



SAFE MOTHERHOOD AUDIENCE NEEDS ASSESSMENT

Population Reference Bureau

MEASURE *Communication* Project

The purpose of this report is to understand the needs of key policy audiences for information about the efficacy, feasibility, costs, and impact of interventions to improve maternal health. We identified people who should be “customers” for research-based information relevant to programs, and we interviewed them about their need for information on specific topics in maternal health, and their preferred channels and formats both for receiving and for passing on information about maternal health.

Specifically, this report addresses the following issues:

- Respondents’ current sources of information on maternal health issues and the perceived credibility of those sources;
- Topics on which more information is needed and how they might relate to identifiable policy and program decisions;
- Preferred channels and formats for future communication of information on maternal health; and
- Respondents’ perceptions of costs, effectiveness, and feasibility of key maternal health interventions.

Methods

Interviews were carried out by Population Reference Bureau (PRB) staff and consultants with selected health and population policy officials in donor agencies, cooperating agencies (CAs), governments of developing countries, private voluntary organizations (PVOs), and international non-governmental organizations (NGOs). We used a semi-structured interview guide (see Appendix A for a sample of the interview instrument). Interviews were conducted in person whenever possible or by telephone when necessary. The interviews took anywhere from 30 to 60 minutes.

We selected respondents purposively to reach US and field-based officials working in various capacities on maternal health issues. Respondents were selected following initial contacts with PRB and USAID staff members familiar with the organizations and other cooperating agencies (CAs) working on maternal health issues. We included officials in several offices and at several levels of USAID, including those in the Global Bureau Center for Population, Health and Nutrition, in regional bureaus, and in mission PHN offices. Other respondents included officials of USAID’s cooperating agencies, private voluntary organizations, and headquarters and in-country representatives of other donor agencies. We sought interviews with people with

responsibility for resource allocation, program design, implementation, or evaluation in maternal and child health. Respondents varied in the degree to which they had been working specifically on safe motherhood interventions; not all are “insiders.”

A total of 17 individuals were interviewed, of whom:

- 6 are male; and 11 are female
- 13 are working in the United States, and 4 outside the US
- 8 reported having resource allocation responsibilities relating to maternal health activities; 11 reported they are engaged in policy or program decisions relating to maternal health; 8 reported they are engaged in program evaluation or monitoring relating to maternal health; and 1 reported advocacy as a main responsibility.

Results

Interventions to Reduce Maternal Deaths

Single interventions to reduce maternal deaths. Respondents were asked to identify the single most effective intervention for reducing maternal deaths. In parentheses is the number of respondents who selected the intervention.

- Training birth attendants (4)
- Improve referral and transport systems (3)
- Increasing awareness (woman, community, and/or family) (2)
- Post-abortion care (2)
- Family planning (2)
- Essential obstetric care (1)
- Partnership between skilled providers and women (1)
- Could not pick one (1)

This was an open-ended question, so the responses are not mutually exclusive – for example, partnership between skilled providers and women, and EOC, could be considered composites incorporating some of what other respondents considered single interventions. This question was not an easy one; several respondents expressed discomfort with having to select one only. A subsequent item allowed them to mention a package of interventions; the goal here was to see which was most salient in the respondent’s thinking.

The most frequently mentioned single intervention was training (or for one respondent more specifically, “improving life-saving skills”) of birth attendants. Birth attendants, in practice, include persons who vary widely both between and within countries in their level of professional education and their degree of specialization. In two of our interviews, respondents were referring to traditional birth attendants. The second most popular single intervention was improving referral and transport systems. It is interesting to note that most respondents headed for a “supply-side” intervention when forced to pick just one, and that there is not a strong consensus on just which one that would be. We expected some variation because respondents were currently working (or had their field experience) in countries with different levels of existing infrastructure and different severity of maternal mortality.

Package of interventions to reduce maternal mortality. When asked (again without prompting) to name the interventions they would put in a “package” to address maternal health, each respondent volunteered at least three interventions. The responses varied both in terms of their specificity and scope as well as their target audience. Most packages included a mix of supply-side and demand-side interventions, but the specific content varied widely. There was some clustering. For example, respondents who included in their ideal package some variant of community education (“work with the community regarding identification of emergency situations...”) also tended to include “improve referral services” and “improve emergency obstetric care.” It appears that most respondents envision at least a two-tier system of provision of delivery care.

