



Improving Health through Postpartum Home Visits, Family Planning Counseling

Scaling-Up Best Practices in Egypt

This paper shows how the Extending Service Delivery (ESD) Project—an international leader in scaling-up best practices in reproductive health and family planning—helped Save the Children/Egypt improve maternal and newborn health in Egypt’s Kaliobia Governorate by scaling-up the government’s postpartum care package in 13 villages, and training community health workers and nurses to put the package into practice.

Because of the intervention described in this brief, in Egypt’s Kaliobia Governorate, the number of mothers visited at home within 48 hours postpartum rose by more than 50 percent.

The Extending Service Delivery (ESD) Project, funded by USAID’s Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

PROBLEM ADDRESSED

More than one-quarter of all maternal deaths in Egypt occur during the postpartum period.¹ In one-third of those cases, the baby also dies, 50 percent passing during the first two days of life.

These deaths are largely a result of the lack of post-delivery counseling for new mothers on self-care, newborn care and postpartum family planning. A lack of postpartum training for physicians and nurses at clinics, a deficit in women’s knowledge about clinical primary health care services, a shortage of trained nurses to conduct home visits and a scarcity of resources all contribute to a serious gap in maternal and child care.²

BEST PRACTICES TO IMPROVE CARE

With technical assistance and a small grant from ESD, Save the Children/Egypt improved the health outcomes of women in Kaliobia Governorate’s Kafr Shokr District by taking the government’s existing postpartum care package and training community health workers and nurses to put the package into practice. The package already mandated that all Egyptian women receive postpartum services; Save the Children/Egypt improved it and revitalized the government’s community outreach program by ensuring that those services included postpartum

EGYPT: MORTALITY RATES

59 DEATHS /100,000 LIVE BIRTHS =
MATERNAL MORTALITY RATE ³

16.3 DEATHS /1,000 LIVE BIRTHS =
NEONATAL MORTALITY RATE ⁴

home visits as a core component and best practice. This core component was meant to increase mothers’ abilities to take care of themselves and their babies during the first 40 days following delivery.

Save the Children/Egypt cooperated with two NGO partners—the Specialized Association for Improving Family Planning Services (SAIFPS) and the Communication for Healthy Living (CHL)—to deliver the postpartum messages and services.⁵

Because of its high neonatal and maternal mortality rates, limited community support for postpartum women, and lack of community awareness about the danger signs for postpartum women and their newborns, scaling-up the postpartum care package began in the 13 villages of Kaliobia Governorate’s Kafr Shokr District. First, Save the Children/Egypt trained

^{1,3} Egypt National Maternal Mortality Survey (NMMS), 2005.

² TAHSEEN/CATALYST, “Situation Analysis of PP Health Services in Egyptian MOH and Population Facilities,” December 2003.

⁴ Egypt, *Demographic Health Survey*, 2008.

⁵ SAIFPS operates 60 clinics and 10 local management offices throughout Egypt, while CHL uses communication channels and works through the public, private and NGO sectors to disseminate behavior change messages on FP/RH and other health topics.

Success Story

On 15 March 2009, 27-year-old Om Mohamed gave birth to her fourth child. The newborn was delivered and registered at the local primary health care unit, where the health care providers had received training through ESD. The nurse at the primary health care unit visited the mother on the second and the fourth days after labor to monitor the health of the newborn and the mother and to introduce health messages about postpartum care, neonatal care, breastfeeding and signs of health risks that the mother and her newborn might experience during the postpartum period.

Although she already had three children—ages eight, two-and-a-half and one year—Om Mohamed did not know that severe bleeding was a risk sign of postpartum complications. The nurse informed her that severe bleeding is a serious risk, and that if this happened, she should visit the primary health care unit immediately.

Five days after labor, Om Mohamed noticed that her bleeding was increasing. Realizing what the nurse had told her, she knew she needed to visit the primary health care unit. Originally, both her husband and her mother-in-law claimed that such bleeding was normal, and that there was no need for her to seek medical help. However, Om Mohamed insisted on visiting the primary health care unit, knowing the difference between normal bleeding and severe bleeding. Her husband finally agreed to take her to receive care. The doctor informed her that she came at the right time, and that further delay would have cost Om Mohamed her life.

health care professionals from across the health care continuum, including community health workers, or *Raedat Rifeyat*, who attained the skills necessary to examine postpartum mothers and teach them how to care for themselves and their babies. By the end of the trainings, the health workers could identify maternal and neonatal risk signs and knew how to make appropriate referrals.

