

MILESTONE REPORT
CONTRACT NUMBER: 263-C-00-99-00017-00

To: Brenda Doe
Cognizant Technical Officer
Health and Population Division
USAID Mission to Egypt

CC: Cynthia Judge
Contracting Officer
Procurement Division
USAID Mission to Egypt

From: Jestyn Portugill
Chief of Party



Date: June 24, 2002

Task Number : 2

Task Description : *Service volume increased and client load expanded*

Milestone No.: 2.6

Milestone Description: 40th day postpartum program developed and introduced.

Source of Verification: Recommendations to MOHP to strengthen 40th day postpartum program.

Planned End Date: April 30, 2000

Status: Completed

Comments: This is a resubmission of a milestone report originally submitted on July 19, 2000.

The POP/FP IV contract states: "The 40th Day Initiative will form the essential link between PP/PA FP and MCH services...The Contactor will collaborate with the HM/HC contractor and the MOHP to develop a 40th day PP service that addresses contraceptive issues, breast feeding, mother's nutrition, and infant care at the time of the infant's 40th day immunization visit."

Included in this resubmission is the original milestone report containing the recommendations developed by the project in conjunction with Healthy Mother/Healthy Child and provided to the MOHP (attachment 1). Since that point, the project has moved to integrate the MOHP's activities more closely with other activities in the private sector. Demand creation activities have been developed to link the sectors together through a unified campaign.

On December 10, 2001, this plan was presented to Dr. Ayman Abdel Mohsen (attachment 2). Dr. Mohsen stated that he approved the plan and milestone 2.6. However, no subsequent written documentation of this approval was provided by USAID.

The final item in this resubmission is the activities accomplished by the MOHP in implementation of the 40th day program at the date of the presentation (attachment 3). Attachment 4 is the revised congratulations and invitation card provided to all postpartum women.

Attachment 1

MILESTONE COMPLETION REPORT
CONTRACT NUMBER : 263-C-00-99-00017-00

To : Chris McDermott
COTR

CC : Contract Officer
(Replacing Donella Russell)

From : Jestyn Portugill
Chief of Party



Date : July 19, 2000

Task Number : 2
Task Description : *Service Volume Increased and Client Load Expanded*

Milestone No.: 2.6
Milestone Description: 40th day PP program developed and introduced
Source of Verification: Recommendations to MOHP to strengthen 40th day PP program
Planned End Date: April 30, 2000
Status : Completed

Comments: Details have been worked out with the MOHP population sector and the HM/HC Project. A workshop convened by the MCH Department and HM/HC Project on May 7 & 8 was attended by representatives from the Pop Sector and Pathfinder. The workshop outputs has been considered in preparation of the recommendations sent to MOHP.

July 18, 2000

To: Dr. Yehia El Hadidi
Director SDP Project

From: Dr. Laila M. Kamel
Quality Service Advisor

Ref.: 40th Day Postpartum Program

Attached you will find a report on the 40th Day Postpartum Program and recommendations for strengthening the services.

As mentioned in the report, the program will start in two districts in Fayoum, to be extended in Fayoum and Ismailia as pilot governorates.

The enhanced supply team and QIP at the Pop Sector will assume the responsibility for implementation and will keep you informed about all details of the process.

We welcome any comments.

Laila M Kamel

Subcontractors:

FORTIETH-DAY POST PARTUM PROGRAM

Introduction

The need to space pregnancies in order to decrease maternal and child morbidities and mortalities is well appreciated. Child spacing promotes and maintains the health of the mother, the older child and the newborn. On the other hand, a mother who practices spacing would appreciate the role of contraception and is more receptive to the concept of small family size.

The EDHS, 1995 reported that IMR is 128.8 per thousand live births among infants having a birth interval of less than 2 years. This value decreases to 42.6 when the birth interval is 4 years or more. The corresponding figures for child mortality (1-4 years) are 43.6 and 15.3 respectively. The same survey found that the median birth interval was 32 months; however, 26% of non-first births are born too soon within 24 months of the previous birth.

Postpartum Contraceptives

Contraceptives for spacing are better to be used before the initiation of postpartum marital relations. In the culture of our country, the social norm is the 40th day. However, from a religious perspective it can start when there is no more bleeding or spotting, and the mother has an after bleeding bath. This can be earlier than 40 days.

