

Postpartum Care Survey Results from Sub-Saharan Africa



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Family Planning Initiative
Addressing unmet need for postpartum family planning

ACCESS-FP, a five-year, USAID-sponsored global program, is an associate award under the ACCESS Program. ACCESS-FP focuses on meeting the family planning and reproductive health needs of women in the postpartum period. Interventions are designed to complement those of the ACCESS Program in the promotion and scale-up of postpartum family planning through community and clinical interventions. ACCESS-FP will reposition family planning through integration with maternal, newborn and child health programs, including the prevention of mother-to-child transmission of HIV. For more information about ACCESS-FP, please visit www.accesstohealth.org/about/assoc_fp.htm, or contact Catharine McKaig, ACCESS-FP Program Director, at cmckaig@jhpiego.net.

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TABLE OF CONTENTS

ABBREVIATIONS AND ACRONYMS	iv
ACKNOWLEDGMENTS	v
EXECUTIVE SUMMARY	1
INTRODUCTION	2
METHODOLOGY	2
Study Population	2
Survey	2
Data Collection	2
Data Analysis	3
Key Definitions	3
Limitations	3
RESULTS	4
Project Profiles	4
Antenatal Care Services	5
Postpartum Care Services	5
Postpartum Family Planning	6
Other Maternal and Newborn Care Components	7
Best Practices and Lessons Learned	8
Monitoring and Evaluation (M&E)	12
Technical Assistance	13
DISCUSSION	13
RECOMMENDATIONS	14
APPENDIX I: LIST OF PROJECTS BY COUNTRY	15
APPENDIX II: QUESTIONNAIRE	21

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
AMSTL	Active Management of the Third Stage of Labor
BCC	Behavior Change Communication
CHW	Community Health Worker
DHS	Demographic and Health Survey
E&E	Europe and Eurasia
ESD	Extending Service Delivery Project
FANC	Focused Antenatal Care
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancies
IEC	Information, Education and Communication
IUCD	Intrauterine Contraceptive Device
LAC	Latin America and Caribbean
LAM	Lactational Amenorrhea Method
MNCH	Maternal, Newborn and Child Health
MOH	Ministry of Health
M&E	Monitoring and Evaluation
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PNC/FP	Postnatal Care/Family Planning
PPC	Postpartum Care
PPFP	Postpartum Family Planning
RH	Reproductive Health
TBA	Traditional Birth Attendant
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

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We would like to extend our gratitude to Laura Brubaker and Carrie Crum, interns for ACCESS-FP who helped out with the survey. The survey was based on a model developed by the Extending Service Delivery Project (ESD) and CATALYST for the Asia and Near East region in 2005. We are grateful to all those who took the time to respond to the survey.

EXECUTIVE SUMMARY

The postpartum period is an opportune time to integrate family planning with maternal and newborn health. There is, however, a lack of information about postpartum care services offered through projects. In 2008, ACCESS-FP undertook a postpartum care survey, based on a model developed in 2005 by the Extending Service Delivery Project and CATALYST for the Asia and Near East region, to identify, document and share information on the status of postpartum care services implemented by USAID cooperating agencies. This report describes the purpose and scope of the survey, and presents results that will be helpful for program managers, policymakers and health care providers when implementing postpartum care activities.

A total of 37 projects in sub-Saharan Africa responded to the survey; most were working in family planning, HIV/AIDS, child survival/child health and maternal and newborn health. Training, service delivery, behavior change communication and community approaches were the main intervention areas of the projects surveyed. Since most of the projects work with women of reproductive age and children under five years, there are opportunities to integrate postpartum family planning (PPFP) with routine immunization, well-child and sick-child visits. Opportunities to include postpartum family planning (PPFP) in trainings also exist in a number of the projects.

Survey results indicated that there are a number of opportunities to integrate postpartum family planning (PPFP) with many programs. Recommendations include:

- Utilize community-based volunteers in PPFP interventions
- Emphasize the Lactational Amenorrhea Method (LAM) as a transition method
- Advocate for policies that effectively promote PPFP

It is hoped that the results of this survey and our recommendations will assist others with the design and strengthening of future postpartum family planning activities.

INTRODUCTION

In collaboration with USAID, ACCESS-FP conducted a survey designed to identify, document and share information on the status of postpartum care services implemented by USAID cooperating agencies between March and June, 2008. The information obtained from the survey will be used to design a strategy for strengthening PPF activities.

The survey was based on a model developed by the Extending Service Delivery Project (ESD) and CATALYST for the Asia and Near East region (Post, 2005).

METHODOLOGY

STUDY POPULATION

All USAID cooperating agencies that were implementing activities related to postpartum care services in the Latin America and Caribbean (LAC), Europe and Eurasia (E&E), and sub-Saharan Africa regions during the data collection period were invited to participate in the survey. This report presents results from sub-Saharan Africa.

SURVEY

The survey was significantly modified from the ESD Project's MotherNewborNet survey. The majority of the questions were multiple choice with multiple responses allowed for ease of administration. Projects were encouraged to use the "other" category as necessary for additional responses to capture more accurate information. See Appendix II for the Microsoft Word version of the survey.