Interventions selected as part of packages can be grouped into three main categories:

- Community based interventions:

- Work with the community regarding identification of emergency situations and improve awareness of the pregnant woman, TBA, and community and family (9)
 - Community organization (1)
 - Improve the status of women (1)

- Service delivery:

- Improve referral services (7)
 - Transport (4)
 - Life saving skills (2)
 - Improve relationships with health posts (1)
 - Improve the collection and tracking of information (1)
 - Improve delivery practice (1)
 - Competent personnel (1)
 - Standards of care and monitoring to ensure quality (2)
 - Trained attendant (1)
 - Safe and adequate blood supply (1)

- Antenatal Services:

- Antenatal care (in general) (4)
 - Micronutrient supplementation (3)

- Other Preventive measures:

- Family planning/Birth spacing (4)
 - Prevention of STDs and HIV/AIDS (2)

- Intrapartum Care (including antenatal and perinatal):

- Emergency obstetric care (2)
 - Essential obstetric care (1)
 - Tetanus/infection prevention (2)

- Post-delivery:

- Post-partum care/post-natal home visits (3)

Monitoring criteria in post-partum period (1)

Abortion (1)

Post-abortion care services (1)

The most frequently cited reason given for selecting a particular intervention was that it was something that they had direct experience with (“what they or their organization is already doing”). This experiential justification for intervention selection was especially common with particular interventions like “improving transport systems for emergency obstetric cases.” Several respondents mentioned interventions that they felt were not adequately recognized or were the most difficult areas to address (e.g., “improving the collection and tracking of data” or “instituting monitoring criteria in the post-partum period”). Reducing mortality and morbidity were also frequently cited as justifications for interventions. Although not as common, cost and access issues were also mentioned for several of the interventions. For example, a package of interventions that included: family planning, tetanus, iron/folate supplementation, and a community transport plan was justified by one respondent because it is the lowest cost package. Improving access and equity, particularly in relation to rural areas was also cited.

Knowledge of specific interventions

Ability to recall a source’s definition for three specific interventions. Respondents were asked whether they had heard anything about several interventions for reducing maternal deaths. For three of these interventions (essential obstetric care; post-abortion care; and reducing delays) they were asked for the information source and, if they could recall, how that source defined the intervention. Almost all respondents had heard of each of these three interventions. Although three respondents had not heard or read anything about “post-abortion care” within the last year and one respondent had not heard or read anything in the past year on “reducing delays.”

Table 1 summarizes the information sources for the three interventions. The order in which they appear approximates the frequency with which sources were mentioned. (See the Annex)

Current Sources of Information on Maternal Health Issues

The sources of information that respondents cited for the interventions they volunteered were often their own work experience or the work experience of their colleagues (i.e., serving on assessment teams). Literature, often from their own organization (i.e., FHI or INTRAH) was also a frequent source of information. WHO publications and MotherCare documents were most frequently cited as external sources of information on maternal health issues. Additional sources, although less frequently cited, included: case studies; forums and conferences; DHS data; IPAS publications; SARA project results; and World Bank publications.

Cost-effectiveness

Respondents were asked to recall whether or not the source mentioned issues of cost-effectiveness as a rationale for the intervention: only two responded yes. These sources included: Mothercare, CORE group updates and workshops; WHO Safe Motherhood newsletter; and materials from the Johns Hopkins Child Survival office. Two respondents who cited sources of information as their own experience or the field experience of their agency said that the source addressed issues of feasibility. Two respondents reported that occasionally issues of effectiveness and feasibility were addressed in discussions with colleagues.

Most credible sources of information on maternal health

Respondents were also asked to identify which source they trust the most for information about maternal health. Most often, particularly for the US based respondents, they mentioned specific individuals as the most credible source of information. Overseas respondents were more likely to mention organizations (WHO or FHI) as the most credible sources. The following lists all of the responses for most credible sources of information relating to maternal health.

- Individual at FHI
- Individual at MotherCare
- Individual at USAID PHN center
- MotherCare
- WHO
- UNICEF
- CORE group
- American College of Nurses and Midwives
- FCI
- Columbia University
- Ministry of Health
- Two individuals who consult in the public health field
- Experts at USAID PHN Office
- Experts in academia
- Operations Research projects – Population Council
- Policy research - experiential
- WHO Safe Motherhood Newsletter
- IPAS
- U.S. based cooperating agencies (CAs).