LAM is one of several methods that are appropriate for lactating mothers. According to the EDHS, 1995, exclusive breast-feeding is practiced by 77.6% during the first two months of life. The percentage drops to 59.9% in the next two months, and to 30.8% in the 4th and 5th months.

IUD can be used immediately after birth for hospital deliveries, or as early as 4 weeks after childbirth for CuT IUD, and at least 6 weeks after childbirth for other IUDs. Hospital postpartum / post-abortion contraception are part of the Safe Reproductive Health program dealt with elsewhere.

Other methods include condoms, and vaginal methods with no time restrictions. Progestin-only pills, long acting injectables or implants (NORPLANT) can be used as early as 6 weeks after childbirth¹.

Postpartum Care

The MOHP has an ongoing system for postpartum care. Mothers known to the service delivery points to have had birth are entitled to receive postpartum home visits and care

¹ "The Essentials of Contraceptive Technology," Johns Hopkins Population Information Program, Johns Hopkins University, School of Public Health, 1997.

at home and at the center. The package of postpartum care prepared and delivered through the MCH services for the mother and newborn is given in Annex 1. As mentioned in this package maternal care includes counseling on child spacing on the 14th and on the 40th days. Home visits at the 14th day are scarce. However, the mother may bring her child on the 40th day for the BCG immunization. If not then she is going to bring her/him at the age of two months also for immunization.

The concept for the 40th day contraception has been introduced in some of the service delivery units. In Ebshway district in Fayuom governorate, a card is sent to each delivered mother asking her to visit the center for gynecological examination and family planning (Annex 2). This is also done in Fayuom rural district. This concept embraces both reproductive health and family planning issues. In addition to the outreach service, internal referral from the immunization clinic is also suggested.

The role of the RH/FP services in the 40th day postpartum care for the mother includes:

- ⇒ Assessment for complete recovery, no perineal problems or genital prolapse
- ⇒ Assessment for RTI
- ⇒ Assessment of the nutritional status, specially anemia
- ⇒ Provide nutrient supplementation, if not provided earlier (Vitamin A, iron, & iodine)
- ⇒ Provide contraception counseling and service

Counseling for Postpartum Care/Contraception

Postpartum care is a joined responsibility of MCH and RH/FP services. Preparation for postpartum care starts during pregnancy. Relevant health education messages should be provided to the mother during antenatal care (ANC). However, according to the EDHS, 1995 only 39.3% receive any antenatal care; and only 28.3% receive 4 or more ANC visits. The public sector provided ANC for 8.3% of all mothers (14.3% in urban areas & 4.7% in rural areas). Private doctors have the main share. This reflects the fact that contact with the pregnant mothers during ANC provided by the Public sector MCH services is very limited. The same survey shows that Upper Rural Egypt suffers the most from underutilization of this service. It is worth mentioning that the same survey reported Tetanus Toxoid (TT) vaccination, by one or two doses, for 69.5% of pregnant mothers. This means that this number would come in contact with the health service at least once. The present standing orders for MCH directorate is that any mother coming for TT should have her ANC record initiated and receive care.

What are the Health education messages?

The health education messages during ANC should include the following:

- ⇒ Preparation for safe delivery
- ⇒ Essentials for a safe postpartum period for the mother and the newborn
- ⇒ Preparation for successful breastfeeding
- ⇒ The need for child spacing to promote the health of the mother and the child
- ⇒ Postpartum contraceptive methods that do not interfere with lactation. If the mother accepts postpartum IUD insertion, then she should be advised to deliver in

the nearest hospital providing the service. This option should not be part of the counseling unless the service is available.

The health education messages in the immediate postnatal period and during home visits should include the following:

- ⇒ Counseling on “danger signs” during the postpartum period and action to take
- ⇒ Counseling on the care of the newborn
- ⇒ Successful breastfeeding
- ⇒ Counseling on health needs of the mother, nutrition and supplementation
- ⇒ A notion on the importance of spacing
- ⇒ The importance of the 40th day postpartum visit to the center

The health education messages to be provided by the RH/FP providers on the 40th day postpartum visit should include the following:

- ⇒ The importance of spacing and suitable methods
- ⇒ Counseling on contraception
- ⇒ Reproductive health promotion, early detection and prevention of problems

Who provides the services?

