TRAINING MANUAL
FOR INTEGRATION OF HEALTHY TIMING AND SPACING OF PREGNANCY (HTSP) INTO NEWBORN AND CHILD HEALTH PROGRAMS

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ACKNOWLEDGEMENTS

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The development of this training manual for the HTSP integration into newborn and child health activities would not be possible without the new findings from the six USAID sponsored studies on birth spacing and the tireless efforts of the ESD team to review and update the excellent pocket guide which original version was developed by the Catalyst consortium project. We also use whenever appropriate the materials produced by the various partners engaged in this exciting yet difficult venture of promoting HTSP as an essential lives saving intervention. Most of them are regrouped in the HTSP network. We would like to thank all of them for their hard work and highly appreciated support to BASICS project in this HTSP integration initiative.

We would like to express our special thank to Maureen Norton. Without her continuous dedication to provide excellent technical, political and strategic support and guidance to the six USAID funded studies we would not have the huge body of knowledge we have today about the health effects of HTSP. We also would like to extend here our many thanks to her great team and to all the experts and researchers who produced these great findings.

To our BASICS colleagues and team members we would like to say how much we appreciate your review, corrections and comments on the various drafts papers we finally put together to develop this manual. The generic advocacy PowerPoint presentation and the methodological guide were reviewed by all of you and have been greatly improved because of your good comments and suggestions. This manual, dedicated to newborn and child health providers at facility and community levels, is yours and let us together work to assure its large diffusion and appropriate use in all newborn and child health trainings.
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Abbreviations

**BASICS**: Basic Support for Institutionalizing Child Survival

**BCC**: Behavioral Change Communication

**DHS**: Demographic Health Survey

**EPI**: Expanded Program for Immunization

**ESD**: extended Service Delivery

**FP**: Family Planning

**HIV/AIDS**: Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome

**HTSP**: Healthy Timing and Spacing of Pregnancy

**IEC**: Information, Education and Communication

**IMCI**: Integrated Management of Child Illness

**LAM**: Lactational Amenorrhea Method

**M&E**: Monitoring and Evaluation

**MCH**: Maternal and Child Health

**OVC**: Orphans and Vulnerable Children

**Q&A**: Question and Answer

**RH**: Reproductive Health

**TB**: Tuberculosis

**USAID**: United States Agency for International Development
I. Introduction

This Manual is dedicated to training newborn and child health managers as well as services providers at all levels in ways in which they can successfully integrate Health Timing and Spacing of Pregnancy (HTSP) into their routine newborn and child health activities. This training can used if needed as a stand alone training program for only HTSP integration but it is strongly advised to have it fully integrated into any planned essential newborn and child heath training programs. It is anticipated that the above target categories of trainees already have adequate capacity in advocacy and/or newborn and child health services delivery, particularly in counseling, IEC and BCC, and will need additional information, knowledge and skill in areas related to the integration of key messages about HTSP effects in newborn and child health at different entry points to care. This integrate part in any newborn and child health training will therefore focus on developing the trainees capacity in evidence based approaches for advocacy and health education for systematic integration of HTSP key educational messages into all essential newborn and to child activities and to link them to FP services of their choice. The training of the target health personnel will itself integrate an underline advocacy dimension to motivate and encourage them to immediately apply what they will learn from this training.

The training Manual is simply a guide to facilitate the integration of the training in HTSP into newborn and child health. It must be adapted to the various contexts the users will be experiencing. As for any capacity building intervention this one would require an assessment of the trainees’ knowledge in the domain prior to the delivery of its content. The users of this manual are also encourage to continuously emphasize the importance of this integration and the fact that it does not require any specific equipment and commodities to do it right. We also advise the users during the training to not only perform a systematic daily evaluation of the trainees acquisition but also to help them plan by the end of the training the way in which they will implement the knowledge and skills acquired to this important domain. Strategies to strengthening the learning process for the users of this Manual are highly encouraged. They could consist of drawing from existing practical experiences in the domain to illustrate the issues covered. The use of
experienced resource persons could also contribute to strengthen the learning and motivation of the trainees. The methodology for the HTSP integration component as presented below will particularly focus on adult learning principles and preferably use interactive and participatory techniques to build on what they already know about HTSP.

The development of this training Manual did not intend to replace the users critical thinking and commitment to search for valuable additional information to successfully build or strengthen the target trainees capacity in HTSP integration to newborn and child health activities.