DATA COLLECTION

The survey was sent via e-mail to 160 field contacts¹ in the Latin America and Caribbean (LAC), Europe and Eurasia (E&E), and sub-Saharan Africa regions. All field contacts were encouraged to participate in the survey by responding to the online survey or by e-mail². Of the 160 individuals who were contacted, a total of 54 respondents completed the survey—including 45 online and nine by e-mail—representing 50 projects. Within sub-Saharan Africa, of the 133 individuals who were contacted, 41 responded and completed the survey, representing 37 projects.

¹ 160 field contacts include project or organization representatives and e-mail addresses were gathered from ACCESS-FP with guidance from USAID.

² A Microsoft Word document was attached in the initial e-mail invitation.

DATA ANALYSIS

Responses collected via e-mail were manually entered online by ACCESS-FP staff on a periodic basis during the data collection period. On May 31, 2008—following the end of data collection—all survey responses were extracted and entered into a Microsoft Excel format. Data cleaning, re-categorization and frequency tables were performed in Microsoft Excel.

KEY DEFINITIONS

The following terms and definitions were introduced to the respondents prior to the administration of the survey:

- **Postpartum period:** The survey used the broad definition of postpartum: **through the first year after a delivery**. Please note that this definition includes both the immediate postpartum period (defined by WHO as the first four to six hours postpartum), later postpartum (defined by WHO as six hours to six weeks) and beyond six weeks through the first year.
- **Facility-based services:** Information or services provided at a health facility setting (either static or mobile). Facility-based services include any level of provider.
- **Community-based services:** Information or services provided at a particular place in the community, including outreach clinic services. Community-based services include any level of provider or traditional birth attendant (TBA).
- **Home-based services:** Information or services provided at the household level. Home-based services include any level of provider or traditional birth attendant (TBA).

LIMITATIONS

Limitations to the survey include:

- Quality of postpartum care services could not be assessed, only the presence of interventions.
- Survey sample is limited to USAID-supported projects only, and does not reflect all PPC activities being implemented by all organizations.
- Data collection relied heavily on e-mail communication and access to the Internet, which may generate selection bias.

RESULTS

Only the results from sub-Saharan Africa are presented in this report. Results from other regions are available upon request.

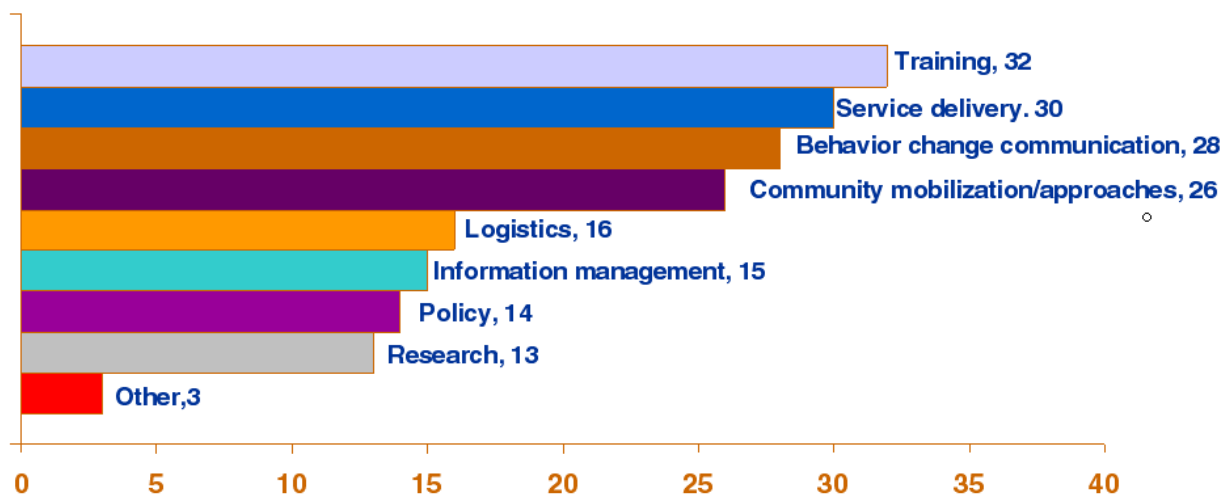
PROJECT PROFILES

Thirty-seven projects responded representing 16 countries: Angola, Benin, Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Tanzania, Uganda, Zambia and Zimbabwe (see Appendix I for list of projects by country). Most projects identified themselves as either public or private/non-profit sectors, while 10 of the 37 reported being for profit. Furthermore, one-third (14 out of 37) of the projects received funding from other sources in addition to USAID.

The projects are mainly working in: family planning (29), HIV/AIDS (22), child survival/child health (21), maternal and newborn health (19), primary health care (9) and other (8). The majority (34) of projects selected more than one program area, with most of them reporting between two and four. However, there were no clear patterns of program area combinations.

Though most projects are implementing training and service delivery, a high number of projects are utilizing behavior change communication and community mobilization approaches. Intervention areas that the projects focus on are presented in Table 1. Almost all projects (36 of 37) are doing more than one activity, with an average of five activities per project.