Formats of Information

An important area of the questionnaire addressed the formats in which information about maternal health is shared. Respondents described the current formats for how they receive information and later identified their preferred formats for receiving information. Respondents reported that they use formats of information including books, journal articles, annual reports, newsletters, article abstracts (PopLine and MedLine), bibliographies, written material including fact sheets, reports, booklets, posters, and flyers, seminars discussions at working groups and brown bag lunches, and word of mouth.

Electronic media

Respondents were asked how frequently they themselves sought or received information about maternal health through electronic formats. As the table below shows, e-mail was very often mentioned, especially popular among respondents working outside the US. Other electronic formats, such as searching the worldwide web or downloading information from CD-ROMs were less popular. The problem for most was not a lack of access or skills, but of time – “I don’t have time to surf the web” was a common response. But some said they would go to a specific web site for information if they were told the URL through some other means and trusted the organization. Several overseas respondents mentioned that they and their colleagues have to pay for very expensive phone line connections and so the World Wide web is not a good option for them.

Frequency with which electronic formats are used

	NO	YES
Internet (WWW)	9	7 (3 rarely)
E-mail	4	12
List-serves	9	6
CD-Roms	12	4 (2 rarely)
Download printed material	10	6

Preferred Formats of Information

Respondents were asked the most convenient or effective way for them to receive information. A majority of them mentioned electronic mail as the preferred format.

Preferred format	Number of respondents who suggested format
Internet	2
Update on current literature and programs	6
Printed materials not including newsletter	2
Video	1
Newsletter	3
Journal	1
Technical meetings/conferences	3
Email	6
List of resources	1
Annual report	1
Materials for use in evaluating programs	1

Information Needs (self-perceived)

Respondents were asked about their current information needs relating to maternal health issues in two ways. First they were asked to volunteer responses about their information needs. They were also asked to respond to information needs in four different categories (technical issues; advocacy materials; implementation; and monitoring and evaluation).

Results of volunteered responses:

- Focused (print) materials on new technologies and advances (precise/concise/science-based).
- Accurate reliable statistics.
- Newborn care information.
- Information on malnutrition and micronutrients.
- Latest definition of "adequate and effective pre-natal care"
- Country level situation analysis of who is doing what on maternal health activities.
- Fill gap between CAs and NGO community.
- Best/worst practices elsewhere.
- Proportionate maternal mortality by age group.
- Country-specific and regional-specific data (DHS not in-depth enough)

- Fact sheets on maternal health.
- Information on the social context of maternal health.
- Case studies of how different countries have reduced maternal mortality.
- Costing data
- Better process indicators that can answer the question “is my maternal health program working or not?”

Two respondents cited their “information overload” in response to this question.

Information needs in four specific areas:

Responses to prompted questions	YES	NO
Information on technical issues and developments in the field?	12	3
Pre-packaged information to use in advocacy?	13	2
Information on program implementation?	14	2
Information on monitoring and evaluation indicators?	13	2

Information sharing

When asked how they share information they receive on maternal health respondents answered with a variety of methods. The most common, however, was through e-mail. They also reported sharing information through workshops, policy briefs, photocopied materials, verbal transmission in staff meetings and interpersonal meetings, mailings to country offices, trainings or conferences, on-site visits, newsletters, presentations, distributing printed materials at meetings.

Translation needs

Several of the respondents explained that they have to translate materials both in terms of language and also in terms of cultural appropriateness. This is very time consuming, and one respondent claimed that it cuts down on the amount of materials distributed to the field staff.

Knowledge of Neonatal Health Interventions

Respondents were also questioned about their knowledge of and information sources for neonatal health interventions. The results (table 2) are in the Annex.

Conclusions

This report was based on a small, purposively selected sample, chosen to be representative of international organizations, USAID CAs, USAID mission directors, and NGOs active in maternal health. Further research would be needed to draw firmer conclusions or to generalize to other audiences. But the results of this exercise do lead to some useful ideas for planning policy communications around safe motherhood.

A communication challenge is reflected in the diversity of answers to almost every question about topics, even from this relatively homogenous sample. Answers could always be grouped into broader categories, but there is not a lot of agreement on priority topics. Safe Motherhood is a field defined by a target population, rather than a single intervention or type of facility, and the people working in the field have a broad array of technical backgrounds and experience. This breadth likely accounts for the number of requests for new basic channels of communication (e-mail “pearls”, policy briefs, abstracts of journal articles...) The field is not yet dense with publication series as are some older fields within the PHN sector. There is not even a common shorthand language for describing interventions and particular approaches. Respondents used “EOC” to mean either emergency or essential obstetric care, for example, and surprisingly few mentioned it as a unitary concept without prompting (though components of EOC were mentioned by nearly all).