During the antenatal period:

- MCH service providers have the main responsibility for providing the messages to attendants of ANC visits
- The RR belonging to the Population/FP sector will provide the messages during their routine home visiting program to all pregnant women
- Pregnant women, who do not attend the clinics, are identified by RR during their routine home visiting program; they are also advised to attend for ANC visits.

During the postnatal period at home:

- The nurse/nurse midwife attending birth and postnatal care
- The TBA (Daya); their training should include the postpartum counseling and care

The 40th day postpartum visit

- Cross referral between the MCH and the RH/FP services
- Each center should identify the appropriate health care provider(s) to be responsible for delivering the service
- Supervisors should help each center to define who and how the service is going to be provided

RECOMMENDATIONS

The 40th day postpartum program is built on cultural concepts allowing the mother to go outside the home and resume her normal life on this date. It has been suggested to invest on this occasion to reach the mother with a comprehensive package of RH/FP care, in addition to care for the child (see annex I).

Mothers bring their children for routine immunization, usually at two months. The MCH recommends a visit at 40 days for assessment of the infant. BCG immunization could also be given on this occasion. Vaccination coverage is very high in Egypt, so most of the mothers are expected to come in contact with the service providers as early as 40 days or two months. However, we need to assure that the mother is going to come by herself and not send the infant with the father or a relative; and to be oriented to her own needs to receive counseling and care. As mentioned earlier this should take place during the ANC visits or through the RR. At the same time the health care providers and the system of care in the center should allow for provision of services for both the mother and the infant on the same day. This may need change in the clinic setting and/or management. It will also entail full cooperation between the MCH team and the RH/FP team. In most of the Rural Health Units one team is responsible for all services; usually the same doctor, and even the same nurse deliver both MCH and RH/FP services. In larger rural services and in MCH centers different teams may deliver the different services; the RH/FP clinic may be completely separate in a special room. There are directions for cross referral between MCH and RH/FP services; however, in view of the existing system of work, which has been going on for a long time, actual implementation need to be initiated with full support from the vertical programs, adequate monitoring and supervision.

The package for postpartum care has been identified. There is a need to operationalize the planned interventions. The following actions are recommended:

- Develop protocols for the system of work including
 - The package of services based on the present document
 - Client flow and internal referral that could be applied to different types of service delivery settings
 - Who does what i.e. job responsibilities for the different settings
- The protocols should be flexible to be adapted to real life situation according to the working environment and characteristics of the population.
- Share the developed protocols with the MCH and PHC departments at the MOHP, and finalize the protocols
 - Develop job aids
 - Implement the system in pilot sites. The suggested sites are Fayuom governorate, to start with Ebshway and Rural Fayuom Districts as these two have existing proactive actions in this respect. Implementation will start by orientation and on-the-job training to service delivery personnel in selected sites.
 - Develop competency-based training programs and implement training to service delivery staff in Fayoum and Ismailia governorates. These could be added to the basic training course both for the physicians and nurses.

- The system is then to be extended in both the pilot governorates Fayuom and Ismailia during the year 2000/2001.
- Scaling up would take place during the year 2001/2002
- Mass media campaigns will be considered after the service has been made available on a national scale

Annex I

MOHP Postpartum Care visits Schedule for Mother & Newborn

The MOHP promotes visits to and/or by the mother and newborn during the 2nd, 4th, 7th, 14th and 40th day postpartum. The daya (traditional birth attendant) are also trained to share postpartum health messages with the mother during their 7th day “Soboa” visit to the mother, a visit unique to Egyptian culture. The 40th day visit is of particular importance since it is not until after this time that the woman is allowed to leave the confines of her home. Table 1 summarizes the package of services provided during postpartum visits.