Nurses worked in partnership with the health workers to disseminate accurate postpartum health messages. Trained central and governorate nurses, nurse supervisors and maternal and child health/family planning directors managed and supervised the program to ensure quality and to enable replication of the program in other districts. During the intervention, *Raedat Rifeyat* supervisors and district- and governorate-level nurses were required to conduct supervisory visits for 25 percent of the monthly postpartum home visits.

The intervention was especially successful because of the advanced referral system established between the governorate's main hospital and primary health care center, including the mandatory registry of all newborns and women who had delivered at the primary health care center. The system also included counseling women on neonatal and maternal health, family planning immediately postpartum, and providing the necessary immunizations for newborns. The nurses and *Raedat Rifeyat* had access to the registries and, therefore, knew where to begin conducting their home visits within 48 hours postpartum. Since the *Raedat Rifeyat* visited their clients for all six postpartum visits, they knew each case well and knew what to focus on in the follow-up visits.

Kaliobia's director of maternal and child health programs now works with the Ministry of Health to use practitioners trained by Save the Children to spread what they learned to other districts.

STARTING THE SCALE-UP

Save the Children/Egypt staff, government leaders and other public health stakeholders and experts from Egypt attended a USAID-supported technical meeting organized by ESD in 2007 to explore state-of-the-art best practices in maternal, neonatal and child health, and family planning, and scaling-up methodologies. The Egyptian team consulted with public health professionals from across Asia and the Middle East, and learned through presentations and skills building labs about the value of providing postpartum care visits up to six weeks after delivery and how to bring that best practice to scale. ESD awarded Save the Children/Egypt a small grant of \$50,000 to begin the intervention in the Kaliobia Governorate, one district in Lower Egypt.

The grant leveraged additional in-country support for the NGO to spread the best practice. USAID/Egypt, for instance, dedicated \$90,000 to the intervention. Using guidelines set by the care package and through postpartum home visits, community health workers and nurses taught rural women about healthy timing and spacing of pregnancy (HTSP) and family planning, breastfeeding, warming, cord care, kangaroo mother care, personal hygiene, self-care, immunization, promotion of the 40th day postpartum visit and lactational amenorrhea as a family planning method.

FROM ACTION TO ACCELERATION

Save the Children/Egypt and the Ministry of Health and Population (MOHP) first established a coordination team to assess the gaps in Egypt’s postpartum care and family planning system and to agree on interventions to address those needs. This team consisted of three groups: a steering committee, a central task force, and a collaborative team.

In May 2008, the ESD regional advisor for scaling-up best practices visited Egypt to conduct a series of meetings with the collaborative team, including MOHP stakeholders, Save the Children/Egypt, USAID/Egypt and staff from the World Health Organization’s Regional Office for the Eastern Mediterranean. During the meetings, attendees selected an Improvement Collaborative⁴ team responsible for scaling-up the best practice across the health care continuum. In partnership with the University Research Co., ESD conducted a week-long Improvement Collaborative workshop, where the Egypt country team from the Bangkok conference developed a work plan for scaling-up postpartum home care visits that included specific objectives and indicators, an action plan and a communication/reporting system. After the training, the demonstration began in Kaliobia.

In March 2009, Save the Children/Egypt conducted its first major training session in Kaliobia. Thirty-six health care workers participated in the meeting, including a doctor and a head nurse from each of the 13 primary health care units, the *Raedat Rifeyat* supervisor, Kaliobia’s director of family planning and Kaliobia’s director and assistant director of maternal and child health. Each attendee was trained on communications skills, principles and tools needed for quality improvement. They also learned how to set up a plan, create a reporting system, and effectively use social marketing techniques. At the end of the session, the group agreed on a three-month work plan.

As the grant recipient, Save the Children/Egypt submitted a report to ESD every six months throughout the grant period, which began in January 2008 and ended in April 2010. The reporting schedule was intended to help the implementer mark progress and to identify any changes that needed to be made prior to moving forward with the intervention.

Project Organizational and Management Structure

Steering Committee: Included national and governorate-level MOHP officials, along with a representative from USAID/Egypt and Save the Children/Egypt, and was responsible for project oversight and retaining final decision-making power.

Central Task Force: Included national-level Ministry of Health and Population officials and the Save the Children/Egypt project team, and assumed the role of project planning, implementation and assessment.

Collaborative Team: Included Ministry of Health and Population officials from all levels, was principal in identifying best practices for scaling-up and directly managing the implementation process.

OUTCOMES AND RESULTS

Results from the Intervention (February 09 - February 10)

Indicator	Baseline (2/2009) n=250	Endline (2/2010) n=247
Mothers who practiced exclusive breastfeeding	31%	88%
FP counseling during postpartum home visits	51%	64%
Knowledge among mothers about child spacing /FP	89%	96%
Mothers using an FP method after delivery	77%	92%
Postpartum women visited at home within 48 hours after delivery	48%	99%
Anemia during pregnancy	50%	21%
Knowledge among mothers of at least two maternal danger signs	62%	80%
Knowledge among mothers of danger signs for the newborn	67%	76%

⁴ Improvement Collaborative: This approach involves the coordination of a network of sites working together for a pre-determined length of time to achieve rapid scale-up of a specific topic—in this case, reproductive health and family planning best practices. Members of the network have individual quality improvement teams, which participate in shared learning and routinely report their indicators to the group. For more information about the technical meeting and the Improvement Collaborative approach mentioned in this brief, please refer to the legacy paper: *Scaling-Up Best Practices to Achieve Millennium Development Goals: An Approach Developed by the Extending Service Delivery Project*.

The intervention had a major impact in Kofr Shokr District. All of the district's community health workers and nurses followed guidelines set by Save the Children/Egypt's postpartum and neonatal care training package during their home visits. The postpartum care scale-up was the result of several sets of scheduled trainings, including a training of trainers, eight step-down trainings for all providers from the governorate's 13 primary health care units and trainings for 59 additional providers and 10 district-level supervisors. The trainings reached beyond the health care field to include local cultural officers, media officers and a Women's Club supervisor.

During all of the visits conducted by nurses and *Raedat Rifeyats*, no newborns died during the first week of life, and eight mothers and 163 neonates were referred to primary health care units for showing health risk signs.

CHALLENGES

A lack of coordination and awareness among postpartum care stakeholders at all levels was a major obstacle to improving maternal and neonatal health outcomes. The participation of officials from the Ministry of Health and Population was often difficult to secure due to their regular work load and pre-existing commitments, resulting in delayed and inconsistent reports on project activities and progress.

Budgetary setbacks also impeded progress. In response to financial restrictions, the project team decreased the number of planned scale-up trainings from six to two and reallocated funds to the learning sessions. Because *Raedat Rifeyat* received financial incentives for their services, sustainability in the future is questionable.

Managing a high case load was also a challenge. It proved extremely difficult for the *Raedat*

Rifeyat supervisor, district nurses and governorate nurses to meet their quotas and supervise 25 percent of monthly postpartum visits. For instance, there were approximately 350 births in Kafr Shokr District each month. This meant that initially each supervisor was expected to visit 85 cases per month. As a result, the supervisors suggested conducting five visits, instead of the original six, with the final visit falling 28 days after labor, instead of on the 40th day. Most postpartum women had already returned to work by the end of the first 30 days, so this modified visitation schedule better ensured that the woman and nurse could meet.

LESSONS LEARNED

The partnership between Save the Children/Egypt and the Egyptian Ministry of Health and Population to introduce a best practice at a demonstration site was powerful. The flexibility of the NGO coupled with the government's advanced organizational system improved project sustainability. In the future, however, when relying heavily on government officials, it is important to build in additional time to accommodate their demanding schedules.

The strong referral system between Kaliobia's main hospital, primary health care center, and community health workers and nurses proved instrumental to following up with postpartum women. Because the nurse-health worker team had access to the mother and newborn registries, no postpartum women went without care. And since each community health worker saw the same women during all postpartum visits, they knew the details of each case and what to address during each visit. More budgetary flexibility would ensure supervisory visits with the *Raedat Rifeyat* at all six visits.

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