This suggests that a range of communications efforts are needed, including some basic information sharing, even for people already in the field. Safe Motherhood is a hard field to encompass.

Technical communication is already taking place through a rich mix of channels – face-to-face, in formal and informal meetings, and through a broad array of print media. Of course, this sample included many people who are already better connected to the informal channels of information, and have more personal experience, than other target audiences we would want to reach. It is useful to note how many of the respondents themselves seem to be passing on information to others regularly. This suggests that giving good short, credible messages to the “insiders” in Safe Motherhood will have a spillover effect to other audiences as well.

The preference of those working outside the US for e-mail communication, with links to full reports or sources of publications, was worth noting. E-mail messages are easy to share with colleagues, as several noted.

Several respondents expressed a need for updates on current literature and programs. The majority of respondents cited a need for information in every area mentioned by the interviewer. There is also a need for more translations into languages other than English.

Few respondents expressed a need for information on cost-effectiveness. This may reflect the state of the field -- there is still a great deal of uncertainty about what programs are feasible and effective, and how to measure effectiveness, and cost data may have to come later. It may also reflect the particular audience studied here. Those already active in safe motherhood may be less concerned with cost-effectiveness comparisons than would a sample of officials in organizations (or parts of organizations) not yet involved. It is worth noting that cost-effectiveness was a concern of the highest-ranking official interviewed in this exercise, so the topic cannot be neglected even if most respondents did not mention it spontaneously as a priority need for doing their current work.

Annex 1

Table 1:

Intervention	Information Source
<p>a) Essential obstetric care</p>	<p>MotherCare reports WHO – Safe Motherhood Newsletter ACNM CARE manual on maternal and reproductive health Journal articles UNICEF USAID Experience in the field</p>
<p>b) Post-abortion care</p>	<p>Population Council IPAS Colleagues FHI WHO meetings PAHO meetings UNHCR working group on emergency reproductive health CORPS maternal working group USAID ACNM AVSC has a major program JHPIEGO briefing</p>
<p>c) Reducing delays</p>	<p>Columbia University: Deborah Maine MotherCare (conversations; publications) Workshop The “3 delays study” CORE maternal working group UNICEF STC USAID Personal and colleague’s experience</p>

Table 2:

Intervention	Y E S	N O	Information source
a) Maternal supplementation with micronutrients (for example, iron/folate, Vitamin A, zinc, etc.)?	1 5		LINKAGES Project Mothercare Couldn't recall source (2) OMNI newsletter PAHO study Agency activities in this area Johns Hopkins Technical group CORE group Talk at Save the Children Project Concern International – Indonesia Study UNICEF, State of the World's Children report NGO-PVO micronutrient conference USAID funded project
b) Preventing or treating STDs during pregnancy?	1 1	4	INTRAH General literature (late 1980s/early 1990s) Personal work with HIV/AIDS STD/AIDS as part of reproductive health Existing agency activities in this area Johns Hopkins Technical group CORE group Mothercare report on syphilis treatment CDC WHO report
c) Preventing or treating parasite infestations, such as hookworm, and other conditions during pregnancy?	1 1	4	WHO CDC General literature INAG Existing agency activities in this area "Helping Health Workers Learn" Bill Bauer Personal experience as clinician
d) Educating mothers about proper nutrition?	1 1	2	LINKAGES Personal work experience PAHO nutrition unit Existing agency activities in this area Johns Hopkins Technical group CORE group MotherCare
e) Promoting appropriate breast-feeding practices?	1 2		LINKAGES Personal work experience Agency activities in this area Johns Hopkins Technical group CORE group WHO Individual expert in family planning field

f) Provision of clean, safe and supportive care during labor, birth and after delivery?	1 2		American College of Nurses and Midwives INTRAH Personal work experience Existing agency activities in this area Johns Hopkins Technical group CORPS group USAID PATH/STC/UNICEF birth kits FHI safe home birth kit
g) Promoting improved care of the newborn? (appropriate feeding, warming)	1 1	1	ACNM/INTRAH UNICEF Existing agency activities in this area LINKAGES WHO Susan Ross book (CARE) Australian journal article – “kangaroo method” Personal experience as a nurse