Package of Postpartum Care of the Mother and Newborn

Visit	Mothercare	Newborn Care
	<ul style="list-style-type: none"> ➤ Assess mother’s health status: recognize complications of delivery and refer ➤ Counseling on “danger signs” during the postpartum period and action to take ➤ Counseling on the importance of postpartum visits 	<ul style="list-style-type: none"> ➤ Newborn health assessment: recognize complications of delivery and refer ➤ BCG immunization ➤ Hepatitis B immunization ➤ Counseling on care of the newborn including: <ul style="list-style-type: none"> • breathing, • warmth, • immediate and exclusive breast feeding,

		<ul style="list-style-type: none"> • cord care, and • follow-up immunizations required <p>➤ Routine laboratory tests</p>
3 rd day	<p>➤ Assess mother's health status</p> <p>➤ Counseling concerning the prevention of iodine, vitamin A and iron deficiencies as well as promotion of good nutrition</p>	<p>➤ Newborn health assessment to include hygienic cord care</p> <p>➤ Counseling on care of the newborn</p>
3 rd day Soboa	<p>➤ Daya shares health message on care of the mother</p>	<p>➤ Daya shares health message on care of the newborn</p>
4 th day	<p>➤ Assess mother's recovery health status, including assessment of nutrition and anemia status</p> <p>➤ Counseling on health needs of mother</p> <p>➤ Counseling on child spacing</p>	<p>➤ Newborn health assessment including weight/feeding</p> <p>➤ Recognize, manage and refer ARI, diarrheal disease</p> <p>➤ Immunizations</p>
5 th day	<p>➤ Assess mother's recovery health status, including assessment of nutrition and anemia status as well as any signs of RTIs</p> <p>➤ Counseling on health needs of mother issues concerning FGM</p> <p>➤ Counseling on child spacing</p>	<p>➤ Newborn health assessment including weight/feeding</p> <p>➤ Newborn development assessment</p> <p>➤ Recognize, manage and refer ARI, diarrheal disease</p>

Annex 2: Invitation Card to Mothers for Gynecological Exam

الإدارة الصحية بأبشواى
تنظيم الأسرة

وحدة : التاريخ : مولود سعيد

السيدة /

نهنتكم بالمولود السعيد وندعوكم لتوقيع الكشف الطبى أمراض
نسا وتنظيم الأسرة والكشف على الطفل مجاناً .
مع أطيب التمنيات بدوام الصحة والسعادة

مسئول تنظيم الأسرة مدير الإدارة الصحية بأبشواى

Attachment 2

40th Day Postpartum Developed and Introduced
(**Milestone 2.6**)

40th Day Postpartum Developed and Introduced (Milestone 2.6)

The 40th Day Initiative forms the essential link between PP/PA Family Planning and MCH

The contractor will:

- collaborate with HM/HC and the MOHP to develop a 40th day postpartum service that addresses contraceptive issues, breast feeding, mother's nutrition, and infant care
- develop a program that encourages new mothers to seek family planning advice on or around the 40th day postpartum as an essential component of a comprehensive healthy mother, well baby check-up
- promote contraceptive use through linked demand creation activities particularly in low prevalence areas, and community outreach and education by Raidat Rafiyat

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Strategic Approach

MOHP

CSI

PRIVATE
SECTOR

HM/HC

MOHP Clinics
RR

CSI Clinics

Private Clinics
Pharmacies
Demand Creation

MOHP Clinics

----- Focus on Mother and Child -----

----- Product -----

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Ministry of Health and Population

Achievements to Date

- Preparation of background paper and recommendations
- Preparation of guidelines for centers to implement 40th day program
- Inclusion of the idea of 40th day postpartum in strategic planning at the District and Governate level
- Preparation of section on postpartum contraception to be included in the JSI postpartum manual

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Ministry of Health and Population

Fayoum Initiative

- 40th day postpartum women identified through birth records
- Congratulation cards sent inviting mothers to visit the Unit on the campaign day each month
- Creation of awareness through seminars, RR, and IEC meetings
- Campaign expanded to include 36 units in Fayoum.

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Ministry of Health and Population Products

- Use the 40th day campaign to alert consumers to availability of POPs in selected MOHP clinics
- Use the 40th day campaign as an opportunity to promote DMPA and IUDs as well as other appropriate contraceptive methods.