Table 1. Focus intervention areas (n=37)



With respect to target populations, almost all the projects (35 of 37) are working with women of reproductive age. The second most common target population is men of reproductive age (25), followed by children under five years (21). Newborns (0–28 days), infants (1–12 months), adolescents (15–19 years) and other family members were also mentioned frequently by a number of respondents. In addition, two projects specified their target populations as people living with HIV/AIDS (1) and most at-risk populations (1).

ANTENATAL CARE SERVICES

Over half of the projects (19 of 37) provide some form of antenatal care (ANC) services. Moreover, the antenatal care (ANC) services provided are mostly facility-based (17 out of 19) in combination with community-based activities. Additionally, two projects (out of 19) provide community- and home-based ANC services. Nearly half (9 out of 19) focus on training health care providers on focused antenatal care (FANC). Other activities reported by projects include: group counseling in their facilities, referrals, prevention of mother-to-child transmission of HIV (PMTCT), and prevention and treatment of malaria in pregnancy (MIP).

POSTPARTUM CARE SERVICES

Of the 29 projects that identified family planning as one of their program areas, 12 provide some form of postpartum care (PPC) services. In addition, of the 17 projects that focus on maternal and newborn health, five provide postpartum care (PPC) services. A total of 17 projects provide postpartum care (PPC) services; the majority of them (15 of 17) offer services in the immediate postpartum period and/or additional visits through six-months postpartum. Table 2 displays information related to the timing of the postpartum care services.

Table 2. Timing of the postpartum care services (n=17)

Immediate PP care(4–6 hours)	First week PP (Day 1–7)	6 weeks PP	6–12 months PP	Number of projects
x	x	x	x	5
x		x		3
x	x	x		2
x	x			2
x				2
x		x	x	1
Unspecified				2

Most of these projects (14 out of 17) provide facility-based services: half (7) offering only facility-based services and the other half (7) offering other types of services—mostly community-based services (6 out of 7)—in addition to facility-based services. Among the projects providing postpartum care services, eight reported that postpartum women are identified by community health workers (CHWs) or traditional birth attendants (TBAs).

Fourteen of the 17 projects indicated the providers in their project intervention areas received training, mainly facility-based (12 of 14), within the past 12 months. The most common training topics included: infection prevention (12), focused antenatal care (10), family planning in general (10), active management of third stage of labor (AMTSL) (9) and postpartum family planning (9).

POSTPARTUM FAMILY PLANNING

A total of 21 projects reported that postpartum family planning (PPFP) counseling is provided after delivery. Of those 21 projects, 17 of them have a family planning focus and four have a maternal and newborn health focus. When asked to specify the locations of their PPFP counseling, projects identified family planning clinics (13) as the most frequent location, followed by home visits (11), well-baby visits (10) and expanded project on immunization (EPI) visits (6). Other locations mentioned include postnatal clinics and voluntary HIV counseling and testing (VCT) centers.

For the content of PPFP counseling, most projects emphasized all family planning methods appropriate to fertility intentions and the Lactational Amenorrhea Method (LAM). While all 21 projects expressed their support for LAM, the degree of support described by respondents varied:

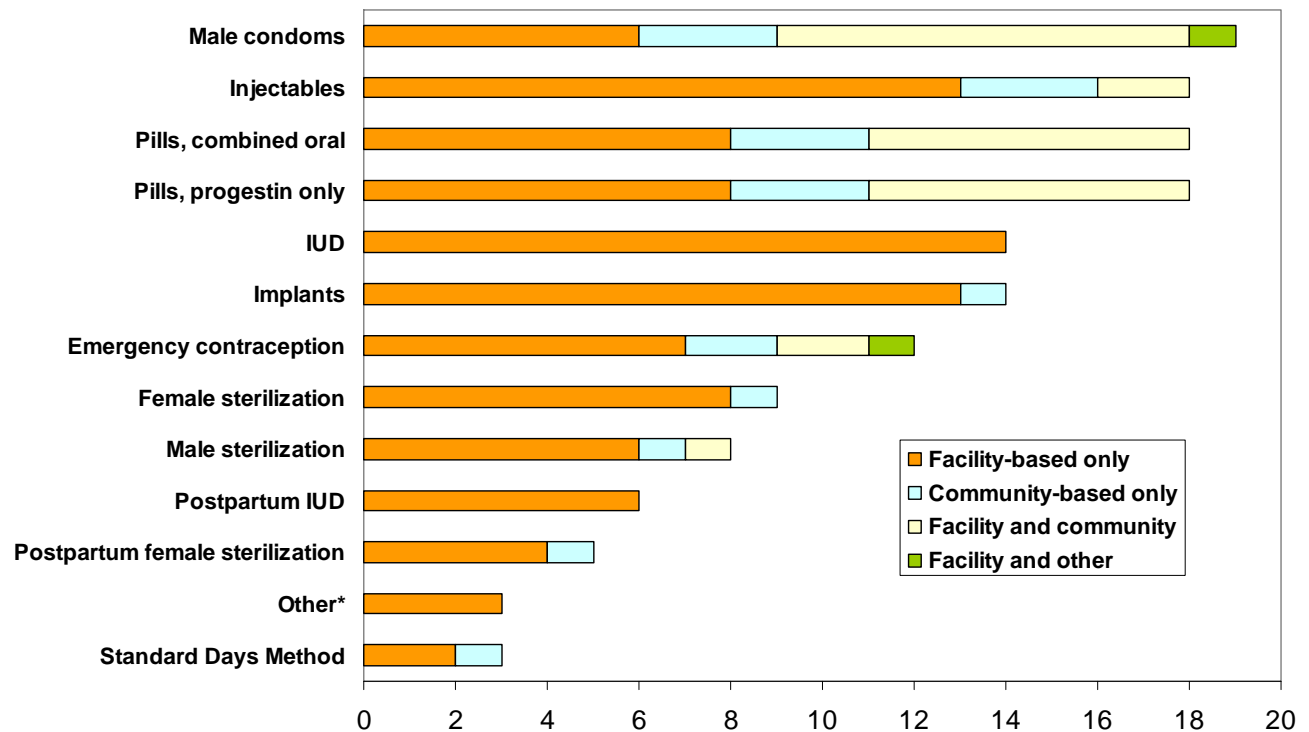
- As part of method mix (5)
- Trainings in general (5)
- Behavior change communication (BCC)/IEC (4)
- Promotion of exclusive breastfeeding (2)
- Counseling (2)
- Missing (3)

