

MILESTONE COMPLETION REPORT

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

To : Chris McDermott
COTR

CC : Contract Officer
(Replacing Donella Russel)

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.

Subcontractors:

13 July 2000

Mr. Ibrahim El Etriby
Project Director
Institutional Development Project
The National Population Council

Re: **Needs Assessment List**

Dear Mr. El Etriby,

Thank you for your letters of June 12th and 24th regarding the needs assessment and equipment delivery. I apologize for not responding sooner—I have been out of the country and only received the letters when I returned to the office yesterday.

After your last letter, we received approval from USAID to proceed with the procurement and are moving forward to purchase the equipment and other materials. We understand your concern about obtaining equipment as rapidly as possible. I will contact the procurement agents to determine the status and keep you informed.

Sincerely,



Stephen Croll
Deputy Chief of Party

cc: J. Portugill
J. Cody

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Subcontractors:
Family Health International (FHI)
Johns Hopkins University Center for
Communication Programs (JHU/CCP)
Management Sciences for Health (MSH)
The Futures Group International (TFGI)

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July 18, 2000

To: Dr. Yehia El Hadidi
Director SDP Project

From: Dr. Laila M. Kamel
Quality Service Advisor

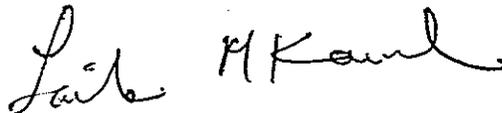
Ref.: 40th Day Postpartum Program

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.



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 settingsThe 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

isit	Mothercare	Newborn Care
day	<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>
4 th 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>
7 th day Soboa	<p>➤ Daya shares health message on care of the mother</p>	<p>➤ Daya shares health message on care of the newborn</p>
14 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>
40 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