II. Rationale

The promotion of HTSP still remains very difficult, despite the irrefutable evidence about the positive association between longer birth interval (3 to 5 years) and the reduction in the risk of newborn, infant, child and under five mortality. Researchers have proven that for couples, child-spacing decisions can sometimes be even more complex than deciding when to start having children and when to end childbearing. Whether explicitly or implicitly, couples weigh the benefits of spacing births longer against their social and economic disadvantages. Although, on a national level, longer birth spacing improves children’s’ and mothers’ survival and health significantly, for many individuals, the disadvantages may outweigh the additional health benefits of another year or two of spacing. Many other individual preferences, socio cultural and environmental factors influence the decision about on longer birth spacing for three to five years after the last live birth. For example, in Canada, Ethiopia, and Nigeria, research finds that women who work outside the home tend to space their children more closely to complete their families quickly and thus minimize their time out of the workforce, or to compress the economic and physical burdens of child-rearing. In Taiwan, for instance, couples often space their children close together while they live with the husband’s parents because the parents provide childcare. In Ghana, for example, women who marry later tend to have

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their children in rapid succession. Women may also speed up childbearing as they get older to have as many children as possible before menopause, as in India³.

The promotion thus of HTSP required deep understanding of the various determining factors of the individuals willingness or resistance to spacing. The health provider engaged in advocacy and IEC/BCC activities to promote HTSP within the newborn and child health activities have the responsibility to help the clients balance the risk for their health and that of their children against the other opposing social and individual factors. New born health and child health providers must systematically provide couples and individuals with precise, evidence based and accurate information about the benefits of longer birth intervals and the serious and dramatic health consequences associated with shorter birth intervals. In close collaboration with their FP providers colleagues, they have the responsibility to work together to ensure individuals and couples access to contraception of their choice to space their children three year and more. There is now in developing countries the largest generation ever of adolescents who will very soon reach adulthood and create a huge unmet need for birth spacing particularly among the young women 15-29. Satisfying the need for birth spacing also appears in many communities as the only way to introduce and expand access to modern contraceptive methods. The newborn and child health services represent a unique opportunity where most of the young women aged 15-29 years can be reached with key educational messages about the health benefits of longer birth intervals and the risks associated with short birth intervals.

This manual has been developed to provide newborn and child health workers with the knowledge and skills they need to guarantee systematic integration of the key educational messages for Birth spacing in each and every newborn and child health activities.

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III. The training Goals and Objectives

1. HTSP integration training Goal
To enable the program managers at ministry, regional or provincial and district level to successfully build the awareness, interest and commitment of all target decision makers for effective HTSP integration into newborn and child health as an essential child survival cost effective intervention. Such awareness, interest and commitment from the decision makers at all levels create an enabling environment in which the key HTSP integration activities will receive all needed motivational, political and strategic supports. This integration require to happen solid and accurate updated knowledge about the health benefits of longer birth spacing and the health risks associated with shorter birth interval as well as the key individual, social and environmental factors influencing people decisions about birth spacing.

2. HTSP integration training Objectives
By the end of each newborn and child health training session that integrated HTSP, each participant will be able to:

- Describe the key benefits for newborns, infants, and children under five that derive from the Health Timing and Spacing of Pregnancy to convey when advocating and counseling for it:

- Explain how to use the data from the key findings from the USAID sponsored six global research studies and the country DHS studies to Advocate for HTSP integration to newborn and child health activities

- Demonstrate way in which country data from the DHS studies can be used to illustrate the benefits of longer birth spacing intervals for couples and the health risks associated with short birth intervals;
• Develop a realistic plan of action including a performance monitoring to demonstrate how to concretely integrate birth spacing into child health at specific sites in her or his routine newborn and/or child health activities after the training;
• Formulate (precisely) the three key educational messages for Birth Spacing to use for both Advocacy and IEC/BCC as proposed in the ESD educational brochure.
• List major individual, social and environmental factors that most likely influence people decisions about spacing their children.

IV. Training Methodology

4.1.) Target personnel:
The content of this training Manual will be adapted to the need and profile of the target trainees.