In addition to the PPFP counseling activities mentioned above, most projects (18 out of 21) are engaged in facility-based PPFP services up to 12 months postpartum.

Table 3 indicates other contraceptive methods available/provided by type of services. The most common methods are IUD, condoms and pills (both progestin only and combined oral). Five of the 21 projects refer postpartum

women to other providers—including public, private and social marketing organizations—for family planning methods, even if PPFPP is not included in their existing scope of work. Of the projects currently providing referrals, two estimate the referrals to be “somewhat effective” and the other three responded “don’t know.”

Table 3. Number of projects (n=21) with contraceptives available/provided up to 12 months postpartum, by type of services



*Other methods mentioned, including natural methods and spermicides.

OTHER MATERNAL AND NEWBORN CARE COMPONENTS

A total 33 projects reported that other maternal care is provided, including 21 of 33 projects with a family planning focus and 12 with a maternal and newborn health focus. Over half of the projects (18 out of 33) indicated their projects have at least five other components of maternal care. The other components of maternal care, in order of frequency, are:

- Counseling on maternal danger signs (19)
- PMTCT or follow up on HIV-positive mothers (18)
- Support for breastfeeding and breast care (18)
- Iron/folate intake (16)
- Vitamin A intake (16)
- Personal hygiene (16)
- Referral for maternal morbidities (fistula) (13)
- Malaria prevention during pregnancy (3)

- Adolescent friendly services for sexual and reproductive health counseling (1)
- Awareness raising on female genital mutilation (1)
- Counseling on safe birth plan (1)
- Postpartum hemorrhage (PPH) prevention with misoprostol (1)

A total of 29 projects reported that they provide newborn care, including 15 of 29 projects with a focus on family planning and 14 with a focus on maternal and newborn health. The components of newborn care, in order of frequency, are:

- Counseling on danger signs related to newborns (16)
- Early and exclusive breastfeeding (15)
- Thermal protection (14)
- Monitoring (e.g., for warmth and breathing) (14)
- PMTCT or follow up on newborns of HIV-positive mothers (14)
- Cord care (13)
- Immunization (13)
- Vitamin A supplementation for the mother (12)
- Resuscitation (12)
- Eye care (11)
- Well-baby visits (11)
- Kangaroo Mother Care (7)
- Antibiotic treatment for newborn with sepsis/infectious risk (1)
- Harmful traditional practices (1)

BEST PRACTICES AND LESSONS LEARNED

Twelve projects shared their practices in postpartum care that helped improve maternal and newborn health. Five of the 12 projects emphasized that working with community volunteers (referrals or health education) resulted in improved postabortion care (PAC) or postnatal care (PNC) coverage. Other best practices mentioned are: trained matrons can apply AMSTL according to standards, community mobilization, decentralization of PAC, in-depth supervision, outreach activities, quality assurance, identifying pregnant women through TBAs and use of community midwives.

Three projects also shared their lessons learned and recommended that programs avoid:

- Focusing on supply only and forgetting the demand and advocacy strategies; and
- Lacking emphasis on PNC during training and follow-up support supervision.

Furthermore, respondents were asked to: 1) identify any challenges, issues or barriers they encountered when implementing postpartum care activities, and 2) provide recommendations based on project experience or the respondent's opinion. A summary of the responses are presented in Table 4.

