30.9% of the children were put to the breast within an hour of delivery and
- 77.5% of the children were breastfed within the first day



Breastfeeding Practices and Nutritional Status

- About 11.7% were severely stunted or stunted
- 9.8% were wasted or severely wasted
- Mothers attributed this to financial conditions especially that they reported knowledge of milk and eggs importance but could not afford them



Working Women and Decision Making

- 87% of women do not work outside the house
- % of working women are higher in above 35 years old
- Joint decisions seems to be the commoner however, fathers were reported to have Mothers reported that they can do minimal interference when it comes to predisposing factors
- Hand washing before food preparation seems very common
- No gender differences reported for care
- Men tend to leave non financially driven decisions to women



Knowledge of Men

- TV seems to be the most communication tool appropriate when addressing RH issues
- More husbands accompany mother in Upper Egypt
- More men in Upper Egypt tend to have babies delivered in hospitals
- Less knowledge and involvement when it comes to child health



Facility Assessment

- Almost all health facility assessed are underequipped and understaffed
- Almost 25% of health facilities were still underconstruction or non functioning
- Health workers mostly did not have medical education or training
- Pharmacies are sources of information especially in child health problems