4.1.1.) Target program managers and coordinators:

• *Newborn and child health Program managers (including EPI managers)*
• *RH/FP program managers or coordinators*
• *HIV/AIDS, TB and other safe motherhood programs managers coordinators,*
• *Program managers and coordinators at other entry points to care, including IMCI, nutrition, MCH, OVC, HBC*

4.1.2.) Target health personnel:

• *Health service providers at district hospital and health center level*
• *IMCI and other newborn and child health coordinators – supervisors at district level*
• *District health officers*
• *Community health workers and volunteers, including health promoters at the community level*

4.2.) Course content

The key educational information to emphasize in this integrated training program includes:

4.2.1) Understanding the concept and supporting evidence of Birth Spacing
The various intervals will be presented, discussed and the rationale of selected the Birth to Birth explained - as it is the much more practical, realistic and the only feasible in most communities in developing countries.

- **Birth-to-Birth interval** (“birth interval”) — the period between two consecutive live births, from birthdates to birthdates;
- **Inter-pregnancy interval** — the period from conception of one child to conception of the next
- **Birth to Conception interval** - the period between a live birth or stillbirth and the conception of the next pregnancy

**What do we mean by Birth Spacing?**

- Evidence in support of longer birth spacing intervals: reduction of newborn, infant, child and maternal mortality associated with it;
- Key factors influencing the birth spacing choices of couples: cultural, socio-economic, environmental, educational..
- Sample case study from selected countries-including host country: such pilot countries Rwanda, East Timor,

**Illustrative diagram of different BS intervals**

- Conception to Birth
- Conception to Birth
- Birth to Conception
- Birth to Conception

- Birth-to-Birth interval (“birth interval”) — the period between two consecutive live births, from birthdates to birthdates
- Inter-pregnancy interval — the period from conception of the first child to conception of the next
4.2.2.) Key individual, social and environmental factors influencing people decisions for birth spacing

For individuals and couples decisions about birth spacing can be influenced by:

- Economical disadvantages: women who want to complete their families quickly to dedicate their time for their work, women who want to minimize their time out of the workforce, women who want to compress the economic and physical burdens of child-rearing,

- Social pressure: the family or extended family pressure for more children; late marriage, pro-natal society/family, family/society driven by male sex preference

- Availability and accessibility to quality contraceptives of choice

4.2.3.) Risks associated with too short or too long birth interval and early pregnancy:

- Identify sites for the integration of HTSP in MCH services: all newborn and child health facilities and services;
- Identify periods or intervals for the integration process-(Refer to the Methodological Guide)

- Identify short and long term methods of birth spacing for couples-(refer to FP guide or better to FP service delivery units)

When pregnancies are too close together:
• **Less than 24 months from the last live birth to the next pregnancy:** Newborns can be born too soon, too small, or with a low birth weight. Infants and children may not grow well and are more likely to die before the age of five *(see results of Rwandan DHS 2005).*

• **Less than six months from the last live birth to the next pregnancy:** Mothers may die in childbirth. Newborns can be born too soon, too small, or with a low birth weight. Infants and children may not grow well and are more likely to die before the age of five.

**When pregnancies are too far apart (more than five years):**

• Mothers are at a higher risk of developing pre-eclampsia, a potentially life-threatening complication of pregnancy. Newborns can be born too soon, too small, or with a low birth weight.

**When pregnancies occur too soon (less than six months) after a miscarriage or abortion:**

• Mothers are at a higher risk of developing anemia or premature rupture of membranes. Newborns can be born too soon, too small, or with a low birth weight.

**When first pregnancies occur to adolescents less than 18 years old:**

• Adolescents are at a higher risk of developing pregnancy-induced hypertension, anemia, and prolonged or obstructed labor. Newborns may die, be born too soon, too small, or with a low birth weight.

**4.2.4. HTSP Benefits in Newborns, Infants, and Children under Five** *(see PPT advocacy generic version document)*

**HTSP is associated with reduced risk of:**

• Pre-term births, low birth weight, small for gestational age, and, in some populations, stunting or underweight conditions
• Death for newborns, infants, and children under five
• Pre-term births and low birth weight for newborns, when mothers wait until age 18 to have their first pregnancy
• Pre-term births, small for gestational age, and low birth weight, when mothers wait at least six months from the time of a miscarriage or abortion before attempting a pregnancy again Finally, HTSP allows young children to experience the substantial health benefits of breastfeeding for a full two years.
4.2.5.) Key messages for HTSP to use for both Advocacy and IEC/BCC:

These key messages need to be tailored to the audience needs that should be clearly identified prior to any advocacy or IEC/BCC intervention. The messages include (see diagram in the ppts presentation attached):

**After a live birth:**
- Couples can use an effective family planning (FP) method of their choice continuously for at least two years before trying to become pregnant again. 
- Couples who choose to use an effective FP method continuously can plan to have their next pregnancy not more than five years after the last birth.