Table 4. Challenges/issues/barriers and recommendations for implementing postpartum activities, by level

Challenges/issues/barriers ³	Recommendations	Recommendations specifically for family planning
At policy level (13 projects)		
<ul style="list-style-type: none"> • MOH buy-in and/or appropriate policy in place (6) • Barriers to lower level providers delivering certain services (3) • Funding/resources (2) • Community buy-in (1) • Lack of attention to training quality (1) • Lack of well-developed tools and modules (1) 	<ul style="list-style-type: none"> • Advocacy (4) • Policy development/enforcement (4) • Facilitate MOH buy-in (2) • Increase funding in RH (1) • Adapt/improve postpartum modules, tools and adapted BCC materials (1) • Recognition of community/referral role of TBAs (1) • Organize training of health workers at clinical and community level (1) 	<ul style="list-style-type: none"> • Program integration (to be included in ANC or PPC) (5) • Policy development (3) • Advocacy for expanding cadres (2) • Increase funding to PFPF specifically (2) • Reduce FP commodities cost (1) • Coordination between Departments and Ministry level (1) • More focus on pre-service education quality (1)
At service delivery level (25 projects)		
<ul style="list-style-type: none"> • Shortage of skilled staff or staff turnover (12) • Lack of equipment, supplies and commodities (7) • Geographical barriers (4) • Lack of adequate management support or supervision (4) • Lack of proper trainings (4) • Emphasis laid most on the newborns (2) • Low rate of postpartum visits (2) • Financial barrier (2) • Focused on LAM as opposed to other more effective methods (1) • Late ANC attendance (1) 	<ul style="list-style-type: none"> • Strengthen providers' capacity, improve service quality and ensure sustainability (8) • Systematization and integration of PNC as a part of the key primary health package (2) • Establish good partnerships (1) • Identify integration of norms and protocols especially with those designed for HIV/AIDS (1) • Individualized postpartum care for mothers should be designed and implemented in the modality of focused antenatal care (FANC) (1) • Organize outreach activities for postpartum care (1) • Reach the community by advanced or mobile strategy (1) • Support facilities in delivery of PPC (1) 	<ul style="list-style-type: none"> • Provider trainings and skill/information updates (8) • Ensure product availability (4) • Improved staff morale and commitment (2) • Encourage FP discussion at ANC visits (2) • Reinforce counseling (1) • Advanced or mobile strategy (1) • Continuum-of-care (1)

³ A number of respondents did not specify what challenges, issues or barriers they had encountered but provided recommendations.

Challenges/issues/barriers ³	Recommendations	Recommendations specifically for family planning
At community level (18 projects)		
<ul style="list-style-type: none"> • Traditional practices or cultural beliefs (5) • Lack of knowledge of its importance (4) • Availability of a trained cadre of community agents (3) • Low male/partner involvement (1) • Stigma of HIV-positive mothers negatively affects infant feeding practices (1) 	<ul style="list-style-type: none"> • Community health education and promotion (4) • Behavior change communication (3) • Bridging with the facility (2) • Training for community-level cadres to provide quality PPC (2) • Programs to address stigma against PLWHA, especially regarding HIV-positive mothers who choose replacement feeding (1) • Community sensitization (1) • Hire local staff who speak the local languages, experiment with motivational strategies for CHWs • Increase role of TBAs (1) • Increase access to transportation (1) 	<ul style="list-style-type: none"> • Advocacy (4) • Increased information/awareness (3) • Training community-level providers (3) • CHW approach (2) • Improve availability (2) • Promote family planning during the immediate postpartum (1) • Community participation (1)
At household level (17 projects)		
<ul style="list-style-type: none"> • Traditional practices or cultural beliefs (6) • Support from husbands or other household members (4) • Poverty or financial constraints (4) • Geographic barrier (2) • Lack of knowledge of its importance (2) 	<ul style="list-style-type: none"> • Increase awareness and knowledge of the importance of PFP (5) • Behavior change communication (2) • Male involvement (2) • Increase access to transportation (1) • Emergency and birth preparedness (1) • Strengthen their capacity (1) 	N/A

MONITORING AND EVALUATION (M&E)

Fifteen projects reported their top three indicators for PPC. The most common indicator (by theme) were:

Postpartum visits:

- Number of postpartum/newborn visits within three days of birth (7)
- Number/percent of women with children 0–23 months that attend at least one postpartum check-up (2)
- Number of postpartum/newborn visits within two days of birth (1)

Family planning:

- Couple-years of protection (4)
- Number of postpartum women using contraception (including LAM) at 6 weeks (1)
- Number of postpartum women accessing FP services (1)
- Number of new FP users (1)

Quality of services/trainings:

- Number of people trained by method (3)
- Percent of mothers receiving PPC from a skilled attendant/health professional (2)
- Number/percent of birth attendants trained in AMSTL and performing AMSTL to standard (1)

Overall, seven of 15 projects used facility registries as their main data source; four projects reported using birth planning posters/cards for their M&E activities (two of which specified relying on CHWs for data collection), and one project indicated they use verbal reports on key indicators documented by community-level project staff. The remaining three projects did not specify their methods of data collection.

TECHNICAL ASSISTANCE

Fifteen out of 37 projects identified areas where their project could benefit from technical assistance. Specific areas mentioned include:

- Designing or sharing successful integration models of RH and HIV/AIDS (2)
- M&E (2)
- Sharing information related to PPF (2)
- Accessing training materials (2)
- Family planning in general (2)
- Project start-up (1)
- Increasing field contact (1)
- Commodity logistic management (1)
- Advocacy for policy change (1)
- Community mobilization (1)

DISCUSSION

The results of the survey suggest there are opportunities to integrate PPF with the scope of the programs surveyed. Considering most projects work with women of reproductive age and children under five years, there are opportunities to integrate PPF with routine immunization, well-child and sick-child visits. Furthermore, opportunities to include PPF in trainings exist in a number of projects.