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Medical Schools

Six Week Visit

- POPs recommended at six week visit
- DMPA recommended at six week visit
- IUD recommended at six week visit

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Private Commercial Sector

Demand Creation

- HM/HC TV ads concentrate on early postpartum period for mother and child (including 2, 4, 7, and 14 days postpartum)
- POP IV TV Ads will feature role of Raidat Rafiyat
- POP IV TV ads will feature appropriate 40th day methods (including IUD, DMPA, POPs)

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Private Commercial Sector

Physician Detailing

- MEDTEC Team promoting to OB/Gyns and General Practitioners
- Schering Team promoting IUDs and POPs to OB/Gyns and General Practitioners
- Organon Team promoting POPs to OB/Gyns and General Practitioners
- Pharmacia Team promoting DMPA to OB/Gyns and General Practitioners

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Private Commercial Sector

Pharmacist Detailing

- MEDTEC Team promoting to 10,500 pharmacists
- Schering agent promoting IUDs and POPs to pharmacists as 40th day methods
- Organon agent promoting POPs to pharmacists as 40th day methods
- Pharmacia agent promoting DMPA pharmacists as 40th day methods

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Private Commercial Sector

- Demand Creation
- Physician detailing (Ob/Gyn, General Practitioners, Pediatricians)
- Pharmacist detailing

40th Day Postpartum Developed and Introduced (Milestone 2.6)

NGOs

- MEDTEC team promoting appropriate 40th day methods to NGO
- NGOs planning cross referrals to other groups that provide MCH services
- Potential participation of NGOs in 40th day campaign to remind women to have their child immunized.

40th Day Postpartum Developed and Introduced (Milestone 2.6)

Strategic Approach

MOHP

CSI

PRIVATE
SECTOR

HM/HC

MOHP Clinics
RR

CSI Clinics

Private Clinics
Pharmacies
Demand Creation

MOHP Clinics

----- Focus on Mother and Child -----

----- Product -----

Attachment 3

FORTIETH-DAY POSTPARTUM PROGRAM

MOHP activities to-date
December 2001

Achievements to-date

- Preparation of background paper and recommendations in English.
- Preparation of guidelines in Arabic.
- Preparation of a section on "Postpartum Contraception" to be included in the Postpartum Manual prepared by JSI.
- Introduction of the concept in the District level planning.
- Introduction of the concept in the Governorate planning.
- Initiation of the activities at the Model Centers.

Fayuom Initiative

Based on the latest governorate planning workshop held on the 9th & 10th of August, 2001, and attended by H.E. the Minister of Health and Population, the FP teams in Fayuom started the 40th day postpartum initiative as part of a governorate campaign for RH/FP.

This initiative included 40th day clinical check-up and contraception counseling and use; in addition to Ob.Gyn. examination, and examination of children.

Implemented activities were:

- Listing the 40th day postpartum women from the Birth Records.
- Sending a congratulation card inviting mothers to visit the Unit on the day of the campaign.
- Propaganda through different means and settings for the day of the campaign in each unit.
- Providing a car from the district for transport of women from remote areas to the clinics.

Campaign Outputs in Fayuom Governorate

	September	October
Number of sites	12	36
Examined women		1233
Examined children		691
Total for women and children	241	1924
IUD	205	984
Injectables	67	541
NORPLANT		15
Pills		6
Sonar		244

Campaign Outputs in Manshaat Sennoris Clinic

Activity	July	August	September	October
Forthieth day	29			
IUD	25	11	13	50
Injectables	4	15	16	15
Follow-up of CC users		12		
ANC + Ob. Gyn.		70	15	102
Child care		49		26
Sonar				1

Attachment 4

وزارة الصحة والسكان
مديرية الصحة محافظة:
الوحدة الصحية:

إدارة:
التاريخ:

السيدة/

نشكركم بالمرور والعبير منقذة اللهم وسعدنا باستقبالكم في الوحدة الصحية في أقرب فرصة لتقديم خدمات

مكاملة للاخ والمرور.

مع أطيب التمنيات بروح الصحة،

العاملون بالمركز

معلومات تمك:

- الرضاعة الطبيعية هي أفضل غذاء للمولود منذ الساعة الأولى للولادة ولبن البرسوب مفيد جدا للطفل
- الرضاعة حسب رغبة الطفل ليلا ونهارا تكفي لمدة ستة شهور. لا تعطى أى طعام أو شراب آخر قبل ذلك إلا بعد استشارة الطبيب
- تقوم الوحدة الصحية بفحص الأم في أول زيارة للوحدة للتأكد من سلامتها ورعاية صحتها
- لصحتك وصحة طفلك يجب أن تتراح الأم بين الولادة وبداية حمل جديد
- هناك العديد من وسائل تنظيم الأسرة التي لا تؤثر على لبن الأم - استشيرى الطبيب ليعاونك على اختيار الوسيلة المناسبة