**After a miscarriage or abortion:**
- Couples can use an effective FP method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again.

**For adolescents:**
- Adolescents need to use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant.

**Specific recommendations for effective integration of HTSP into newborn and child health activities:**

To properly integrate this information, the providers either health professional or community health workers, must be well trained and regularly supervised and assisted with appropriate job aids. The upcoming IMCI training will be used to pilot the training of the health personal in Birth Spacing integration to child health interventions.

4.2.6.) Selected routine newborn and child health activities for HTSP integration

*For both women using contraceptive method and women not taking any modern contraceptive method, the providers will assess the women knowledge and current Family planning status and insist on the health benefits of spacing of pregnancy.*

**During facility based IMCI clinic:**
It is important that the IMCI providers understand and integrate among the determining risk factors the short birth spacing and search for it during the interrogatory step and/or during the counseling of mothers (see the methodological guideline for Birth Spacing integration at facility level)

- **After a live birth**, couples can use an effective family planning (FP) method of their choice continuously for at least two years before trying to become pregnant again. Couples who choose to use an effective FP method continuously can plan to have their next pregnancy not more than five years after the last birth.

- **After a miscarriage or abortion**, couples can use an effective FP method of their choice continuously for at least six months after a miscarriage or abortion before trying to become pregnant again. Providers should advices mothers on these benefits and risks but also about where the services are available and how to easily access them.

**During Antenatal Care (checkups before delivery)**

- Emphasize the importance of breastfeeding, which benefits both mothers and newborns
- Explain the benefits of healthy timing and spacing of pregnancy for expected newborns
- Discuss family planning methods, including LAM, for use after delivery
- Inform on where the Family Planning services are available and how to access them.
- Refer client to FP clinic or provide service after delivery

**During Postpartum Care (checkups after delivery)**

*Immediate postpartum (24 hours to the first 7 days) or later postpartum (through 6 weeks) or after six weeks to six months*

- Provide counseling about the benefits of delaying the next pregnancy for two years
- Discuss family planning methods
- Emphasize the benefits of breastfeeding, which can delay the next birth if the infant is exclusively breastfed
- Explain that Lactation Amenorrhea Method (LAM), the use of exclusive breastfeeding as a temporary family planning method, protects women from pregnancy for up to six months
- Inform on where the services are available and how to access them.
- Make an appointment for her next visit and encourage to comply with
- Provide couples with method of choice

**During Well Baby Clinics and Services for Children Under Five (such as immunizations)**
• Reinforce HTSP messages by reminding mothers and caregivers that practicing HTSP will help
  the development of the baby and that of any future children
• Refer client to FP service unit for her method of choice

During Postabortion Care

• Counsel women receiving post abortion care services on HTSP and FP methods and provide
  psychological support
• Counsel women on the quick return of fertility after abortion (induced or spontaneous) and
  encourage the use of an effective FP method of their choice for at least six months before trying to
  become pregnant again
• Refer to FP clinic or provide service if available at the center

During Community Outreach including community IMCI

• Work with community outreach workers to deliver information and provide assistance directly to
  families and communities
• Provide HTSP messages in community outreach activities in both health and non-health settings
• HTSP messages can be integrated into the following activities and programs:
  — immunization campaigns
  — voluntary counseling and testing for HIV
  — malaria and/or TB prevention
  — non-health initiatives such as agriculture, literacy, environmental conservation, and micro-credit
  — preventing mother-to-child transmission of HIV
  — post-abortion care services
  — maternal and neonatal care

During growth monitoring and nutrition clinic:

• Identify whether the mother is already using an effective family planning (FP) method of her
  choice continuously, and if not encourage her to continue family planning (FP) method of her
  choice continuously for at least two years before trying to become pregnant again. If she is using
  already a method encourage her to continue for at least two years before trying to become
  pregnant again.
• Re-enforce benefits of BS to her and her baby

During Emergency visit at the clinic for baby
At Counsel the Mother step the providers will request for an appointment for an extended IEC/BCC special session. This counseling focuses on mother contribution to administering the treatment and ways to mitigate the danger signs and symptoms identified.

If possible initiate the dialogue and run a rapid assessment of the woman birth spacing pattern or desire to better prepare the appointment requested.

Based on the initial short assessment start preparing orienting the major aspects to cover during the requested IEC/BCC meeting.

4.2.7.) Indicators for Monitoring progress at the country level-

The selected country level HTSP indicators listed below will be presented and discussed. The operational definition, the data collection technique as well as the reporting time will be determine using as source of inspiration the overall framework in annex. The list is limited to the minimum necessary to track the integration activities and their impact on the FP program. The list will adapt to the country M&E requirements in the domain.

- # and type of HTSP materials developed/adapted in use
- Percentage of target women knowledgeable about the benefits of HTSP at newborn and child health services delivery points
- Percentage of newborn and child health providers trained to be able to promote HTSP and to properly use the methodological guide for HTSP integration to newborn and child health activities;
- Percentage of FP user from the newborn and child health facility catmint areas with optimal length of stay in the FP program (because of the HTSP integration activities)

(See the monitoring check list annexed to the Manual )

4.5. Teaching Techniques

The suggested teaching techniques will use the adult learning principles and techniques. They comprise interactive techniques such as brainstorming, Q & A, FGDs, role plays and simulations, team work and practical exercises, depending on the topic to build on what the participants already know about HTSP. These techniques are completed with
short and very focus presentation that clarify the concepts and present the key findings from the USAID sponsored studies on HTSP. The past implementation experience such as BASICS pilot work in Rwanda, East Timor and Cambodia as well as the experiences from other partners: ESD, Access FP and others - will be used to illustrate the more conceptual presentations and discussions. The presentations as well as the group exercises will use the generic advocacy PowerPoint presentation and the methodological guide for implementation in the annex developed and validated in Rwanda by BASICS project.

The training in HTSP integration to newborn and child health activities can be implemented as a stand alone program or preferably as an integrated part of ongoing newborn and child health training program. In the second case, it might not be possible to cover all topic developed in this Manual. In such situation is recommended to select the appropriate topics. The key three messages for Birth Spacing to use for both Advocacy and IEC/BCC must in any case be integrated in the training.

4.6. Evaluation of training

The evaluation will be embedded in the overall evaluation system of the entire training program for the specific core activity. A suggested, a simple checklist with few multiple choices, opened questions, and yes and no questions - that cover all educational objectives could be developed by the trainers. The most critical aspects to be absolutely covered in this evaluation are those related to the trainees knowledge about the three key educational messages that need to be conveyed in any interaction with married women aged 15-49 about the required spacing after a normal birth, after a miscarriage or an abortion and the recommended age for the first pregnancy.

V.) Follow up of the training

The follow up procedures should be discussed at the beginning of the training to make sure that each trainee will integrate in her or his routine newborn and child health
activities plan of action specific HTSP activities. The supervision system as well as the follow up plan for the training will incorporate indicators to track the progress in the domain. The follow-up as for any training is most crucial here because of its innovative nature and its focus on prevention within health facilities usually overwhelmed by huge demand for curative services. The immediate feedback from the trainees and most importantly their feedback later on after they start applying what they have learned is crucial for the success of this integrated activity. The key for success in this follow-up of the training is the achievement of an ongoing involvement of the supervisors/trainers to identify and address any gap and weakness on the trainees’ knowledge and skills. The supervision guide for newborn and child health should therefore integrate the essential components of the HTSP sub-activity. The most important messages should be integrated to the job aids to refresh the trainees’ knowledge and eventually skills too. The evolution of the effective implementation of the action plans developed by trainees will include exit interviews of mothers/clients from the newborn and child health service.

References:

1. Health Timing and Spacing of Pregnancies, a Pocket Guide for Health Practitioners, Program Managers and Community Leaders, USAID/ESD, (draft not dated)


3. PVO Child Survival and Health Grant Program, Technical reference materials, Family Planning and Reproductive Health, GH/HIDN, ORC/Macro international –CSTS project, USID/PVOs, 2006


4. A study of Birth Spacing in SIEM Read Province. Dropout and Late Clients – Sponsored by the Ministry of Health, the provincial health department, Siem Reap, the reproductive and Child Health Alliance (RACHA), report produced by RACHA, August 2000.

6. Birth Spacing- report from WHO technical consultancy, Department of Reproductive Health and Research Department of Making Pregnancy Safe, World Health Organization, Avenue Appia 20, CH-1211 Geneva 27, Switzerland

6. Birth Spacing: Three to Five years save lives. Published by the Population Information Program, Center for Communication Programs, The Johns Hopkins Bloomberg School of Public Health, 111 Market Place, Suite 310, Baltimore, Maryland 21202, USA, Volume XXX, Number 3, summer 2002 Series L, Number 13

Annex-

- Core indicators profiles for HTSP integration M&E
- Framework for monitoring HTSP integration at country level
- Supervisory Check list for HTSP integration into child health programs
- The methodological guide to address the programmatic issues
- The generic version of the advocacy PPTs presentation
- Generic Reporting form

7.
### CORE INDICATOR PROFILES – Draft (#2)

<table>
<thead>
<tr>
<th>Expected Outcome</th>
<th>Indicator</th>
<th>Definition</th>
<th>Method of Data Collection</th>
<th>Data Source</th>
<th>Frequency &amp; Timing of Data Collection</th>
<th>Comments, Challenges, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. At least 3 countries have integrated birth spacing (HTSP) into their newborn and child health policies, guidelines, and training curriculum within child survival programs</td>
<td>Number of countries with policy or guidelines that have integrated HTSP into newborn and child health programs</td>
<td>Country shows integration of HTSP into child health programs through: 1. the presence of child health policy or guidelines that include HTSP guidelines; 2. at least all newly revised training curriculum for HCWs or pre/ in-service nursing curriculum integrated HTSP in newborn and maternal and child health programs</td>
<td>Review of HTSP or child health policy/directive/guidelines; Survey district health directors to determine if they have/are aware of HTSP guidelines; Training report</td>
<td>HTSP or child health policy document/directive; National HTSP guidelines; District health directors; MOH or other organization’s training report</td>
<td>Annually, before annual report compiled</td>
<td>It is expected that each target country has already newborn and child health policy and/or guidelines. Bear in mind how difficult it is in many developing countries to make policy changes</td>
</tr>
<tr>
<td>1.2. In at least 3 countries have HTSP integrated into newborn and child health services at facility level</td>
<td>Number of countries in which facilities offering child health services are implementing HTSP policies/guidelines</td>
<td>Newborn and child health facilities offering integrated HTSP counseling, IEC or BCC activities</td>
<td>.Records review</td>
<td>Health records; Health registers; Program reports; Country reports</td>
<td>Annually before annual report compiled</td>
<td>The initial or refresher training can be used to providers the child survival personal with the needed knowledge and skills</td>
</tr>
<tr>
<td>Expected Outcome</td>
<td>Indicator</td>
<td>Definition</td>
<td>Method of Data Collection</td>
<td>Data Source</td>
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<td>Comments, Challenges, etc.</td>
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<tr>
<td>1.4. At least 3 countries show an increase in the number of new contraceptive users among the newborn and child health (NCH) women clients attributable to demand generated thought the HSTP educational messages</td>
<td>Number of new contraceptive users</td>
<td>Number of women 15-45 years old who are first-time contraceptive users among women NCH clients</td>
<td>Record review</td>
<td>Health records; Health registers</td>
<td>Annually</td>
<td>Ensure through the supervision that the related information is systematically collected for each child bearing new FP client</td>
</tr>
<tr>
<td>1.5. In at least 3 countries there is an increase in the proportions of women using without interruption her contraceptive of choice at 24 months.</td>
<td>Proportions of child bearing women who used a birth spacing method for at least 24</td>
<td>Number of women FP services users who stayed in the program at least for 24 months</td>
<td>Records review</td>
<td>Health records; Health registers; FP files and cards</td>
<td>Annually</td>
<td>The quality of records determine here too the validity of this indicator</td>
</tr>
<tr>
<td>1.6. In at least 3 countries at least 30% of lower level providers (CHWs) within NCH facilities have adequate capacity and skills to promote HTSP</td>
<td>Proportion of lower level providers (CHWs) well trained in promotion of HTSP within their community</td>
<td>Lower level providers who are able to properly counsel, do counseling IEC/BCC and provide basic FP services.</td>
<td>Records review</td>
<td>Health records at facilities</td>
<td>Annually</td>
<td>The supervision activities should help to update or reinforce the LL providers competence</td>
</tr>
</tbody>
</table>
### Framework for Monitoring and evaluation at country level of the HTSP integration into routine newborn and child health

<table>
<thead>
<tr>
<th>Key focus areas of interest</th>
<th>HTSP integration selected indicators</th>
<th>Definition proposed</th>
<th>Desired Output-performance level</th>
<th>Expected impact (outcomes)</th>
<th>Sources of information</th>
<th>Data collection techniques (&amp; reporting)</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated or isolate Materials (Policy, protocols, curriculum, guidelines ..) developed/adapted for HTSP integration to routine essential newborn and child health programs</td>
<td># and type of integrated or isolate materials developed/adapted in use for HTSP integration to NCH activities</td>
<td>Curriculum, policy document, guidelines and job aids integrated or isolated elaborated to promote the HSTP integration to NCH</td>
<td>At least the generic PPT Advocacy tool, the training Manual, the methodological guide and the supervisory check least be adapted and used</td>
<td>Enabling environment improved with HTSP Policies and protocols and guidelines available and being used for integration of HTSP into child health programs</td>
<td>records from MOH facilities and offices</td>
<td>Review of existing g reports and records</td>
<td>Annually</td>
</tr>
<tr>
<td>Knowledge generation among target beneficiaries (mostly child bearing women 15-29 years old) through conference, media campaign and social mobilization, provider-client interaction</td>
<td>Percentage of target child bearing women NCH clients knowledgeable about the benefits of HTSP (at service delivery sites)</td>
<td>Proportion of target child bearing women NCH clients who know the health benefits for the mothers and children of 3-5 years birth-birth interval, the health risks of shorter birth-birth interval &lt;2 years and early pregnancy &lt;18 years old</td>
<td>At least 80% of child bearing women NCH clients involved</td>
<td>Increased in demand for FP for Birth Spacing and longer stay in the of FP users</td>
<td>List of target child bearing women client of NCH at Health facilities of administrative authority files</td>
<td>In-depth interview of selected child bearing women NCH clients randomly selected from the lists</td>
<td>Annually</td>
</tr>
<tr>
<td>Key focus areas of interest</td>
<td>HTSP integration selected indicators</td>
<td>Definition proposed</td>
<td>Desired Output-performance level</td>
<td>Expected impact (outcomes)</td>
<td>Sources of information</td>
<td>Data collection techniques (&amp; reporting)</td>
<td>Frequency</td>
</tr>
<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Building Capacity of newborn and child health service providers through training, supervision, coaching</td>
<td>Percentage of target newborn and child health providers trained able to promote use the 3 key educational messages and the HTSP materials developed to promote HTSP integration to child health activities</td>
<td>Proportion of NCH providers who know the 3 key HTSP educational messages, can use the PPTs advocacy presentation and the methodological guide for effective integration of HTSP into NCH services</td>
<td>At least 80% of trained providers</td>
<td>Increased quality HTSP services</td>
<td>Reports from training, form supervision and facility periodic reports</td>
<td>Compilation of data from training &amp; supervision reports Compilation routine data</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Increasing length of stay in the FP program of child bearing women NCH client and FP users</td>
<td>Percentage of FP users with optimal length of stay in the FP program (at least 2 years)</td>
<td>Proportion of women among FP users who are continuously using their methods of choice for at least 2 for Birth Spacing</td>
<td>At least 80% of child bearing women NCH client within each NCH facility</td>
<td>Increased in birth spacing pattern in the target community</td>
<td>Routine data collected at FP service delivery sites &amp; DHS study</td>
<td>Routine data from periodic report and Population based studies of FP</td>
<td>Quarterly and every five years</td>
</tr>
</tbody>
</table>
HTSP INTEGRATION HEALTHY TIMING AND SPACING OF PREGANCY (HTSP) INTO NEWBORN AND CHILD HEALTH

SUPERVISORY GUIDE

[Notice: This supervision checklist is a generic version that needs to be adapted to the specific HTSP integration activities and context. Its format and content are inspired by BASICS experience through the development of the advocacy and programmatic tools and approaches for several countries including Rwanda, East Timor and Cambodia. Like any programmatic tools it would require period evaluation and improvement to always satisfy the constantly changing environment and need of the Supervisor]

SUPERVISION CHECKLIST

Date : __ /__/__  Arrival Time: [___] h [___] mn  Departure time: [___] h [___] mn

Province or Region: _____________________________________________________

Health Facility (type/name): _____________________________________________

Facility manager name: ________________________________________________

Provider name and title/function (if different to manager) ____________________

Supervisor name and title: ______________________________________________

Did the provider receive any training in BS integration: Yes☐ No☐

Basic information on the delivery point where the supervision takes place:

Type of health service: ☐ ANC  ☐ PMTCT  ☐ MCH  ☐ Family Planning  ☐ Post Partum clinic  ☐ Nutrition Clinic  ☐ Immunization clinic  ☐ IMCI Clinic  ☐ Others

Personnel present and available for supervision at ☐ ANC  ☐ PMTCT  ☐ MCH  ☐ Family Planning  ☐ Post Partum clinic  ☐ Nutrition Clinic  ☐ Immunization clinic  ☐ IMCI Clinic  ☐ Others

Supervisee has been trained in the integration of HTSP into child and maternal health services: ☐ Yes ☐ No

If Yes, When ________________, Where:____________________________
**1- INTEGRATION ASPECTS SUPERVISED AND RESULTS**

<table>
<thead>
<tr>
<th>Technical integration aspects</th>
<th>Conform to standards</th>
<th>Not conform to standards</th>
<th>Remarks about best practices or gaps and weaknesses identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of mother /couples FP status and Knowledge about <em>Birth Spacing</em></td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Did the provider gently search for the client’s specific knowledge gaps during the assessment?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Did the provider systematically Counsel clients about the benefits of Birth Spacing</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Did the providers correctly apply an adapted counseling technique to the client</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Did the provider Insist on the three suggested educational messages related to HTSP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After a live birth couples can use effective FP method of their choice continuously for at least 24 months before trying to become pregnant again but not more than five year after the last birth to prevent health problems and even death in mothers and babies and promote good health</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>After a miscarriage or abortion couples can use an effective FP method of their choice for at least 6 months before trying to become pregnant again</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Adolescent girls should use an effective FP method of their choice continuously until they are 18 years old before trying to become pregnant.</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>Did the provider follow the steps suggested in the methodological guide</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>What else did you observe?__________________________________________</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Provider informed client on where to go for family planning services and how to access the FP services</td>
<td></td>
<td></td>
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<tr>
<td>Provider filled a follow up appointment for client</td>
<td></td>
<td></td>
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<tr>
<td>Provider indicated clients FP status on clients card and in the register</td>
<td></td>
<td></td>
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<tr>
<td>Provider addressed concerns of client on HTSP/FP</td>
<td></td>
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<tr>
<td>IEC/BCC materials provided to client at the end of session (if any)</td>
<td></td>
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</tr>
</tbody>
</table>
2. RESOURCES AVAILABLE FOR HTSP

<table>
<thead>
<tr>
<th>Resources</th>
<th>Available</th>
<th>Not Available</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy document on HTSP</td>
<td></td>
<td></td>
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<tr>
<td>Protocol for HTSP integration</td>
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<tr>
<td>Guideline/protocol Visibly displayed</td>
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<tr>
<td>Tools and job aids on HTSP</td>
<td></td>
<td></td>
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<tr>
<td>IEC/BCC for birth spacing available at site</td>
<td></td>
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<td></td>
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<tr>
<td>IEC/BCC on HTSP materials displayed at site</td>
<td></td>
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<tr>
<td>Identification of staff members training needs on HTSP integration</td>
<td></td>
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</tr>
</tbody>
</table>

3. EXIT INTERVIEW OF ADHOC SELECTED CLIENTS AT SITE

a. Did the supervisee talk to clients about benefits of birth spacing? Yes □ No □
   Comments:

b. Can interviewed clients name two benefits of birth spacing? Yes □ No □
   Comments:

c. Can interviewed clients name at least two birth spacing methods: Yes □ No □
   Comments

D. Can Clients identify where to go for FP/BS services? Yes □ No □
   Comments:
### 4. SUMMARY SHEET

<table>
<thead>
<tr>
<th>Optimal or best practices (to be reinforced) identified</th>
<th>Problems (gaps and weaknesses (to be corrected) identified</th>
<th>Improvement or corrective measures together with the supervisee</th>
<th>To be rechecked next supervision</th>
</tr>
</thead>
<tbody>
<tr>
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<td>□</td>
</tr>
</tbody>
</table>

**General comments:**

Supervisor name and signature _________________________________

BASICS—Basic Support for Institutionalizing HTSP Integration in newborn & Child health programs