It is encouraging to note that more than 75% (29 out of 37) of the projects cited family planning as one of their program areas, and almost 60% (17 out of 29) specified that PPF counseling is provided after delivery. These results contrast with the earlier CATALYST survey results that found only a minority of projects provided counseling on PPF and birth spacing. (Post, 2005).

While it is positive to note that LAM is included in PPF counseling by most of the projects, it is not clear how LAM is promoted. Only four projects specifically mentioned that LAM is included in their BCC or IEC materials as part of intervention; suggesting there are opportunities to emphasize LAM as a transition method instead of only including LAM as part of method mix or general PPF.

It is noteworthy that working with community volunteers resulted in improved PNC coverage for several projects and appears to be effective in

most cases. Utilizing community-based volunteers can also serve as a platform for PPFp and as a way to ease shortage of staff at the service delivery level.

Major challenges in PPC remain critical to the delivery of PPC services and should be taken into consideration when designing PPFp programs. Among these challenges are:

- **Barriers to lower level providers** to provide certain services, such as IUD insertion, was cited as a challenge, as was the need for policies that **more effectively promote PPFp**.
- Many projects noted the need to **increase awareness of PPFp** at the household level.
- **Shortages of skilled staff** and turnover were cited as a major challenge at the service delivery level.

Although the projects represent diverse intervention methods, similar indicators are collected by a number of projects as a result of standardized reporting requirements instituted by major funding sources such as USAID. This effort can be significant when aggregating program results across geographic areas and providing comparative information across projects.

RECOMMENDATIONS

Based on survey responses, the following recommendations were synthesized:

- Utilize community-based volunteers in PPFp interventions and refer for clinical methods
- Emphasize LAM as a transition method
- Advocate for policies that effectively promote PPFp
- Ensure availability of a range of FP methods for postpartum women to transition
- Develop PPC/PNC packages to include PPFp to guide policymakers and service providers

APPENDIX I: LIST OF PROJECTS BY COUNTRY

List of Projects by Country

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Angola	Integrating Reproductive Health and Family Planning into the CCF Bright Futures Approach is a 30-month project funded by USAID's Flexible Fund Program. The project is designed to improve FP/RH practices in the peri-urban area of Lubango in Angola, and the districts of Mumbwa and Luangwa in Zambia	Christian Children's Fund	Yes (Christian Children's Funds)	
Benin	Integrated Project to Promote Family Health and Prevent HIV/AIDS (IMPACT) in Benin is a five-year HIV/AIDS and social marketing project funded by USAID. IMPACT focuses on product marketing, service delivery and communications through the nongovernmental and private sectors.	Population Services International		
Congo	AXxes is a three-year, \$40 million program designed to deliver basic health care services and rebuild the health system, funded by USAID.	Interchurch Medical Assistance, Inc. (IMA)		Births delivered at home: 38.6% by TBA, 0% by SBA (AXxes Annual Report 2006–2007)
Ethiopia	ACCESS: http://www.accesstohealth.org/wherework/cntryPrograms/apEthiopia.htm	Jhpiego	No	Births delivered at home: Oromia: 32.5% by TBA, 4.8% by SBA National: 28.1% by TBA, 5.7% by SBA (DHS 2005)

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Ghana	Quality Health Partners (QHP) is a five-year USAID project designed to provide evidence-based support to the Ghana Health Service (GHS) and a range of private institutions to improve the quality of health services in 30 of Ghana's most deprived districts, thereby contributing to improved health among Ghanaians, particularly in the areas of Reproductive and Child Health (RCH).	EngenderHealth	No	Births delivered at facility: 48% with SBA (Ghana Health Service: Reproductive and Child Health Unit: Annual Report 2006)
Ghana	Community-based Health Planning and Services Technical Assistance (CHPS-TA): http://www.popcouncil.org/projects/SS_GhanaCHPS.html	Population Council	No	Births delivered at facility: 38% with SBA (Survey conducted in 2006 by CHPS-TA)
Ghana	Ghana Sustainable Change Project (GSCP): http://www.aed.org/Projects/ghanasustainablechange.cfm	Academy for Educational development (AED)	No	
Kenya	AIDS, Population and Health Integrated Assistance Program (APHIA II)–Rift Valley & Coast: http://www.fhi.org/en/CountryProfiles/Kenya/res_APHIAII_Launch.htm	FHI	No	Births delivered at home: 28% by TBA Births delivered at facility: Rift Valley: 37% with SBA Coast: 15% with SBA (MOH/APHIA II)
Kenya	APHIA II-Nairobi/Central: http://www.pathfind.org/site/PageServer?pagename=Programs_Kenya_Projects_APHIA	Pathfinder International	No	
Kenya	Busia Child Survival Project , a 5-year USAID funded project in Busia District of Kenya. The goal of the project is a sustained reduction in child and maternal mortality in Funyula and Butula divisions, Busia District.	AMREF	Yes (Foundations - match requirement)	Births delivered at home: 29% by SBA Births delivered at facility: 26% without SBA (Baseline KPC survey, LQAS methodology, July 2006)

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Kenya	The Partnership for Maternal and Neonatal Health (PMNH): http://www.dowusa.org/where-we-work/kenya/kenya-mnh	Doctors of the World	Yes (<i>Child Survival and Health Grants Program</i>)	Births delivered at facility: 11% without SBA (Baseline KPC assessment)
Madagascar	The Toliara Region Expanded Impact Project (TREIP): http://www.mcdi.mcd.org/madagascar_bc.htm	Medical Care Development International (MCDI)	No	
Madagascar	Prevention de l'hemorragie du post partum	association du personnel du service de gynecologie obstetrique de Befelatanana	No	Births delivered at home: 37% by TBA, 13% by SBA (Unknown)
Madagascar	The Family Planning Integration through a Community-based Approach Project: http://www.mcdi.mcd.org/madagascar_bc.htm	MCDI	No	
Madagascar	Social Marketing Project–Madagascar: http://www.psi.org/where_we_work/madagascar.html	Population Services International	Yes (Global Fund to Fight AIDS, Tuberculosis and Malaria, World Bank, Rio Tinto)	
Malawi	Community-Based Family Planning and HIV Programme	Management Science for Health(MSH)	No	Births delivered at home: 20% by TBA, 10% by SBA Births delivered at facility: 43% with SBA, 57% without SBA (National reproductive health strategy 2006)

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Mali	"Projet Integre de Sante pour le bien-etre familial"	World Learning	No	
Mali	Improving PPH prevention through AMTSL: http://www.intrahealth.org/where/13	IntraHealth International	No	
Mali	Child Survival 20 Segou: http://pdf.usaid.gov/pdf_docs/PDACF811.pdf	USAID	No	
Mali	"Pathways to Health": http://www.psi.org/where_we_work/mali.html	Population Services International	Yes (KfW Development Bank, Malaria No More, private funds)	
Mozambique	Population Services International: http://www.psi.org/where_we_work/mozambique.html	Population Services International	Unknown	
Niger	Healthy Start: http://ri.org/article.php?cid=9&sid=100	Relief International	Yes (UNICEF)	
Nigeria	ACCESS: http://www.accesstohealth.org/wherework/cntryPrograms/apNigeria.htm	Jhpiego	No	Births delivered at facility: 1.2% with SBA, 18% without SBA (Baseline assessment report)
Tanzania	ACCESS: http://www.accesstohealth.org/wherework/cntryPrograms/apTanzania.htm	Jhpiego	No	
Tanzania	Tanzania Child Survival Project: http://www.mihv.org/index.asp?Type=B_BASIC&SEC={DF F33AAD-67AC-4E66-9516-DE0C29CFD0E5}	Minnesota International Health Volunteers	Yes (Minimal individual contributions and small grants from local sources)	Births delivered at home: 50% by TBA, 5% by SBA Births delivered at facility: 25% with SBA, 25% without SBA (District Council Health Management Team data)

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Tanzania	President's Malaria Initiative: http://www.fightingmalaria.gov/	USAID	No	
Tanzania	Health Status of Tanzania Families Improved: http://www.fightingmalaria.gov/funding/contracts/tanzania_phci.pdf	PHCI-IRINGA	No	Births delivered at home: Iringa Region: 15% by TBA Ruvuma Region: 16% by TBA Births delivered at facility: Iringa Region: 85% without SBA Ruvuma Region: 84% without SBA (Zonal Reproductive and Child Health Report)
Tanzania	ACQUIRE: http://www.acquireproject.org/	EngenderHealth	No	
Tanzania	USAID DELIVER PROJECT: http://deliver.jsi.com/dhome/countries?p_persp=PERSP_DLVR_CNTRY_TZ	JSI	No	
Tanzania	GGE/TACARE project: http://www.janegoodall.org/africa-programs/programs/tacare.asp	The Jane Goodall Institute	Yes (Hewlett Packard Foundation)	
Tanzania	T-MARC COMPANY LIMITED: https://pshi.aed.org/projects_tmarc.htm	AED		
Uganda	Uganda Program for Human and Holistic Development (UPHOLD): http://uphold.jsi.com	JSI	Yes (JSI)	Births delivered at home: Approximately 20% by TBA Births delivered at facility: 42% with SBA, (DHS 2007)
Uganda	AFFORD: http://www.jhuccp.org/africa/uganda/afford.shtml	JHU/CCP	No	

COUNTRY	PROJECT DESCRIPTIONS	LEADING ORGANIZATION	RECEIVED FUNDING OTHER THAN USAID (OTHER FUNDING SOURCE)	OTHER INFORMATION IN THE PROJECT INTERVENTION AREA (SOURCE)
Zambia	Chikankata Child Survival Project: http://www.sawso.org/programs/ChildSurvivalProject.htm	Salvation Army World Service Office	Yes (Internal funding from private donors)	Births delivered at home: 8.1 % by TBA, 0% by SBA (Baseline KPC survey)
Zambia		Jhpiego	Yes (CDC, DOD)	
Zimbabwe	Zimbabwe HIV and AIDS Partnership Project: http://www.abtassociates.com/collateral/Zimbabwe-PSP.pdf	Abt Associates	Yes (DFID, Global Funds)	

APPENDIX II: QUESTIONNAIRE

POSTPARTUM CARE QUESTIONNAIRE FOR USAID IMPLEMENTING PARTNERS

Introduction

In collaboration with USAID, ACCESS-FP invites you to participate in a survey (modified from ESD Project's MotherNewborNet survey) designed to identify, document and share information on the status of postpartum care services implemented by USAID cooperating agencies.

This survey can be self-administered by logging on to a website (www.accesstohealth.org/surveys/ppc.htm) or completed via e-mail. A telephone survey will be conducted for those individuals who do not have regular access to the internet.

While this is a multiple choice questionnaire for ease of administration, we ask that you use the "other" category as necessary for additional responses that may be more accurate or add additional information. Also please add any additional comments at the end of the survey.

Please note the following terms and definitions used here:

- **Postpartum period:** In this survey, we are using a broad definition of postpartum which is **through the first year after a delivery**. Please note that this definition includes both the immediate postpartum period (defined by WHO as the first 4-6 hours postpartum), later postpartum (defined by WHO as 6 hours to six weeks) and beyond 6 weeks through the first year.
- **Facility-based services:** Information or services provided at a health facility setting (either static or mobile). It includes any level of provider.
- **Community-based services:** Information or services provided at a particular place in the community, including outreach clinic services. It includes any level of provider or traditional birth attendant (TBA).
- **Home-based services:** Information or services provided at the household level. It includes any level of provider or traditional birth attendant (TBA).

Disclaimer: The information provided in this survey is not official U.S. Government information and does not represent the views or positions of the U.S. Agency for International Development or the U.S. Government.

Project Background

- Name of the Project:
- Leading Organization (or Prime Partner):
- Country:

1. Life of Project:

Start date: (/) (mm/yyyy) End date: (/) (mm/yyyy)

2. Program area(s): (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Primary health care | <input type="checkbox"/> Family planning |
| <input type="checkbox"/> Maternal and newborn health | <input type="checkbox"/> Other reproductive health |
| <input type="checkbox"/> Child survival/child health | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> HIV/AIDS | |

3. Focus intervention area(s): (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Behavior change communication | <input type="checkbox"/> Research |
| <input type="checkbox"/> Community mobilization/approaches | <input type="checkbox"/> Training |
| <input type="checkbox"/> Information management | <input type="checkbox"/> Service delivery |
| <input type="checkbox"/> Logistics | <input type="checkbox"/> Other, please specify: |
| <input type="checkbox"/> Policy | |

4. Sector(s): (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private, non-profit |
| <input type="checkbox"/> Private, for profit | <input type="checkbox"/> Other, please specify: |

5. Target population(s): (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Newborns (0-28 days) | <input type="checkbox"/> Women of reproductive age (15-49 years) |
| <input type="checkbox"/> Infants (1-12 months) | <input type="checkbox"/> Men of reproductive age |
| <input type="checkbox"/> Children under 5 years | <input type="checkbox"/> Other family members |
| <input type="checkbox"/> Adolescents (15-19 years) | <input type="checkbox"/> Other, please specify: |

6. Received funding other than USAID?

- Yes, other funding source(s):
- No

7. If possible, please provide the following information in your project intervention area:

Note: "Proportion of births attended by skilled health personnel" represents the percentage of all births attended by a skilled health-care worker. The term "skilled attendant" refers to "an accredited health professional - such as a midwife, doctor or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns" (World Health Organization, 2004).

Traditional birth attendants (TBA) – trained or not – are excluded from the category of skilled health-care workers. In this context, the term TBA refers to traditional, independent (of the health system), non-formally trained and community-based providers of care during pregnancy, childbirth and the postnatal period (World Health Organization, 2004).

- % Births delivered at home:
 - % Home births assisted by traditional birth attendant (TBA):
 - % Home births assisted by skilled birth attendant (SBA)*:
 - % Births delivered at facility:
 - % Facility births without SBA:
 - % Facility births with SBA:
 - Source(s):

Provision of Antenatal Care (ANC) Services

1. Does your project provide antenatal care services?

- Yes
- No. => go to Question # 14

2. What type(s) of antenatal care services are provided? (CHECK ALL THAT APPLY)

Facility-based services: Information or services provided at a health facility setting (either static or mobile). It includes any level of provider.

Community-based services: Information or services provided at a particular place in the community, including outreach clinic services. It includes any level of provider or traditional birth attendant(TBA).

Home-based services: Information or services provided at the household level. It includes any level of provider or traditional birth attendant (TBA).

- Facility-based
- Community-based
- Home-based
- Other, please specify:

3. Please describe your antenatal care activity:

Provision of Postpartum Care (PPC) Services

1. Does your project provide postpartum care services?

- Yes
- No => go to Question # 19

2. What type(s) of postpartum care services are provided? (CHECK ALL THAT APPLY)

Facility-based services: Information or services provided at a health facility setting (either static or mobile). It includes any level of provider.

Community-based services: Information or services provided at a particular place in the community, including outreach clinic services. It includes any level of provider or traditional birth attendant(TBA).

Home-based services: Information or services provided at the household level. It includes any level of provider or traditional birth attendant(TBA).

- