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**EVALUATION
OF THE
MATERNAL ANAEMIA PROGRAM**

PROJECT HOPE

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AN EVALUATION OF THE MATERNAL ANAEMIA PROGRAM

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B

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS.....	(i)
EXECUTIVE SUMMARY.....	(ii) - (iv)
LIST OF ABBREVIATIONS.....	(v)
SECTION ONE - INTRODUCTION	1-3
I. Background	1
II. Terms of reference	1 - 2
III. Evaluation methodology	2 - 3
SECTION TWO - EVALUATION FINDINGS	4 - 40
I. Training.....	4 - 7
- Introduction	
- Preparation for training	
- Trainers Attitudes towards training	
- Problems encountered during training	
- Trainees perceptions of training	
- Follow-up of trainees	
II. Service delivery by Health Providers.....	8-13.
- Introduction	
- Characteristics of care providers	
- Management of maternal anaemia	
- Home Visits	
- Clients' Compliance	
- Management of side effects associated with iron tablets	
- Collaboration with Health Team	
- Attitudes towards Maternal Anaemia Program	
III. Information Education and Communication Activities.....	14-22
- Evaluation of counselling skills done by providers	

- Client exit interviews	
- Evaluation of IEC materials	
- Evaluation of IEC by Drama	
IV. Community's Perceptions Of Maternal Anaemia Program.....	23-27
- Introduction	
- Perceptions of antenatal care	
- Perception about postnatal care	
- Knowledge about maternal anaemia	
- Attitudes towards Maternal Anaemia	
- Program	
V. Administration and Management of Maternal Anaemia Program.....	28 - 33
- Supervision	
- Supply and distribution of resources	
- Record keeping	
- District Medical Officers' Perceptions	
- Health Surveillance Assistants' Perceptions	
VI. Sustainability of Maternal Anaemia Program	34
SECTION THREE- RECOMMENDATIONS AND CONCLUSION.....	35-40
ANNEX-DATA COLLECTION TOOLS	

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EXECUTIVE SUMMARY

Project HOPE in collaboration with MotherCare and London School of Hygiene and Tropical Medicine has been implementing a two phase project aimed at developing effective and acceptable means of controlling anaemia in women of reproductive age (Maternal Anaemia Program). The project is being implemented in Thyolo District, within an impact area which includes population living on the compounds of two estates, Central Africa Company and Nchima Estate, and the population living in the surrounding villages to both estates. It started in mid 1995 and is expected to finish in June-July 1998. The first phase of the project consisted of operational research to determine the prevalence, causes, and risk factors of anaemia in women of reproductive age in the impact area. The second phase of the project involves implementation of interventions which were based on the study findings. The overall objectives of the interventions were to reduce:

- the prevalence of mild to moderate anaemia in pregnant and recently delivered women in the impact area by 50%.
- the prevalence of severe anaemia in pregnant women and recently delivered women in the impact area by 30%.

The interventions included training of health care providers (hospital/health center and community levels), development and dissemination of Information, Education, and Communication (IEC) materials, and commencement of iron trials.

A monitoring evaluation of Maternal Anaemia Program activities was carried out in February 1998. The objectives of the monitoring evaluation were to:-

- assess knowledge of anaemia, correct treatment, prevention messages and correct use of IEC materials in the health care providers.
- assess the community's knowledge of anaemia, its correct treatment and prevention.
- assess distribution of iron tablets and accuracy of record keeping by health care providers

Evaluation of Maternal Anaemia Program activities was done at both hospital/health center and community levels. Interviews were conducted of trainers, health care providers, supervisors and district health officers. Focus group discussions were conducted of villagers, village leaders and drama group members. Observations were done to assess health care providers' counselling skills. Client record books were examined.

The Maternal Anaemia Program positively contributed to improving women's reproductive health. Community members were sensitised to the dangers of maternal anaemia and interventions to address the problem were well received. Antenatal care activities on prevention and treatment of maternal anaemia were satisfactorily implemented as compared to postnatal activities. Consistent supply of iron tablets motivated mothers to attend antenatal care. Compliance with taking iron tablets was

generally good despite the side effects experienced and some rumours and misconceptions. Providers and supervisors involved in implementation of the program interventions both at hospital/health center and community levels were working diligently despite constraints experienced.

However, there were some problems which need to be addressed for effective implementation of maternal anaemia interventions. Postnatal care follow-up was not reinforced in the program and generally the community members were not aware of the necessity of postnatal care.

Most women started antenatal care after 24 weeks gestation despite intensified IEC on early antenatal attendance. Problems in accessibility to health care facilities and cultural beliefs were the contributing factors.

IEC materials designed for the program were adequate and appropriate. However, health care providers did not use them consistently during individual counselling sessions. Most health care providers did not have adequate one to one counselling with clients because it was time consuming.

IEC messages on prevention of maternal anaemia focused on taking iron tablets with less emphasis on eating required nutrients. Apart from taking iron tablets, community members used traditional methods of treating anaemia and these were leaves from guava, mlombwa and avocado pears.

Distribution of iron tablets was good but the record keeping system which was designed made it difficult for one to account for the amount of iron tablets consumed. Supervision of health care providers was not adequate due to transport problems.

Sustainability of the program activities was hampered by its dependence on donor funding. There is need for planning effective sustainability plans.

The following are some of the recommendations:

- Trainers should be involved in planning of training. Their input enhances commitment and support towards program activities.
- Iron tablets should be given up to six weeks post delivery because mothers are at risk of developing anaemia during this period.
- Postnatal follow-up care should be reinforced as this a means of screening for anaemia post delivery
- IEC messages should aim at empowering women to participate in decisions concerning their own health and well being.
- Transport should be available for supervision of the project activities.

-Intensify collaboration among Project HOPE, MOH, and Estate Clinics for sustainability of the program.

Detailed recommendations are made at the end of the report.

LIST OF ABBREVIATIONS

ANC	-	Antenatal care
CAC	-	Central Africa Company
DHO	-	District Health Officer
HSA	-	Health Surveillance Assistant
IEC	-	Information, Education and Communication
MCH	-	Maternal and Child Health
CHAM	-	Christian Hospital Association of Malawi
LSHTM	-	London School of Hygiene and Tropical Medicine
MOH	-	Ministry of Health
TBA	-	Traditional Birth Attendant
UNICEF	-	United Nations International Children's Fund

SECTION ONE - INTRODUCTION

I. BACKGROUND

Maternal anaemia is a common nutritional deficiency in developing countries. National statistics on anaemia are not available in Malawi, however a study on prevalence in 715 pregnant women found that 66% were anaemic (Hb <11g / dl) MOH/UNICEF, 1994). Project HOPE, in conjunction with MotherCare and London School of Hygiene and Tropical Medicine (LSHTM) has been implementing a two phase project aimed at developing effective and acceptable means of controlling anaemia in women of reproductive age (Maternal Anaemia Project). The project is being implemented in Thyolo District, within an impact area which includes population living on the compounds of two estates, Central Africa Company (CAC) and Nchima Estate, and the population living in the surrounding villages to both estates. It started in mid 1995 and is expected to finish in June -July 1998.

The first phase of the project consisted of operational research to determine the prevalence, causes, and risk factors of anaemia in women of reproductive age in the impact area. In addition qualitative research was conducted to elucidate knowledge, attitudes, and practices of women and care providers that might affect anaemia. The second phase of the project involves implementation of interventions which were developed based on the study findings. The overall objectives of the interventions were to reduce:

- the prevalence of mild to moderate anaemia in pregnant and recently delivered women in the impact area by 50%
- the prevalence of severe anaemia in pregnant women and recently delivered women in the impact area by 30%.

The interventions included training of health care providers (hospital based, health center based, Health Surveillance Assistants and Traditional Birth Attendants), identification of local food stuffs associated with anaemia prevention, commencement of trials of iron tablets, and development and dissemination of information, education and communication (IEC) materials in print, radio as well as in form of drama.

II. TERMS OF REFERENCE

The specific terms of reference were to:

1. **Assess knowledge of anaemia, correct treatment and prevention messages and the correct use of IEC materials in the health care providers namely:**

Hospital/health Center staff Health Surveillance Assistants, and Traditional Birth Attendants, through observations, record reviews, interviews and client exit interviews.

2. Assess the community's knowledge of anaemia, its correct treatment and prevention through focus group discussions with community members and pregnant women.
3. Assess the distribution of iron tablets and accuracy of record keeping by health care providers.
4. Prepare study tools and protocols with the assistance of program co-ordinators.
5. Make recommendations on areas needing improvement in the program interventions
6. Submit a written report of the monitoring evaluation within one month of completion of activities.

III. EVALUATION METHODOLOGY

Activities of the Maternal Anaemia Project were evaluated at two levels: Hospital/Health Center and Community levels. The following sites within the impact area were sampled:

a) Hospital/Health Center Level

- Thyolo District Hospital(MOH)
- Malamulo Mission Hospital (CHAM)
- Nchima Health Center(Estate)
- Chizunga Health Center (Estate)
- Bvumbwe Makungwa Health Center (MOH)
- Mitengo Health Center (CHAM)
- Muonekera Health Center (PRIVATE)

b) Community Level

- Gunde Village
- Nameta Village
- Nkaomba Village
- Waluma Village
- Bvumbwe Village

Data was collected by a team of six: two principal evaluators and four Research Assistants. Both qualitative and quantitative data collection methods were used. Data was collected from the following:-

a) Hospital/Health Center Level

- District Medical Officers - 2
- Trainers in Maternal Anaemia - 3
- Health Care Providers - 7
- Pregnant women (Exit Interviews) - 14
- Observation of teaching/counselling skills - 14
- Examination of records - 7

b) Community Level

- Traditional Birth Attendants - 4
- Pregnant women (Exit interviews) - 8
- Observations of teaching/counselling skills - 8
- Examination of records - 4
- Village Leaders - 4
- Pregnant women (Focus group discussions) - 2 groups (24)
- Community members (focus group discussions - 2 groups (30)
- Health surveillance Assistants - 4
- Local drama group (focus group discussions - 1 group (6)

Apart from the above, data was also collected from the Program Co-ordinator. To facilitate observations and systematise information, a set of data collection instruments were developed. These were:

- An observation guide for education and counselling
- Questionnaires for District Medical Officers, Supervisors, Trainers Health care providers, Village Leaders, Focus Group discussion, Exit Interviews, and Inventory Log (Check Annex)

Data was collected from 18th to 28th February 1998. Data was analysed using quantitative and qualitative statistics.

SECTION TWO - EVALUATION FINDINGS

I. TRAINING

Introduction

Project HOPE identified the need for training personnel involved in implementation of Maternal Anaemia Program. The purpose of the training was to equip them with knowledge, skills, and attitudes necessary for effective implementation of Maternal Anaemia activities. It was a good idea to train health care providers before actual implementation of the program. The people trained were as follows:-

11 medical assistants
40 Health Surveillance Assistants
29 Traditional Birth Attendants
32 Nurses and
2 Clinical Officers.

These were selected from hospitals, health centers, and communities within the impact area. Training sessions were for a one week period and were held at Luchenza. Different cadres were trained at each session starting from November 1996 to March 1997. The training covered the following content areas:

- Importance of maternal anaemia
- The effect of anaemia on the health of the woman and child
- Specific community based health education messages
- Iron and other prophylactic drugs, dosages
- Counselling
- Interpersonal skills

Modules for training each cadre were developed. For purposes of this monitoring/evaluation exercise, trainers and selected health care providers were interviewed in order to evaluate training activities.

A. Preparation For Training

Preparations for the training were mostly done by Project HOPE. Three trainers were selected from Thyolo District Hospital. Their ages ranged from 26 to 43, all had attained Malawi Certificate of Education. Two of them were registered nurses and one was an enrolled community nurse. Criteria for selecting the trainers was not specified. The trainers were provided with curricula for each cadre but they did not undergo training for trainers course on maternal anaemia. They were just given various topics to teach. However, interview data revealed that the trainers were conversant with the training objectives and content areas.

B. Trainers attitude towards the training

Trainers were asked to explain what they liked about the training . The following were the responses in order of frequency:

- Material support was adequate
- It was good that content on of examination of an antenatal client was included in the training, it is emphasised during nursing training only.
- Theory sessions were followed by practical and this facilitated learning
- Participants' input into the discussions was based on real work experiences.

The responses indicate that the training was well designed. Principles of adult learning were well applied for example using participatory teaching methods, and combining theoretical and practical sessions to facilitate learning.

When asked to explain what they did not like about the training, trainers cited the following issues with the most frequently cited listed first and the least cited listed last :

- per diem allowances were not adequate
- they were not involved in the planning sessions
- role expectations of the providers after the training implied additional workload as they are already busy and they felt Project HOPE should have employed extra staff to implement maternal anaemia activities.

Responses indicate that trainers did not look at maternal anaemia activities as part of Maternal and Child Health Services which are already being implemented. This is an attitudinal problem which needs clarification when initiating programs.

C. Problems encountered during the training

The trainers reported that there were times when the audio visual teaching aids were not functional during the training sessions and this affected the quality of teaching. This indicates that testing of audio visual materials was overlooked during training preparations. The per diem allowances given to the trainees did not match government rates and this caused a lot of discontentment. The trainers had to negotiate with the trainees on this issue for smooth running of the training. The trainers felt that some of the content was not adequately covered because of inadequate time. The content was too much as compared to the time allocated. This problem would have been avoided if trainers had undergone training of trainers course where time allocation for the content would have been discussed.

D. Trainees perceptions of training

Eleven health care providers who participated in the training were interviewed to elicit their perceptions of the training. These were seven enrolled nurses and four Traditional Birth Attendants (TBAs). The providers were asked to mention what they were taught during the training. All providers could easily recall the content which was covered implying that they had acquired appropriate knowledge during the training. One hundred percent of the TBAs and 71 percent of the nurses felt that they were adequately prepared for their role in implementing maternal anaemia activities. When asked why they felt adequately prepared, the TBAs reported that they were now able to recognise women with anaemia and refer them to the hospital for further management and they were not able to do this before the training. The nurses reported that clients with maternal anaemia have been reduced since the introduction of Maternal Anaemia Program, because they are efficiently implementing what they were taught.

However, 29 % of the enrolled nurses felt that they were not adequately prepared for their role in implementing maternal anaemia activities because the content was too much as compared to the time allocated. They felt that some of the trainers were too fast as they strived to cover the large content in a short time. The providers suggested that in future trainings, more time should be allocated to the following topics: nutrition, exclusive breast feeding, and importance of antenatal care.

The providers were asked to report if they had encountered any problems during the training. Sixty-four percent had no problems with the training and 36% reported the following problems in order of frequency:

- a) poor accommodation
- b) poorly prepared meals
- c) inadequate per diem allowances
- d) inadequate practical sessions
- e) teachers too fast
- f) delays in serving breakfast

Providers suggested that in future trainees should be given an opportunity to find their own accommodation, allowances should match government rates and training period should be increased to two weeks.

This data indicates that 80 % of the problems were related to the training site. These problems can be solved by giving participants per diem allowances and opportunity to find their own accommodation. This may actually be cheaper than accommodating them and providing meals. However, some participants might find accommodation which is far from the training site hence report late for the training sessions. The issue of per diem allowances affects most workshops and seminars in the country and therefore needs policy intervention by higher authorities.

E. Follow-up of trainees

All trainers reported that they did not follow-up health care providers they had trained. They felt this was restricted to Project HOPE staff. Other reasons reported were lack of transport and being too busy with their own work. Trainers suggested that Project HOPE should provide transport for follow-up of health care providers. Generally trainers felt that Maternal Anaemia Project belongs to Project HOPE and they are not part of it. This is worrying considering their level of qualification, positions and roles in health care of the community in which they are functioning.

Considering that health care providers had received basic training only, they were asked if they needed a refresher training. All of them felt it was necessary to have a refresher training to review areas they had forgotten. Forty-six percent of the health care providers felt they need refresher training every 6 months and 54% every year. It is important to consider refresher training for this type of program to rectify problems encountered during implementation. .

II. SERVICE DELIVERY BY HEALTH CARE PROVIDERS

Introduction

The health care providers presented here are seven enrolled nurses from both governmental and non-governmental Hospitals / Health Centers, and four traditional birth attendants (TBAs) from communities within the impact area. All the providers received one week basic training in maternal anaemia.

A. Characteristics of health care providers

The enrolled nurses were within the age range of 33-53 years and all of them reached form four. The TBAs were in the age range of 48-60 years and educational level ranged from standard one to eight. All providers were female and belonged to various religions. Work experiences for the enrolled nurses ranged from 1 -30 years, while for the TBAs work experience ranged from 4-39 years.

B. Management of Maternal anaemia

Health care providers implement maternal anaemia activities through antenatal and postnatal care services. The activities include screening women for anaemia, IEC messages on prevention of maternal anaemia and distribution of iron tablets. Evaluation was done to assess the health care providers' ability to implement the activities. Twenty-nine percent of the enrolled nurses knew the size of the population which they serve while 100 % of the TBAs did not know. It was therefore difficult to establish the size of population served by the providers.

1. Antenatal management

The number of antenatal clinics held by the enrolled nurses ranged from 2 to 4 per week, and they see 8-75 and 50-300 new and subsequent clients respectively. All the TBAs held scheduled antenatal clinics once a week, however they reported that antenatal clients are attended to any time they come. The TBAs see 2-5 and 6-35 new and subsequent clients per week, respectively. Mondays and Thursdays are the commonest days on which antenatal clinics are held by all the providers. This data shows that more antenatal clients are seen by enrolled nurses who are qualified to provide comprehensive services as compared to TBAs whose services are limited. Flexibility in the provision of antenatal care by the TBAs is a significant practice because it increases accessibility therefore needs to be reinforced. Restricted antenatal schedules is one of the barriers of antenatal care.

One of the maternal anaemia program objectives is to encourage women to start antenatal care by 20 weeks so that they can receive iron tablets for a longer period and benefit from the other services provided. This is done through IEC messages. One hundred percent of the TBAs reported that the clients they see start antenatal care between 12-20 weeks of gestation. Seventy-one percent of the enrolled nurses reported that the clients they see start antenatal care at 24 weeks while 29 % reported that the clients they see start antenatal care between 16-20 weeks. Considering that more clients are seen by enrolled nurses as compared to TBAs, this data implies that many clients start antenatal care after 20 weeks of gestation. This is a problem because the benefits of iron

supplementation are not fully maximised. A provider from one of the health institutions reported that their hospital has a policy which asks clients to start antenatal care by 20 weeks and those that come after 20 weeks are delayed after delivery. This is a negative reinforcement which can prevent clients from attending antenatal care.

The providers were asked to give reasons why some women start antenatal care after 24 weeks and the following were reported in order of frequency:

- lack of knowledge on when to start antenatal care
- culturally elders must approve that the woman is pregnant and this can be done when signs of pregnancy are evident.
- women want to have few visits because they come from far.
- women don't want people to know that they are pregnant for fear of being bewitched.

It is important to note that 50% of the reasons relate to lack of knowledge and 50 % relate to cultural influences. All the reasons given can be dealt with using IEC messages. This is an area that Project HOPE needs to reinforce.

Providers were asked to mention antenatal activities they carry out to prevent maternal anaemia and the following were mentioned in order of frequency:

a). ENROLLED NURSES RESPONSES

Health education and counselling on nutrition, family planning, hospital delivery, starting antenatal care early.

- Giving iron tablets
- Family planning
- Giving Fansidar to prevent malaria
- Screening for signs of anaemia through physical examination with emphasis on checking for paleness in the eyes and on the tongue

b). TBAs RESPONSES

- Health education
- Giving of iron tablets
- Screening for signs of anaemia through physical examination with emphasis on checking for paleness in the eyes and tongue.

This implies that all providers have knowledge of major antenatal activities for prevention of maternal anaemia.

2. Postnatal management

Supply of 30 tablets of iron to clients after delivery is one of the maternal anaemia activities designed for postnatal management. However, there is need for postnatal follow-up care during the puerperium to monitor mothers for risks of developing anaemia. Providers were asked to mention the number of postnatal clients they see per week. Seventy-one percent of the enrolled nurses reported that they see 2-25 postnatal clients at one week, two weeks and six weeks after delivery. Providers observed that mothers are not motivated to come for postnatal clinics because they (clients) do not see the necessity. Twenty-nine percent of the enrolled nurses do not conduct postnatal follow-up care because their hospitals do not have this policy. All the TBAs do not conduct postnatal follow up clinics because they were not aware that this is a required service. However, they reported that they supplied 30 iron tablets to all clients immediately after delivery.

Seventy-one percent of the enrolled nurses who provided postnatal follow-up care were asked to mention activities they carry out to prevent maternal anaemia and the following were mentioned in order of frequency:

- Physical examination
- Breast examination to exclude engorgement
- Supplying 30 tablets of iron immediately after delivery.

The idea of giving 30 iron tablets to clients after delivery was relevant, however, it should have been extended to six weeks which cover the puerperium. This shows that the program has little emphasis on postnatal follow-up care.

Although data indicates that 71 % of the enrolled nurses are able to conduct postnatal follow-up care, the number of clients seen is too little as compared to the number of antenatal clients. This shows that maternal anaemia activities for postnatal care are generally not adequately implemented. It is sad that postnatal care did not receive much attention as compared to antenatal care. However, this was necessary considering that mothers are risk developing anaemia during the puerperium. This would have been a way of monitoring maternal anaemia postnatally.

C. Home Visits

Providers were asked if they conduct home visits for antenatal and postnatal clients. Seventy-five percent of the TBAs reported that they conduct home visits of defaulters of antenatal care and clients who had complications after delivery. Twenty-five percent of the TBAs do not conduct home visits because clients come from far. One Hundred percent of the enrolled nurses do not conduct home visits because of time and transport constraints. Home visits are not part of routine care in Malawi due to economic constraints. This service would have been of benefit in the maternal anaemia program. It

would have been a good way of monitoring clients compliance with taking iron tablets and eating required nutrients. However, it is good that TBAs are able to provide this service because they live in the community and should have been encouraged to visit clients with maternal anaemia.

D. Clients Compliance

Providers were asked to explain what they observed in relation to clients compliance with antenatal and postnatal activities which have an impact on preventing maternal anaemia . The following were reported:

1. Attending subsequent antenatal care

All the providers felt that clients attend subsequent antenatal care and the supply of free iron tablets has motivated the clients. They noted that for the clients who do not comply, it is because of non accessibility of health facilities during the rainy season and resistance to change.

2. Taking of iron tablets antenatally

All providers reported that most clients take iron tablets as advised. They reported that some clients experience problems in safe keeping of the pills because the plastic packets used have no seal tags therefore they easily lose the tablets.

3. Taking of iron tablets postnatally

All providers reported that it was difficult to follow-up on this because most clients do not come for postnatal checks and there is no emphasis on postnatal follow-up care in the program.

4. Eating of required nutrients

Fifty-seven per cent of the enrolled nurses observed that most clients can easily afford fruits and vegetables, and 43% of the enrolled nurses and 100 % of the TBAs observed that clients have problems in eating the required nutrients due to poverty.

The above data shows that there is need for emphasising on postnatal follow-up care and IEC on locally available and affordable iron rich nutrients. It is important to note that all TBAs who are part of the community felt that clients are not able to eat the required nutrients. This implies that they are aware of the real community problems because they are part of the community.

E. Management of side effects associated with iron tablets

Providers were asked to mention side effects pregnant clients report in relation to taking iron tablets and how they manage them. All providers mentioned the following in order of frequency:-

SIDE EFFECT	ADVICE
Nausea/Vomiting	eat after taking tablets
Heart palpitations	eat first before taking tablets
Dizziness	take pills when going to be
Constipation	take plenty of water

The above data indicates that the providers are able to give a appropriate advice for the most common side effects.

Providers were also asked to mention side effects postnatal clients report in relation to taking iron tablets. Fifty-five percent of the providers reported that they have never noted any side effects and forty-five percent did not know if there are any side effects because they don't follow-up clients after delivery.

F. Collaboration with health team

Referral of clients with maternal anaemia to other members of the team is one of the areas requiring collaboration. Providers were asked if they have ever referred clients with maternal anaemia to other members of the health team. Forty-three percent of the enrolled nurses indicated that they had referred client to district hospitals, 29 % indicated that they had referred clients to another person within the hospital like medical officer or clinical officer, while 28 % had never referred a client. Fifty percent of the TBAs had referred clients to district hospitals and 50 % had never. One hundred percent of the TBAs and enrolled nurses who reported to have referred clients said that they do not receive feedback on the clients they have referred. The providers cited the following problems when referring clients in order of frequency:

- lack of transport to and from the referral hospital
- clients are not attended to promptly at the referral hospital
- some clients refuse to be referred
- lack of feedback on referred clients
- relatives refusing to accompany clients due to fear of donating blood

The above data shows that there were communication problems among health care providers. Feedback is an area which needs attention because it serves as an evaluation measure on performance of health care providers. Sixty percent of the problems cited are

related to clients attitudes, requiring IEC messages. It is a concern to note that delayed client attendance was cited and this has negative effect on the relationship between health care personnel and clients. Successful implementation of maternal anaemia program requires collaborative efforts of the health team at hospital/health center and community levels.

F. Attitudes towards maternal anaemia program

All Providers felt that Maternal Anaemia Program is a good idea because they have observed that maternal deaths associated with anaemia have been reduced. They also observed that the program has motivated clients to attend antenatal care because of the free distribution of iron tablets which has been going on well in the program. They noted the following weaknesses of the program in order of frequency:

- lack of refresher courses
- inadequate supervision

It is important to note that 100% of the weaknesses cited are related to the administrative aspects of the program. However, providers have a positive attitude towards maternal anaemia program and appreciate its impact on maternal health.

III. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

Introduction

Information, education and communication (IEC) activities form an important component of the Maternal Anaemia Program. IEC materials produced were flip charts, posters, and counselling books. Providers were equipped with counselling and health education techniques. A drama group was contracted to help disseminate information on maternal anaemia in the community. Evaluation of IEC activities was done through observations and interviews.

A. Evaluation of counselling done by Providers

One of the activities which was emphasised on during training of health care providers was one to one counselling using appropriate communication techniques, demonstrating appropriate qualities of a counsellor, and providing appropriate information. One hundred percent of the providers were observed conducting one to one counselling sessions of either antenatal or postnatal clients. Each provider was observed conducting two counselling sessions. The following were the findings:

1. Application of communication techniques

One hundred percent of the providers were observed on their ability to apply the following communication techniques: being relaxed, open and approachable, leaning towards the client, maintaining eye contact, sitting squarely and being able to smile. The following were observed:

<u>Communication Techniques</u>	<u>Enrolled Nurses</u>	<u>TBAs</u>
-Relaxed	79%	75%
-Greet client	57%	63%
-Open and approachable	72%	86%
-Leaning towards clients	43%	50%
-Maintaining eye contact	57%	75%
-Sits squarely	28%	37%
-Smiles	72%	100%

Data indicates that the communication technique of leaning towards client and sitting squarely were not satisfactorily applied. In these situations the providers conducted the sessions while standing with either client lying on bed or while standing. This data supports the previous responses by enrolled nurses who reported that individual client counselling is time consuming. The providers' negative attitudes towards individual counselling is portrayed.

2. Demonstrating appropriate qualities of a counsellor

One hundred percent of the providers were observed to see if they are able to demonstrate appropriate qualities of a counsellor. The following were observed:

Qualities of Counsellor	Enrolled Nurses	TBAs
-Honest	57%	86%
-Understanding/empathetic	57%	88%
-Flexible	57%	86%
-Patient	57%	100%
-Active listener	57%	100%
-Accepting and respectful	72%	80%

Data indicates that the TBAs were better than enrolled nurses in terms of demonstrating appropriate qualities of counselling.

3. Providing appropriate information

One hundred percent of the providers were observed if they were able to provide appropriate information. The following were observed:

<u>Information Provided</u>	<u>Enrolled Nurses</u>	<u>TBAs</u>
-Ask client about herself	72%	37%
-Assess knowledge of anaemia	50%	75%
-Assess nutritional needs	21%	0%
-Advise clients on iron tablets	86%	75%
-Advise on nutrition	29%	25%
-Advise on reminder card	21%	0%
-Clear out concerns and fears	43%	24%
-Advise on return visit	13%	63%

The above data implies that counselling related to maternal anaemia was not adequate. Both enrolled nurses and TBAs put more emphasis on advising clients on taking iron tablets as compared to taking appropriate foods. These areas required equal attention.

However, it is significant to note that TBAs remembered to inform clients about follow-up appointments as compared to enrolled nurses. The table portrays the providers routine practice where specific needs of clients are not considered.

4. Use of teaching aids

One hundred percent of the providers were observed on use of IEC materials. The following was observed:

	<u>Enrolled Nurses</u>	<u>TBAs</u>
-Use of counselling card	21%	0%
-Use of teaching aids	21%	0%

Data portrays the providers' earlier concern that individual teaching is time consuming, that's why teaching aids were not used, yet people learn better when several senses are used.

5. Clients' responses during counselling

The following was observed during counselling:

<u>Client</u>	<u>Enrolled Nurses</u>	<u>TBAs</u>
-Showed interest	64%	50%
-Asked questions	36%	0%
-Looking puzzled	21%	24%

Data reflects that the counselling skills of the providers were not satisfactory.

B. Client exit interviews

Exit interviews of antenatal and postnatal clients were conducted soon after the clients had been seen by the providers. A total of 22 clients were interviewed. The interviews were aimed at evaluating clients' knowledge of maternal anaemia and obtain their perceptions of the education and counselling done by the providers. Apart from this clients were interviewed to evaluate their perceptions of antenatal and postpartum care.

1. Perceptions of antenatal care

To evaluate their perceptions of antenatal care clients were asked to explain the advantages of antenatal care, preferred places for receiving antenatal care, and who makes decisions for one to start antenatal care.

When asked about the advantages of antenatal care, 64% of the clients mentioned physical examination and screening, 18% mentioned receiving of treatment, 13% mentioned women are given iron tablets, and 5% mentioned health education.

When asked about the preferred place for antenatal care, 72% of the clients preferred to go to the hospital/health center for antenatal care because providers are trained and there is enough supply of drugs, 28% preferred to go to the Traditional Birth Attendants because they are near their homes. When asked about the gestation of starting antenatal care, 63% of the clients reported that women start antenatal care at 20 weeks for early detection of problems, 37% reported that women start antenatal care at 24-30 weeks to reduce the number of visits.

This data indicates that the majority of the clients are aware of the importance starting antenatal care early, however their practice is contrary to this as observed by the providers who reported that most of the clients they see start antenatal care after 20 weeks of gestation.

When asked about the person who makes decision on when to start antenatal care 40% of the clients mentioned that the client herself makes the decision, 31% said that parents make the decision, 18% said that decision is made by husband, 11% said that decision is made by both parents and husband. This data reflects that women lack decision making power on issues related to their own health and this has impact on women's care seeking behaviours during antenatal period.

Clients were asked to mention the activities at antenatal clinic, 91% said physical examination, health education, receiving iron tablets and 9% said health education. This indicates that clients are aware of activities of antenatal care.

Information on medications supplied at an antenatal clinic was also obtained and 50% of the clients mentioned Fansidar, while 50% mentioned Iron. It is surprising that only half of the clients mentioned Iron, a higher percentage was expected considering that it is the medication routinely given to clients on each visit. Clients were asked if women comply with taking medications given at an antenatal clinic, 86% said that women comply, and 14% said that women don't comply because they fear the side effects. Information on side effects associated with taking iron tablets was obtained and the clients mentioned the following in order of frequency:

- dizziness
- abdominal pains
- fatigue
- tachycardia
- nausea

When asked how the side effects are alleviated the clients mentioned the following in order of frequency:

- going to the hospital to seek advice
- eating fruit after taking the tablets
- eating before taking iron
- taking tablets when going to bed

Data reflects that a higher percentage of the clients comply with taking iron tablets even though they mentioned that side effects affect compliance. It is encouraging to note that clients are aware of measures to take to alleviate the side effects which indicates that IEC on this is effectively disseminated.

2. Perceptions of postnatal care

To evaluate their perceptions of postnatal care clients were asked to explain the advantages of postnatal care, preferred places for postnatal care, who makes decision for one to go for postnatal care and activities at the postnatal clinic. When asked about advantages of postnatal care, 40% of the clients said screening for problems is done through physical examination, 18% said health education is given, 11% said iron tablets are supplied and 31% did not know. When asked about the preferred places for postnatal care 64% of the clients said hospital, 5% said traditional birth attendant, 31% did not know. When asked about the number of times women go for postnatal care, 9% said once, 18% said twice, and 73% did not know. When asked about the person who makes decision for one to go for postnatal care, 100% of the clients said that the decision is made by the provider.

Clients were asked to mention activities carried out at a postnatal clinic, 14% of the clients mentioned receiving of drugs, 14% mentioned receiving drugs and screening, 9% mentioned health education and immunisation, 9% mentioned health education, 4% mentioned screening through physical examination, and 55% don't know. When asked about the medications supplied at a postnatal clinic, 73% of the clients mentioned iron tablets, 27% mentioned aspirin, Vitamin A, Fansidar and contraceptives. When asked about postnatal clients' compliance with taking iron tablets ,51% of the clients reported that some women comply and others lose them, and 49% did not know.

Data reflects that clients are not knowledgeable about postnatal clinics despite satisfactory responses on advantages of postnatal care and medications provided at the clinic. This reflects that postnatal follow-up care is not adequately implemented despite MOH policy.

3. Knowledge about maternal anaemia

Clients were asked if they had heard about maternal anaemia. Ninety-one percent of the clients reported that they had heard about maternal anaemia from the hospital. The clients indicated that they were concerned about maternal anaemia because of the following reasons: blood is for life, food that contains iron is expensive, and mothers and babies are at risk of this problem. Nine percent reported that they had never heard about maternal anaemia.

The clients who had knowledge about maternal anaemia were asked to explain the causes, 45% said lack of food, 26% said lack of food and lack of child spacing ,15% said lack of child spacing and 14% did not know. Data indicates that the clients were aware of the major causes of anaemia, but it is suprizing to note that some of the clients did not know even though they indicated that they had heard about maternal anaemia.

When asked about signs and symptoms of anaemia, the clients mentioned the following in order of frequency:

- paleness
- lack of strength
- swollen feet
- headache
- change of hair texture

Clients were asked to mention women who are at risk of maternal anaemia, 40% mentioned those who give birth frequently, 23% mentioned pregnant mothers, 9% mentioned pregnant mothers and those who give birth frequently, 9% mentioned those who eat diet not rich in iron, and 9% did not know. When asked to explain the advice they would give to a client who is anaemic, 55% said they would tell her to go to the hospital, 31% would tell her to eat fruits and, 14% did not know.

The findings reflect that clients had adequate knowledge about clients who are at risk of maternal anaemia and responses on what advice to give to a client with maternal anaemia were appropriate.

Clients were asked to explain how the problem of maternal anaemia can be reduced at community level, 55% reported that people should go to the hospital when sick and should comply with taking iron tablets, 30% said that people should eat vegetables, 9% said that community members should practice family planning, and 6% said that people should maintain environmental hygiene to prevent malaria. When asked to explain how the problem of maternal anaemia can be reduced at government level, 77% of the clients said the government should supply iron tablets, 5% said it should provide food to antenatal clients, 5% said it should build hospitals, 5% said it should sensitise people on family planning, and 8% did not know.

Traditional methods of treating maternal anaemia were explored and 18% of the clients mentioned avocado pears, 14% mentioned eating vegetables and fruits, 5% mentioned mlombwa tree, and 63% did not know. When asked about the modern methods of treating maternal anaemia 59% of the clients mentioned taking Iron tablets, 23% mentioned taking Iron tablets and eating balanced diet, 9% mentioned eating balanced diet, and 9% did not know.

The findings reflect that clients were aware of the role of the community and government in reducing maternal anaemia in the country. However, it is interesting to note that there are some traditional practices of treating maternal anaemia. This calls for intensified IEC messages to discourage their use.

4. Perceptions of the visit

Clients were interviewed to evaluate their perceptions of the visit with emphasis on the teaching and counselling done by the providers. Prior to this clients were asked to explain why they had come to the particular clinic, what made them start antenatal care, and what the providers had done to them on the visit. When asked to explain why they had come to the particular clinic, 100% of the clients explained that they had come to that particular clinic because it was near to their homes.

When asked why they had started antenatal care, 14% of the clients said it was because they were pregnant, 9% said it was because they wanted to know if they were pregnant, 23% wanted to be examined, 41% said it was because they were not feeling well 5% said they were afraid of complications associated with home deliveries, and 8% did not know. It is interesting to note that a majority of the clients did not mention monitoring of maternal and foetal well-being as a reason for coming to the antenatal clinic, even though they had been able to adequately explain the advantages of antenatal care as previously discussed. This implies that clients did not regard antenatal care as a health promotion activity and calls for IEC on the purposes of antenatal care.

When asked to explain what the provider had done for them on the visit, the clients mentioned the following in order of frequency:

- welcomed
- history taking
- examined - weight, blood pressure, head to toe
- given iron tablets
- given health education
- vaccinated them against tetanus

The clients were asked if maternal anaemia was discussed on the visit, 55% said it was discussed and 45% said it was not discussed. This is disturbing considering that the providers were expected to discuss maternal anaemia during counselling of each client. As earlier discussed, this confirms that providers found this task time consuming. Clients who had discussions on maternal anaemia were asked to mention what they were told and the following were mentioned in order of frequency:

- told to take iron tablets daily
- what type of food to take to prevent anaemia
- dangers of not complying with taking of iron tablets
- signs of anaemia
- told that iron tablets are not available (provider did not have pills)

The clients were asked if they were given iron tablets on the visit, 64% said they were given, and 26% they were not given because they already had the pills at home. The number of iron pills supplied ranged from 6 to 30. The clients who received iron tablets explained these were given for prevention of anaemia and they were to take them daily. The clients were asked if they experienced side effects when taking iron tablets, 50% said they experienced side effects but did not inform the providers about them. They felt the provider was in a hurry, 50% did not experience side effects.

The clients were asked if the provider had advised them on nutrition during the counselling, 26% explained that the provider had given the advice and 64% reported that the provider did not give the advice.

Clients were asked to indicate if IEC materials were used during the counselling, 32% said yes and were able to describe them. The clients indicated that the IEC materials had helped them understand the advice which was given. Sixty-four percent of the clients indicated that IEC materials were not used during the counselling.

The findings indicate that the clients received iron tablets as expected. However, it is important to note that nutritional advice, use of IEC materials were not satisfactorily done as expected. It is also important to note that the clients were not able to communicate to the providers the side effects experienced when taking iron tablets even though earlier findings reflected that they were aware of measures to take to alleviate them. This implies that counselling is not done adequately as already discussed.

When asked if providers had mentioned the date of next appointment, 72% of the clients reported that the date had been mentioned 28% said no.

The clients were asked to indicate if their needs had been met on this visit. One hundred percent of the clients responded positively, 95% said it was because they had been examined and 5% said it was because they had received health education. It is interesting to note that clients associate antenatal care with being examined as compared to health education. Providers need to reinforce both activities because they are important components of antenatal care.

C. Evaluation of IEC materials

IEC materials produced by Project HOPE are flip charts, posters, counselling cards, reminder to take cards and plastic bags for the iron tablets. The providers were asked to explain if they had problems using IEC materials. One hundred percent of the TBAs and 71% of the enrolled nurses had no problems using them. Twenty-nine percent of the enrolled nurses reported that they had problems using IEC materials because they were time consuming. It is surprising to note that in the earlier discussion a few providers reported that use of IEC materials is time consuming, considering that a majority of them did not actually use them during the counselling sessions.

When asked to explain if they had concerns on how the IEC materials were designed, 100% of the TBAs and 86% of the enrolled nurses expressed no concern. Fourteen percent of the enrolled nurses expressed the following concerns:

- one poster shows iron tablets which are in form of three colours and clients expected that they would be getting all the different colours
- another poster shows a bottle of Coca-Cola with a message underneath explaining that Coca-Cola is not recommended for prevention of maternal anaemia. Clients misinterpret the message assuming Coca-Cola is being recommended
- Clients are not able to correctly use the reminder to take cards

The findings imply that the IEC materials were well designed considering that a minority experienced problems using them.

D. Evaluation of IEC through drama

Project HOPE contracted a drama group to disseminate IEC messages on maternal anaemia in the communities within the impact area. This drama group has a total of 10 members who are health personnel, school children and community members.

Findings consistently indicated that community members prefer to learn about maternal anaemia through drama. The community members expressed that drama was done only once and felt this was not adequate. On interview, 100% of the members of the drama group expressed the same concern.

It is good that Project HOPE incorporated drama into the IEC activities for maternal anaemia. Community members prefer to learn about maternal anaemia through drama and this activity needed to be continued through out implementation of the program.

IV. COMMUNITY'S PERCEPTIONS OF MATERNAL ANAEMIA PROGRAM

Introduction

Four focus group discussions and 4 individual community leaders interviews were held. Each of the two focus groups comprised of 12 antenatal clients and 12 mothers with children less than six months old. Each of the other two focus group discussions comprised of 18 married women and 12 married men but not necessarily couples. In total there were 58 community members. The purpose was to evaluate their knowledge, practices and attitudes towards the Maternal Anaemia Program.

A. Accessibility to health care facilities

Most community members use Ministry of Health facilities. However traditional birth attendants, Estate clinics and District Council Health Center were also mentioned. Most community members travel to the health facilities by foot and it takes them fifteen minutes to three and a half hours. A few members use buses. The frequently mentioned problems experienced when travelling to the health facilities by foot were fatigue due to long distances and meeting ambushers who threaten to kill them. This data indicates that distance to the health facility is the major factor affecting accessibility.

B. Perceptions of antenatal care

Community members were asked to mention the advantages of antenatal care and the following were mentioned :

- women are given iron tablets and tetanus vaccination
- physical examination is done to screen for problems
- health education is given on promotion of good health

This data indicates that community members are aware of advantages of antenatal care because they have mentioned the important advantages.

Most members explained that women start antenatal care after 24 weeks gestation in order to reduce the number of visits to the antenatal clinic considering the long distances they have to travel when travelling to the health facility. Some members indicated that women start antenatal care at this gestation because they are now certain about the viability of the unborn baby, before 24 weeks gestation there is a lot of uncertainty that is why attending antenatal care is delayed. The members explained that decision to start antenatal care is made by the husband and in his absence, the mother of the client or the client herself makes the decision. These findings show that culture and distance to the nearest health facility had influence on when to start antenatal care. The data also shows that clients lack decision making power on when to start antenatal care as already discussed.

The members were asked to mention the activities carried out at the antenatal clinic and the following were frequently mentioned:

- weighing the mother
- receiving of tetanus vaccine
- physical examination
- provision of iron tablets and Fansidar
- health education

This data shows that communities know the activities of antenatal care because they have mentioned the most important activities. However, the following activities were not mentioned: history taking, laboratory investigations and registration.

The members were asked about their opinion on the supply of iron and women's compliance during antenatal period. Data indicated that most members are aware that each pregnant mother receives iron tablets which she is supposed to take once per day. Some members said that iron tablets are taken two to three times per day. There were variations among members as to whether iron tablets are freely supplied or not. Most members said that iron tablets are supplied freely and a few indicated that women have to buy them at a cost of 50 tambala per tablet when they visit some of the antenatal clinics within the impact area. The members also mentioned that some antenatal clinics make it compulsory for women to buy iron tablets for K2.00 at each visit.

It is rather disturbing that some providers sell iron tablets when Project HOPE distributes it freely. This requires further investigations.

When members were asked about compliance with taking iron tablets, members felt that women's compliance with taking iron tablets is good. However, they said there were some clients who did not comply due to fears and misconceptions about iron tablets.

The members cited the following fears and misconceptions:

- when a pregnant mother takes iron tablets the pregnancy will be overdue. She will go up to 44 or 48 weeks of gestation without going into labour.
- Iron tablets accumulate in the stomach without being digested and this leads to death.

This requires immediate action through IEC messages to dispel the fears and rumours. They reported that women experience the following side effects when taking iron tablets:

- dizziness
- constipation
- nausea
- vomiting

- heart palpitations

Members explained that the side effects are alleviated by taking iron tablets before going to bed, taking iron tablets after a meal, eating a fruit before taking iron tablets. This shows that members are aware of the advice they would give to a client experiencing side effects.

D. Perceptions of postnatal care

Community members were asked to mention advantages of postnatal care and the following were mentioned:

- women receive iron tablets to replace blood which has been lost
- health education is given
- screening of problems through physical examination

When asked about the activities of postnatal clinic, members cited immunisation and weighing of children.

The members were not able to give adequate information on postnatal clinics and they confused this with underfive care. It is surprising to note that members were able to mention advantages of postnatal care but could not mention the activities. This shows that community members are not fully aware of postnatal care hence it was difficult to assess compliance with taking iron tablets during puerperium.

E. Knowledge about maternal anaemia

All community members indicated that they had heard about maternal anaemia from the radio, antenatal clinics, drama groups and traditional birth attendants. The members were concerned about the problem of maternal anaemia because it causes deaths. The causes of maternal anaemia were mentioned as follows:-

- lack of balanced diet
- excessive work during pregnancy
- frequent attacks of malaria

Signs and symptoms of maternal anaemia were mentioned as follows:-

- Weight loss
- dizziness
- pallor of palms and face
- generalised oedema

The members mentioned that antenatal mothers, postnatal mothers and those with short birth intervals are the ones who are at risk of developing maternal anaemia. Members demonstrated knowledge of understanding of maternal anaemia.

Members were asked on traditional and modern methods of preventing and treating maternal anaemia. The following were mentioned:-

Traditional methods

- Avocado pear leaves
- Guava leaves
- Mlombwa leaves

Modern Methods

- taking iron tablets
- eating fruits
- blood transfusion

This data shows that some clients do use traditional medicine to prevent and maternal anaemia. This is dangerous because their impact on foetal and maternal well-being is not known. Since these traditional medicines have not been scientifically proven to treat maternal anaemia, the clients may end up with severe anaemia and its associated complications leading to death. This requires immediate IEC messages.

Members were asked to explain the role of the community and government in prevention of maternal anaemia. The following were mentioned:

Role of community : Encourage women to

- eat required nutrients and not depending on iron tablets only
- comply with taking of iron tablets
- go to the hospital when sick
- follow family planning methods

Role of the government:

- Provide Soya to pregnant women.
- Supply iron tablets to village leaders for distribution to all people.
- Encourage women to attend antenatal care.
- Educate people on maternal anaemia and other health related issues.
- Train village volunteers to monitor pregnant women's compliance with taking iron tablets.

This data shows that the community is aware that they have a role to play in the interventions of maternal anaemia program.

Community members felt it was important to teach people about maternal anaemia through drama, village meetings. The right people to teach are health personnel, traditional birth attendants, school teachers and church leaders.

E. Attitudes towards Maternal Anaemia Program

Focus group participants expressed that they were not aware of the maternal anaemia program. The village leaders were also not aware of the program except one of them who knew about it but was not involved in the initiation of its activities.

This data shows that most communities are not aware of the Maternal Anaemia Program and they assume the interventions being carried out are part of the routine Ministry of Health services. It was therefore difficult to assess people's attitudes towards the program.

It is important to involve communities and its leaders when initiating programs to maximise their support.

It is important to note that most of the findings in this section are the same as the findings from client exit interviews discussed in the previous chapter. It was necessary to analyse the data separately to evaluate perceptions of each of the groups.

V. ADMINISTRATION AND MANAGEMENT OF MATERNAL ANAEMIA PROGRAM

A. Supervision

1. Supervisors' Perceptions of Supervision

Supervision of health care providers is done by Project HOPE staff, District Health Officers (DHOs), District Nursing Officers and Maternal and Child Health Co-ordinators Health Surveillance Assistants (HSAs) supervise traditional birth attendants more frequently because they are within the communities. In order to evaluate quality of supervision, the following supervisors were interviewed: 2 DHOs, 1 Project HOPE Maternal Anaemia Program Co-ordinator, and 4 HSAs.

Supervisors were asked to explain how often they supervise. The table below shows the responses as follows:-

<u>Frequency</u>	<u>Percentage</u>
Once a week	20
Twice a week	20
Once every 2 months	20
Every three months	20
Don't do	20

Sixty percent of the supervisors said they sometimes don't supervise as scheduled because of transport problems. They suggested that the problem can be solved by provision of reliable transport for supervision. However, DHOs felt that it is the responsibility of Project HOPE to supervise the providers involved in the program. This finding is surprising because the DHO is the overall in-charge of the health services in the district hence it is his role to supervise all health activities in the district which includes the Maternal Anaemia Program. This indicates lack of co-ordination between MOH and Project HOPE and needs immediate attention.

2. Providers Perception of supervision

All providers reported that they are supervised. The providers mentioned they were visited by Project HOPE and Hospital staff. Project HOPE visits them every three months and activities carried out during this visit are:

- Replenishing of iron tablets
- Checking record books

One hundred percent of the providers reported that hospital staff visits them irregularly and activities carried out during the visit are:-

- seeing patients
- checking environmental sanitation

Providers were asked to give opinion on how helpful the supervisors were:-

64% said that the supervisors are helpful because they supply iron tablets and help with record keeping

36% felt that supervisors are not helpful because they do not give them time to discuss problems. They are always in a hurry. All providers felt they needed to be supervised more frequently.

It is surprising that MOH staff rarely visits the providers. The system is in a such a way there is always a vehicle that goes to every health facility in the district at least once a month for DHOs visits or for provision of supplies. Project HOPE supervises health facilities in the impact area every three months. One would expect some collaboration in these supervisory trips.

B. Supply and Distribution of Resources

Project HOPE supplies health care providers with the following resources: iron tablets, plastic bags, counselling cards, reminders to take cards, providers booklets, IEC materials and record books.

At the time of evaluation the providers had all the resources except reminder to take cards and counselling cards. 64% had providers' booklets and 36% did not have them. One hundred percent of the providers reported that they did not have any difficulties in getting re-supplied of the resources they had.

It was observed that there was no criteria on the supply and distribution of resources and this requires immediate attention.

C. Record Keeping

Project HOPE provides two record books. The first record book is for antenatal clients. Providers are required to enter each new client and indicate if iron tablets are supplied. On subsequent visits they are required to tick against the name of the client when iron tablets are re-supplied. The second book is for postnatal clients. Providers are required to record all clients that have been supplied with iron tablets after delivery.

At the time of evaluation seventy three percent of the providers reported that they had no problems recording information in Project HOPE record books. Twenty seven per cent of the providers reported the following problems:

- Retrieving client's name on a subsequent antenatal visit is time consuming as a result some providers resort to re-entering the client's name .
- Recording information in the Project HOPE books is an extra burden to the providers considering that they have other books in their institutions
- Clients who transfer from one clinic to another are re-entered into the record books and this confuses the providers

Providers suggested that a person should be specifically allocated to record information in the books but it was not feasible considering that most of the time there is one provider on duty.

On observation, eighty-two percent of the record books were in excellent condition. Eighteen percent of the record books were in poor condition because of having many torn pages. Providers suggested that the books require stronger binding. It was also observed that re-supplies are given directly to the providers. Records of how much has been supplied are kept by Project HOPE and providers do not keep any records. The criteria used when distributing the amount of supplies to providers is not clear.

Generally all providers receive re-supplies of required resources however reminder to take cards and counselling cards are not adequately supplied. Although the providers reported that they had no problems recording information in the record books, review of records for the past 12 months revealed that the amount of iron supplied does not correspond with the number of clients seen. This may imply that not all clients seen are entered in the record books. It was observed that recording information in the record books is an additional workload for the health care providers who are usually alone on duty. Most of the times they rely on Health Surveillance Assistants not trained in Maternal Anaemia. It was also observed that with 75% of the TBAs, distribution of iron is controlled by Health Surveillance Assistants. However, according to the curriculum on maternal anaemia, Health Surveillance Assistants are not supposed to distribute iron.

The record keeping system makes it difficult for one to account for the distribution of iron tablets to clients. Some books do not have strong binding that is why most pages were torn. This affects record keeping because clients are entered into the record books more than once and valuable data for maternal health statistics is lost.

D. District Health Officers Perception of Maternal Anaemia Program

District Health Officers (DHOs) were interviewed to obtain their overall impression on the administration and management of maternal anaemia program. Their knowledge and attitudes towards maternal anaemia program were evaluated.

On interview, 100% of the DHOs knew about the Maternal Anaemia Program and its activities. Fifty per cent indicated that they had participated in its initial organisation and those that did not participate explained that they were not present when the program was being initiated. The DHOs helped to get the program going by providing transport and staff to implement the activities. They did not participate in anything else about the organisation and running of the program.

One hundred percent of the DHOs feel the program is a good idea because it has motivated more clients to attend antenatal care therefore reduce anaemia in pregnancy. The DHOs indicated that the program is one of the ways of addressing maternal anaemia. They felt that the program should also have addressed the specific causes of anaemia and manage them accordingly rather than emphasising on iron supplementation only. It should also have emphasised on clients' habits that cause anaemia.

The DHOs mentioned that the following activities work well in the program in order of frequency:

- distribution of iron tablets
- steady supply of iron
- competence of providers

The DHOs mentioned the following in order of frequency as activities that do not work well in the program: lack of transport for supervision and occasionally supplies are not available.

The DHOs indicated that they were satisfied with the providers. They mentioned hardworking and consistency are the good qualities of providers.

Fifty percent of the DHO's explained that gender of the provider matters in the implementation of program activities because the program's focus is on reproductive health and majority of personnel are female. They felt that the trend may change if males are deployed. One hundred percent of the DHO's indicated that age did not matter provided one is trained and knows what he/she is doing.

One hundred percent of the DHOs did not know how materials for the project are distributed because this was done by Project HOPE. The DHO suggested the following on the improvement of the program:-

- Survey should be done to evaluate effects of iron supplementation during pregnancy
- Family planning and nutrition should be emphasised during IEC messages
- The program should be designed to eradicate the causes of maternal anaemia and not treating symptoms
- Multi-sectoral approach should be adopted in dealing with maternal anaemia

- A comparative study should be conducted to evaluate the effects of the program. Mothers from the impact area should be compared with those outside the impact area. Emphasis should be on disease pattern, pregnancy outcome and how often mothers fall sick.

Data shows that DHO's are aware of Maternal Anaemia Program and support it. All their other concerns are due to lack of collaboration between Project HOPE and MOH.

E. HSAs Perceptions of Maternal Anaemia Program

100% of the HSAs felt that the program is a good idea because of the following reasons:-

- maternal anaemia has been a problem of this area before the introduction of the program but now there is a great improvement.
- the program has helped the whole community regardless of their of their economical background
- the program has helped to explain in detail the management and prevention of anaemia.

100% of the HSAs felt that distribution of Iron tablets at hospital, health center and community levels is efficient in the programme. The HSAs were asked what does not work well in the program, 50% said that some clients do not comply with taking iron tablets, and 50% felt that the following are not working well in the program:

- lack of transport for the project.
- community's knowledge deficit on the program which make it difficult for them to understand it fully.
- most women report to Antenatal clinic very late hence do not get enough iron tablets.
- misconceptions attached to women in relation to the taking of iron tablets.

Data shows that the program has contributed to the reduction of maternal anaemia cases in the communities. However, there are problems within the program which need to be addressed. Eighty percent of the problems can be addressed through IEC.

80% of the HSAs felt that the clients are satisfied with the program because providers have good qualities as follows:

- Educated
- Good approach
- Good counselling skills

- Good record system
- Good communication
- Providing iron tablets as required

20% of the HSAs reported that some providers had the following bad qualities:-

- Rude and harsh to clients
- Bad communication skills
- selling of drugs
- knowledge deficit
- negligence

60% of the HSAs interviewed feel that gender of the provider matters in this program and female providers are the most appropriate because the program is for women. 40% indicated that gender does not matter as long as the person knows his/her work.

80% said age of the provider matters because most women prefer to discuss with somebody who has a child and older preferably middle aged. 20% indicated that age does not matter as long as the person knows his work.

All the supervisors feel the program can be improved by:

- ensuring good supervision of the providers
- provision of enough iron tablets
- availability of volunteers from the same village to assist in dispensation of iron tablets and also conveying various messages in relation to the existence of the program.

VI. SUSTAINABILITY OF MATERNAL ANAEMIA PROGRAM

A. Suggestions from the subjects interviewed:

One hundred percent of the subjects interviewed during the evaluation indicated that the program should continue because it is helping mothers overcome anaemia.

The following suggestions on the sustainability plans for the program were made by all subjects that were interviewed (these have been listed in order of frequency)

- supervision should be intensified for the program to be sustained

- refresher courses should be done for providers and supervisors to strengthen the knowledge and skills in identified weak areas.

- Ministry of Health, Project HOPE and Estate Managers should work hand in hand to intensify collaboration.

- If Ministry of Health takes over the program then there is need to identify donors to continue support in iron supply. If the program stops there will be problems because people will lose confidence in hospitals and Health Centres. Estate Clinics see people who do not necessarily work in the estates because of the Project HOPE program on maternal anaemia.

- Project HOPE should follow its program closely using well trained personnel.

- IEC activities should be continued for the program to be sustained.

- Communication with the clients in the community should be through the village headman.

- Train village volunteers to work hand in hand with Health Surveillance Attendants to intensify IEC activities.

- Adopt multi-sectoral approach to sustain the program.

It is encouraging to find that generally people feel the program should continue because of the motivation it has given to communities. Antenatal attendance has increased and this is encouraging because as more clients are being seen other risk factors like pre-eclampsia, malpresentations, and malpositions, apart from anaemia, are identified and managed accordingly. People have developed confidence in the hospitals/health centers and traditional birth attendants because of the iron tablets which are always available. This means that if the program will not be sustained antenatal attendance will be reduced and this may lead to increase in maternal death rates in the impact area.

SECTION THREE - RECOMMENDATIONS AND CONCLUSION

In the light of the positive contribution the Maternal Anaemia Program is making, it is important to address the following problems to ensure improvement in the quality and effectiveness of services.

I. RECOMMENDATIONS

A. TRAINING

- Preparations for the training of providers and supervisors were made by Project HOPE and trainers were not involved. Training for trainers was not done.

Recommendation 1 - For future trainings, trainers should undergo training for trainers course to prepare them adequately for their role.

Recommendation 2 - Trainers should be involved in planning of training. Their input in this enhances commitment and support towards program activities.

- The trainers were involved during the training only and were not involved in the follow-up and monitoring of the trainees. This is important for identification of refresher training needs.

Recommendation 3 -For future trainings, trainers should be involved in the follow-up and monitoring of the trainers. It should not be on daily basis considering that trainers have their own work commitments, but at least every three to four months.

B. SERVICE DELIVERY BY HEALTH CARE PROVIDERS

- The health care providers are mostly involved in implementation of antenatal care interventions of the Maternal Anaemia Program. Postnatal care interventions are not adequately implemented.

The postnatal clients are given iron tablets after delivery and there is no follow-up care. Part of problem lies in the way the program was designed, emphasis was on antenatal care and not postnatal.

Recommendation 4 - Iron tablets should be given up to six weeks post delivery because mothers are equally at risk of developing anaemia during this period. The impact of Iron trials on reducing prevalence of maternal anaemia cannot be accurately measured unless iron is supplied throughout the maternity cycle. If this is not possible then postnatal follow-up care should be reinforced and re-supply of iron should be based on individual needs of the client. Follow-up should be done at 1 week and 6 weeks post delivery.

- Clients start antenatal care after 20 weeks gestation because of cultural beliefs and problems with accessibility to health care facilities. The benefits of antenatal care are not maximised. A majority of women do not participate in decision on when to start antenatal care and depend on the parents or husband.

Recommendation 5 - Intensify IEC on importance of early antenatal care. IEC messages should aim at empowering women to participate in decisions concerning their own health and well being. Consider IEC activities in the community through drama.

- The referral system of clients with anaemia is hampered by lack of transport. Apart from this, there is no proper feedback system on the clients who have been referred.

Recommendation 6 - Referral system of clients should be reviewed.

Recommendation 7 - Health care providers should be given feedback on clients they have referred to another health institution. This will require discussion with administrators of Ministry of Health.

- Health care providers feel that some of the activities of the Maternal Anaemia Program are an extra work load on them considering that they are usually alone on duty. The areas mostly affected are individual counselling and record keeping because they are time consuming.

Recommendation 8 - There should be discussions between providers and Project HOPE staff to find solutions to such problems.

- Iron tablets are supposed to be distributed freely to the clients but some practices of selling were discovered.

Recommendation 9 - Investigate why some providers are selling iron tablets and the practice should be stopped immediately.

C. INFORMATION, EDUCATION AND COMMUNICATION ACTIVITIES

- Health care providers do not consistently use IEC material during counselling and education sessions, but these are what help clients understand what is being discussed. Individual counselling is not adequately done because it is time consuming.

Recommendation 10 - Conduct refresher course for all providers on counselling techniques and importance of individual counselling.

Recommendation 11 - Intensify IEC messages on maternal anaemia in the communities through Health Surveillance Assistants so that communities are aware the problem and the needs for lengthy individual counselling are minimised.

Recommendation 12 - During supervision, supervisors should monitor providers' counselling techniques and use of IEC materials.

- It was observed that IEC messages on prevention of maternal anaemia focus on taking of iron tablets with less emphasis on encouraging clients to eat locally available iron rich foods.

Recommendation 13 - IEC messages on prevention of maternal anaemia should equally emphasise on encouraging clients to take iron tablets and eating locally available iron rich foods.

- The traditional practices of taking orange squash, fanta and coca cola as nutritional supplements for prevention of anaemia are continuing in some communities.

Recommendation 14 - Intensify IEC messages on discouraging traditional practices of taking orange squash, fanta and coca cola as nutritional supplements for prevention of anaemia.

D. COMMUNITY'S PERCEPTIONS OF MATERNAL ANAEMIA PROGRAM

- In some communities there are rumours that iron tablets will make a pregnant mother go up to 44 or 48 weeks of gestation without going into labour (overdue pregnancy) and the tablets accumulate in the stomach without being digested leading to death.

Recommendation 15- Intensify IEC messages to dispel rumours and misconceptions about iron tablets.

- In some communities people use avocado pear leaves, guava leaves and mlombwa leaves to prevent/treat maternal anaemia.

Recommendation 16 - Investigate on how these practices affect compliance with taking iron tablets and eating required nutrients.

E. ADMINISTRATION AND MANAGEMENT OF MATERNAL ANAEMIA PROGRAM

- Providers are not adequately supervised because of lack of transport. Some Health Surveillance Assistants who were trained in maternal anaemia have been transferred leaving traditional birth attendants without supervisors in the community.

Recommendation 17 - Transport should be made available for supervision of health care providers.

Recommendation 18 - Ministry of Health and Project HOPE staff should consult with each other when the Health Surveillance Assistant is being transferred.

Recommendation 19 - Ministry of Health and Project HOPE staff should consider combined supervisory visits to solve transport problems.

- Supervisors do not spend enough time with the health care providers to discuss issues and concerns related to implementation of maternal anaemia program activities.

Recommendation 20 - During supervision, the supervisors should set aside time for discussions with providers, hear their concerns and solve them.

- Reminder to take cards and counselling cards are not re-supplied consistently to health care providers. These were designed to assist clients comply with taking iron tablets and enhance counselling.

Recommendation 21 - Reminder to take cards and counselling cards should be supplied consistently to all providers.

- Health care providers do not have records on re-supplies received. These are kept by Project HOPE only. This makes it difficult to monitor consumption of resources especially iron tablets. Project HOPE does not have a clear policy on distribution of the resources.

Recommendation 22 - Health care providers should be given stock books for the resources received.

Recommendation 23 - Project HOPE should have a clear policy on distribution of material resources.

- The design for record keeping system makes it difficult for one to account for the distribution of iron tablets.

Recommendation 24 - Review the record keeping system.

- In some institutions Health Surveillance Assistants take full control of iron distribution on behalf of the provider yet they were not trained in maternal anaemia .

Recommendation 25 - Health Surveillance Assistants should only assist with iron distribution and not take full control.

Recommendation 26 - Health Surveillance Assistants who are assisting with distribution of iron tablets should be trained in Maternal Anaemia.

- Record keeping is not accurate in most institutions, there were discrepancies between the iron tablets distributed and clients seen, implying that some clients are not recorded. Some record books have torn pages and loss of such data means inaccurate national health statistics.

Recommendation 27 - Replace record books which are in poor condition.

Recommendation 28 - Re-enforce accurate record keeping.

F. SUSTAINABILITY OF MATERNAL ANAEMIA PROGRAM

- Sustainability of Maternal Anaemia Program depends on donor funding and should Ministry of Health take over then most of the material supplies will not be maintained considering economic the constraints. Community members have developed confidence in the health care providers because of consistent availability of iron tablets.

Recommendation 29 - There is need to plan a transitional phase for the program when MOH will gradually take over activities of the program.

Recommendation 30 - Supervision of activities of the program should be intensified. Project HOPE should co-opt a community nurse - midwife to co-ordinate activities and supervise accordingly. The appropriate person is the District Maternal and Child Health (MCH) Co-ordinator who is the overall in-charge of Maternal and Child Health services. Project HOPE should reinforce collaboration with the MCH Co-ordinator for continuity of the program. This will ensure that activities of the program are monitored and sustained.

Recommendation 31 - Intensify collaboration among Project HOPE, MOH, and Estate clinics for sustainability of the program.

Recommendation 32 - Train village health committees on maternal anaemia to work hand in hand with Health Surveillance Assistants to intensify IEC so that the program can be sustained.

Recommendation 33 - Multi-sectoral approach should be adopted to sustain the program.

Recommendation 34 - Safe motherhood Projects should be involved in activities of the Maternal Anaemia Program. The program has an impact on reducing maternal mortality through reduction of severe anaemia cases. Apart from this, consistent provision of iron tablets motivates mothers to attend subsequent antenatal care. It implies that women have an opportunity to be screened, problems are identified early and treated. Safe Motherhood Projects need to adopt this strategy as efforts to reduce maternal mortality and morbidity are being intensified in Malawi.

II. CONCLUSION

The Maternal Anaemia Program positively contributed to improving women's reproductive health. Community members were sensitised to the dangers of maternal anaemia and interventions to address the problem were well received. Consistent supply of iron tablets motivated mothers to attend antenatal care and compliance with taking iron tablets was generally good. Providers and supervisors involved in implementation of the program interventions both at hospital/health center and community levels were working diligently despite constraints experienced.

However, sustainability of the program was hampered by its dependence on donor funding. This implies that if Ministry of Health took over the program then most of the interventions, especially supply of iron and supervision would be inadequately implemented, considering economic constraints experienced by governments of developing countries in meeting peoples' needs. The program is relevant to the needs of Malawian women of the child bearing ages, it needs to be sustained through every possible means.

ANNEX :DATA COLLECTION TOOLS

EVALUATION

MATERNAL ANAEMIA PROGRAM

INTERVIEW GUIDE FOR TRAINERS

Explain purpose and obtain informed consent.

Date of interview Time Start.....

Finish District

Demographic details of interviewee:

Age..... Sex

Tribe..... Religion

Educational level Qualification

1. Were you trained as trainer of providers in maternal anaemia?
Yes [] when..... Where.....
N []
2. How many providers have you trained? (Specify number for each cadre)

What were the objectives of the training?
3. What content was covered in the trainings of each cadre.
4. What did you like about the trainings? Why?
5. What did you not like about training? Why?

6. Were you provided with adequate material support?
Yes NO
If no, explain
7. Do you have a curriculum for each of the cadres trained? Yes No
8. What problems did you encounter during the trainings?
9. What are your suggestions for future trainings?
10. In your opinion, what is the impact of the Maternal Anaemia programme on maternal and neonatal health?
11. Do you follow - up the providers? If no why?
Yes No
If No, explain
12. Any other comments.

EVALUATION
MATERNAL ANAEMIA PROGRAM
INTERVIEW GUIDE FOR CARE PROVIDERS

Explain purpose of interview and obtain informed consent

Date of interview _____ Qualification of interviewee _____

Time: start _____ Finish _____ ID _____

District _____ Village _____

Health institution _____

DEMOGRAPHIC DATA

Age _____ Sex _____

Tribe _____ Religion _____

Educational level _____

GENERAL INFORMATION

1. How long have you been practicing?

2. What is the size of the population within the villages you cover?

TRAINING

3. Did you receive Project HOPE training on maternal anemia?
 Yes ___
 No ___

	Dates	Number of weeks	Place
Basic training			

44

4. What were you taught at the training? Mention the content areas.

5. Did the training adequately prepare you for the role of managing maternal anaemia?

Yes ___

No ___

Explain.

6. What topics should be added for future training on maternal anaemia?

7. How often would you like to be refreshed? (tick appropriate)

i) Every 6 months

ii) Every Year

iii) Over 12 months

8. a) Did you have any problems during the training?

Yes ___

No ___

b) If yes, what were they?

c) How could they be solved?

MANAGEMENT OF MATERNAL ANAEMIA

Antenatal Management

9. How many Antenatal clinics do you conduct per week? ____
On which days? _____
10. How many Antenatal mothers do you see per week?
i) New _____
ii) Subsequent _____
11. i) At what gestation do most clients start Antenatal care? _____
ii) Why? _____

12. How do you motivate mothers to start Antenatal care by 20 weeks gestation?

13. What problems do you encounter when motivating mothers to start Antenatal care by 20 weeks gestation? _____

14. Explain what you do with each client to prevent maternal anaemia?

Postnatal Management

15. How many postnatal mothers do you see per week? _____
16. How many times do you see the mothers after delivery? _____
17. Explain what you do with each postnatal mother to prevent anaemia?

FOLLOW-UP CARE

18. Are you able to conduct home visits?

Yes ___

No ___

a) If No, Explain _____

b) If yes, what kind of clients do you visit?

19. In your general opinion, what can you say about compliance of clients in the following:-

a) attending subsequent Antenatal care

d) taking iron tablets antenatally

c) taking iron tablets postnatally

d) eating the required nutrients

20. a) What type of side effects do clients give in relation to taking iron tablets?

i) Postnatal Mothers

ii) Antenatal Mothers

b) What advice do you tell them about each of the mentioned side effects?

SUPERVISION

21. Are you supervised?

Yes ___

No ___

a) By whom are you supervised? (probe) _____

b) How often are you supervised? _____

c) When were you last supervised? _____

d) What do supervisors do when they visit you?

(Specify for each type)

22. Are the supervisors helpful?(probe)

Yes ___

No ___

Explain for both _____

23. What would the supervisors do to be more helpful?

24. Do you discuss with the supervisors the problems you encounter?

Yes ___

No ___

a) Explain for both _____

b) What problems have you discussed and what was the response?

c) Did the problems get solved?

25. a) What kind of material support do you get?

b) What else do you need?

COLLABORATION WITH HEALTH TEAM

26. Have you ever referred clients with maternal anaemia to other members of health team?

Yes ___

No ___

a) If yes, where? _____

b) Why did you refer such clients?

c) How do you refer the clients? _____

d) Do you encounter any problems when referring clients?

Yes ___

No ___

-If yes, what are the problems? _____

-How can they be solved?

e) Do you receive feedback on the clients you have referred?

Yes ___

No ___

-If no, why? _____

-How can the problems be solved? _____

27. Do you receive clients with maternal anaemia referred to you?

Yes ___

No ___

a) If yes, from where _____

b) Do you give feedback

Yes ___

No ___

If No, Why _____

INVOLVEMENT OF CLIENT'S SIGNIFICANT OTHERS

28. Do you involve other members of client's family when educating/counseling on maternal anaemia?

Yes ___

No ___

a) Explain for both _____

b) If yes,

When do you involve significant others?

c) What problems do you encounter when involving client's significant others

ATTITUDES TOWARDS MATERNAL ANAEMIA PROGRAM

29. Do you think the Maternal Anaemia Program is a good idea?

Yes _____

No _____

Explain for both _____

a) What works in this program?

b) What doesn't work?

30. How can the Anaemia program be improved?

31. What do you like about the work you do on maternal anaemia?

a) What don't you like about the work you do on maternal anaemia?

b) Are there ways to improve the things you don't like about the work?

32. Do you encounter any problems when using IEC materials which were developed for the program?

Yes _____

No _____

If Yes, Explain _____

33. Do you see any change from the community following the introduction of this project?

Yes _____

No _____

Explain for both _____

34. In your opinion, do people understand that maternal anaemia is a problem?

Yes _____

No _____

Explain for both _____

35. What do they say are the causes of maternal anaemia?

36. What do they say about the management? (Curative, preventive)

SUSTAINABILITY OF PROGRAM

37. How long has the program been in existence in this community?

38. Do you think it will continue?

Yes _____

No _____

Explain for both _____

39. What could be done to ensure that the program continues?

OVERALL RECOMMENDATIONS/COMMENTS

40. Please give recommendations, suggestions and comments about the maternal anaemia program.

**EVALUATION
MATERNAL ANAEMIA PROGRAM**

OBSERVATION CHECKLIST FOR CARE PROVIDERS

Date of Observation:..... Qualification of care

provider..... Religion

District..... Village

Health Institution

Observation on counselling techniques:

		Yes	No	Comments
1	Communication techniques - Relaxed - Open and approachable - Leans towards the client - Maintains eye contact - Sits squarely - Smiles			
2	Demonstrates appropriate qualities of a counsellor - honest - understanding/empathetic - non judgemental - flexible - patient (takes time to explain) - active listener - Accepting and respectful			
3	Applies appropriate counselling techniques - Greets client - Asks client about herself - Assesses clients knowledge on maternal anaemia - Assesses clients nutritional needs in relation to maternal anaemia			

		Yes	No	Comments
	<p>Tells client how to take iron tablets supplied.</p> <p>Tells client what food to take based on available resources.</p> <p>Tells client how to use "Reminder to take card"</p> <p>Explains new information to clear out concerns and fears.</p> <p>Return visits - informs client of follow-up appointment</p>			
4	<p>Use of teaching aids</p> <ul style="list-style-type: none"> - Used counselling card - Used relevant teaching aids 			
5	<p>Client's response</p> <ul style="list-style-type: none"> - Showed interest - Asked questions - Did not pay attention - Looked puzzled 			

EVALUATION

MATERNAL ANAEMIA PROGRAM

COMMUNITY MEMBERS FOCUS GROUP DISCUSSION

Explain purpose and obtain informed consent.

Village..... District

Date Name of Facilitator

Name of Note taker

Duration of Discussion Start End

GENERAL INFORMATION

1. Which is the nearest health facility

- (a) Ministry of Health..... []
- (b) CHAM.....[]
- (c) Traditional healers.....[]
- (d) Traditional Birth Attendant.....[]
- (e) Estate Clinic.....[]
- (f) Private Clinics.....[]
- (g) Other (specify) _____

2. Which health facility do most people use? (Mention)

- (a) Ministry of Health..... []
- (b) CHAM.....[]
- (c) Traditional healers.....[]
- (d) Traditional Birth Attendant.....[]
- (e) Estate Clinic.....[]
- (f) Private Clinics.....[]
- (g) Other (specify) _____

3. How do pregnant women travel?

4. How long does it take them to reach the clinic? _____

5. Do they have any problems when travelling to the health facility?

Yes _____

No _____

KNOWLEDGE ABOUT ANTENATAL CARE

6. Mention the advantages of antenatal care.

7. At what gestation do most women start ANC _____
Why? _____
8. Who makes the decision for a woman to start ANC. _____
9. Mention the activities at ANC. _____

10. What type of drugs are women given at an ANC.

11. Do the women comply with taking of the drugs?
Yes []
No. []
If no why _____
If yes, how often are the drugs taken? _____
12. Do they experience any problems with the drugs?
Yes []
No []
If yes, what type of problems. _____
How do they solve the problems?

KNOWLEDGE ABOUT POST NATAL CARE

13. Mention the advantages of postnatal care?

14. Where do most women prefer to go for postnatal care? why?

15. How often do women go for postnatal care? Why?

16. Who makes the decision for a woman to go for postnatal care.

17. Mention the activities of postnatal care.

18. What type of drugs are women given during postnatal care?

19. Do the women comply with taking of the drugs?
Yes []
No []
If no, why? _____

20. How often are the drugs taken? _____
21. Do they experience any problems with the drugs?
Yes []
No []
If yes, what type of problems? _____

How do they solve the problems? _____

KNOWLEDGE ABOUT MATERNAL ANAEMIA

22. Have you heard about maternal anaemia
Yes []
No []

Where did you get the information from? _____

23. Is maternal anaemia a concern for you.
 Yes []
 No []
 Explain _____

24. In your opinion what causes maternal anaemia? _____

25. How do you identify a woman who has anaemia? _____

26. Which women are at risk of getting anaemia? _____

27. Mention the traditional methods that are used to treat maternal anaemia. _____

28. Mention the modern methods that are used to treat maternal anaemia. _____

29. What advice would you give to women with maternal anaemia?

30. In your opinion what do you think needs to be done to prevent maternal anaemia
 i) at community level _____

 ii) at government level _____

31. Do you think it is good for people to know about maternal anaemia.
 Yes []
 No []
 Explain for both _____

32. If you think it is good for people to know about maternal anaemia, what are best ways to learn about it?

33. Who are the right people to inform people about maternal anaemia?

KNOWLEDGE ABOUT THE MATERNAL ANAEMIA PROGRAM

34. What do you know about the maternal anaemia program?

35. Were you involved in its initial organization. Explain

36. Did you help to get it going?

Yes []

No []

If no, Explain _____

37. Will you be willing to play a part in the maternal anaemia program in future?

Yes []

No []

If no, Explain _____

ATTITUDES TOWARDS MATERNAL ANAEMIA PROGRAM

38. Do you think the program on maternal anaemia is a good idea?

Yes []

No []

Explain for both _____

39. a) What works well in this program?

b) What doesn't work well?

40. Are you satisfied with the providers?

Yes []

No []

a) What are their good qualities?

b) What are their bad qualities?

41. Does gender matter?

Yes []

No []

Explain for both

42. Does age matter?

Yes []

No []

Explain for both

SUSTAINABILITY OF THE MATERNAL ANAEMIA PROGRAM

43. How long has this program been in existence in this community?

44. Do you think it will continue?

Yes []

No []

Why?

45. What could be done to insure that it continues?

OVERALL RECOMMENDATIONS AND SUGGESTIONS

46. Please give any recommendations, suggestions and ideas which should be considered about Maternal Anaemia Program.

EVALUATION
MATERNAL ANAEMIA PROGRAM
VILLAGE LEADERS INTERVIEW GUIDE

Explain purpose and obtain informed consent.

Village..... District ID

Date Name of Interviewer

Duration of Discussion Start End

DEMOGRAPHIC DATA

Tribe _____

Religion _____

Level of Education _____

Marital Status _____

GENERAL INFORMATION

1. Which is the nearest health facility
 - (a) Ministry of Health..... []
 - (b) CHAM.....[]
 - (c) Traditional healers.....[]
 - (d) Traditional Birth Attendant.....[]
 - (e) Estate Clinic.....[]
 - (f) Private Clinics.....[]
 - (g) Other (specify) _____

2. Which health facility do most people use? (Mention)
 - (a) Ministry of Health..... []
 - (b) CHAM.....[]
 - (c) Traditional healers.....[]
 - (d) Traditional Birth Attendant.....[]
 - (e) Estate Clinic.....[]
 - (f) Private Clinics.....[]
 - (g) Other (specify) _____

3. How do pregnant women travel?

4. How long does it take them to reach the clinic? _____
5. Do they have any problems when travelling to the health facility?
Yes _____
No _____

KNOWLEDGE ABOUT ANTENATAL CARE

6. Mention the advantages of antenatal care.

7. At what gestation do most women start ANC _____
Why? _____
8. Who makes the decision for a woman to start ANC. _____
9. Mention the activities at ANC. _____

10. What type of drugs are women given at an ANC.

11. Do the women comply with taking of the drugs?
Yes []
No. []
If no why _____

If yes, how often are the drugs taken? _____
12. Do they experience any problems with the drugs?
Yes []
No []
If yes, what type of problems. _____

How do they solve the problems?

KNOWLEDGE ABOUT POST NATAL CARE

13 Mention the advantages of postnatal care?

14. Where do most women prefer to go for postnatal care? why?

15. How often do women go for postnatal care? Why?

16 Who makes the decision for a woman to go for postnatal care.

17 Mention the activities of postnatal care.

18 What type of drugs are women given during postnatal care?

19 Do the women comply with taking of the drugs?

Yes []

No []

If no, why? _____

20. How often are the drugs taken? _____

21 Do they experience any problems with the drugs?

Yes []

No []

If yes, what type of problems? _____

How do they solve the problems? _____

64

KNOWLEDGE ABOUT MATERNAL ANAEMIA

22. Have you heard about maternal anaemia

Yes []

No []

Where did you get the information from? _____

23. Is maternal anaemia a concern for you.

Yes []

No []

Explain _____

24. In your opinion what causes maternal anaemia? _____

25. How do you identify a woman who has anaemia? _____

26. Which women are at risk of getting anaemia? _____

27. Mention the traditional methods that are used to treat maternal anaemia. _____

28. Mention the modern methods that are used to treat maternal anaemia. _____

29. What advice would you give to women with maternal anaemia? _____

30. In your opinion what do you think needs to be done to prevent maternal anaemia

i) at community level _____

ii) at government level _____

31. Do you think it is good for people to know about maternal anaemia.

Yes []

No []

Explain for both _____

65

32. If you think it is good for people to know about maternal anaemia, what are best ways to learn about it?

33. Who are the right people to inform people about maternal anaemia?

KNOWLEDGE ABOUT THE MATERNAL ANAEMIA PROGRAM

34. What do you know about the maternal anaemia program?

35. Were you involved in its initial organization. Explain

36. Did you help to get it going?

Yes []

No []

If no, Explain _____

37. Will you be willing to play a part in the maternal anaemia program in future?

Yes []

No []

If no, Explain _____

ATTITUDES TOWARDS MATERNAL ANAEMIA PROGRAM

38. Do you think the program on maternal anaemia is a good idea?

Yes []

No []

Explain for both _____

39. a) What works well in this program?

b) What doesn't work well?

40. Are you satisfied with the providers?
Yes []
No []

a) What are their good qualities?

b) What are their bad qualities?

41. Does gender matter?
Yes []
No []
Explain for both _____

42. Does age matter?
Yes []
No []
Explain for both _____

SUSTAINABILITY OF THE MATERNAL ANAEMIA PROGRAM

43. How long has this program been in existence in this community?

44. Do you think it will continue?
Yes []
No []
Why? _____

45. What could be done to ensure that it continues?

OVERALL RECOMMENDATIONS AND SUGGESTIONS

46. Please give any recommendations, suggestions and ideas which should be considered about Maternal Anaemia Program.

EVALUATION

MATERNAL ANAEMIA PROGRAM

EXIT INTERVIEW

Explain purpose and obtain informed consent

Date of interview _____ ID _____

District _____ Health Institution _____

Name of interview _____

Duration of discussion: start _____ Finish _____

DEMOGRAPHIC DATA

Tribe _____

Religion _____

Level of education _____

Marital status _____

Gravida _____ Para: _____

Number of living children _____

KNOWLEDGE ABOUT ANTENATAL CARE

1. Mention the advantages of antenatal care?

2. Where do most women prefer to go for antenatal care?

Explain, Why _____

3. At what gestation do most women start antenatal clinic?

Explain Why? _____

4. Who makes the decision for a woman to start antenatal care?

5. Mention the activities at the antenatal clinic?

6. What type of drugs are given to women at an antenatal clinic?

7. Do they comply with taking of the drugs?

Yes []

No []

If no, why? _____

If Yes, How often are the drugs taken?

8. Do they experience any problems with the drugs?

Yes []

No []

If yes, what type of problems? _____

How do they solve the problems?

KNOWLEDGE ABOUT POSTNATAL CARE

9. Mention the advantages of postnatal care?

10. Where do most women go for postnatal care?

Why? _____

11. How often do women go for postnatal care?

12. Who makes decisions for a woman to go for postnatal care?

13. Mention the activities of postnatal care?

14. What type of drugs are given during postnatal care?

15. Do women comply with taking of the drugs?

Yes []

No []

If no, why? _____

16. How often are the drugs taken?

17. Do they experience any problems with the drugs?

Yes []

No []

If yes, what type of problems? _____

KNOWLEDGE ABOUT MATERNAL ANAEMIA

18. Have you heard about maternal anaemia?

Yes

No

If yes, where did you get the information from? _____

19. Is maternal anaemia a concern for you?

Yes

No

Explain for both. _____

20. In your opinion what causes maternal anaemia?

21. How do you identify a woman who is anaemic?

22. Which women are at risk of getting anaemia?

23. Mention the traditional methods that are used to treat maternal anaemia?

24. Mention the modern methods that are used to treat maternal anaemia?

25. What advice do you give to women with maternal anaemia?

26. In your opinion, what do you think needs to be done to prevent maternal anaemia:
at community level? _____

at government level? _____

PERCEPTIONS ABOUT THE VISIT

27. Why did you come to the antenatal clinic?

28. Why did you choose this particular clinic?

29. What influenced you to start antenatal care?

30. Describe what the health provider did?

31. Has the health provider discussed with you about maternal anaemia?

Yes _____

No _____

If yes, what has been discussed? _____

32. Have you received any medicine?

Yes _____

No _____

If No, go to 36

If Yes, What kind of medicine _____

a) How many tablets have you received? _____

b) Did the provider tell you how to take them?

Yes _____

No _____

If yes, what did she say? _____

33. Did the provider tell you why she has given you the medicine?

Yes []

No []

If Yes, What did she say _____

34. Do you experience any problems with this medication?

Yes _____

No _____

If yes, mention them? _____

35. Have you discussed with the provider on the problems?

Yes []

No []

a) If No, Why _____

b) Do you still have the problems?

Yes []

No []

c) If yes, what are you doing to solve the problems?

36. Do you have any problems with compliance?

Yes []

No []

37. What else have you discussed on prevention of maternal anaemia?

Do you have any problems in complying with the preventive measures?

Yes []

No []

Explain for both _____

38 Did she use any visual aids during the discussion?
Yes []
No []

a) If Yes, describe them _____

b) Did the visual aids help you understand what was discussed?
Yes []
No []

Explain for both _____

39. Was the visit helpful?
Yes []
No []
Explain for both _____

40. Did the provider take care of your needs?
Yes []
No []

41 Did the provider give you any appointment for the next visit?
Yes []
No []
If yes, what is the date? _____

OVERALL RECOMMENDATIONS AND SUGGESTIONS

42. Please give any recommendations, suggestions and ideas on prevention of maternal anaemia.

74

EVALUATION

MATERNAL ANAEMIA PROGRAM

SUPERVISORS INTERVIEW GUIDE

Explain purpose and obtain informed consent

Date of interview ____ / ____ / ____ ID _____

Level of education _____ Job Title _____

District _____ Health Institution _____

Name of interviewer _____

Duration of discussion: Start _____ Finish _____

ATTITUDES TOWARDS MATERNAL ANAEMIA PROGRAM

5. Do you think the program is a good idea?

Yes ____

No ____

Explain. _____

6. What works well in this program?

7. What doesn't work well?

75

8. Are you satisfied with the providers?

Yes _____

No _____

9. What are their good qualities? (Probe)

10. What are their bad qualities?

11. Does gender matter?

Yes _____

No. _____

12. Does age matter?

Yes _____

No _____

Explain _____

13. How can the maternal anaemia program be improved?

SUSTAINABILITY OF THE MATERNAL ANAEMIA PROGRAM

14. Do you think the program will continue?

Yes _____

No _____

Why? _____

15. What could be done to ensure that it continues?

16. How do you get the material necessary for the maternal anaemia program? . . .

17. How do you distribute the materials to the providers?

18. How many times do you do your supervision?

19. What problems do you encounter in your role?

How can the problems be solved?

20. What are the sustainability plans for the project?

OVERALL RECOMMENDATIONS AND SUGGESTIONS

21. Please give any other recommendations, suggestions, and ideas which should be considered about the program.

EVALUATION
MATERNAL ANAEMIA PROGRAM

INVENTORY LOG FOR PROVIDERS

1. Equipment supply inventory: ask and check

	Available	Not available	Comments
a. Iron tablets			
b. Plastic bags			
c. Counselling cards			
d. Reminder to take card			
e. Providers booklet			
f. Visual aids			
g. Record books			

2. When did you last receive supplies?

3. Do you have any difficulty getting resupplied of any of the resources?

Yes []

No []

If yes, explain

Record keeping

4. Do you have any problems filling Project HOPE record books for clients?

Yes []

No []

a) If yes, what are the difficulties?

b) What suggestions can you give on making it easy to fill the record book for clients.

5

Condition of record book for clients _____

- (a) Excellent (clean, readable, no torn pages, labeled) []
- (b) Poor (hard to read, many torn pages, unlabeled) []
- (c) very poor (unreadable, very dirty, many torn pages, unlabeled) []
- (d) No record book []

6. Abstract for record books (Past 12 months)

Quarter	Number of Supplies		Number of clients
	Received	Used	
First			
Second			
Third			

7 Any other comments?

EVALUATION

MATERNAL ANAEMIA PROGRAM

DISTRICT MEDICAL OFFICER'S INTERVIEW GUIDE

Explain purpose and obtain informed consent

Date of interview ____ / ____ / ____ ID _____

District _____ Health Institution _____

Name of interviewer _____

Duration of discussion: Start _____ Finish _____

DEMOGRAPHIC DATA

Ethnicity _____

Religion _____

Level of education _____

Marital status _____

KNOWLEDGE ABOUT MATERNAL ANAEMIA PROGRAM

1. What do you know about the maternal anaemia program?

2. Did you participate in its initial organization?

Yes ____

No ____

3. Did you help to get it going?

Yes ____

No ____

4. Did you participate in anything else about the organization and running of the program?

Yes ____

No ____

ATTITUDES TOWARDS MATERNAL ANAEMIA PROGRAM

5. Do you think the program is a good idea? ✓
Yes ____
No ____
Explain. _____

6. Do you think the program is the right way to address maternal anaemia?
Yes ____
No ____
Explain for both _____

7. What works well in this program?

8. What doesn't work well?

9. Are you satisfied with the providers?
Yes ____
No ____
10. What are their good qualities?
11. What are their bad qualities?

12. Does gender matter?

13. Does age matter?
Yes ____
No ____
Explain _____

14. How can the maternal anaemia program be improved?

SUSTAINABILITY OF THE MATERNAL ANAEMIA PROGRAM

15. Do you think the program will continue?

Yes _____

No _____

Why? _____

16. What could be done to assure that it continues?

17. How do you get the material necessary for the maternal anaemia programme?

18. How do you distribute the materials?

19. How many times do you do your supervision?

20. What problems do you encounter in your role?

How can the problems be solved?

21. What are the sustainability plans for the project?

OVERALL RECOMMENATIONS AND SUGGESTIONS

22. Please give any other recommendations, suggestions, and ideas which should be considered about the program.

82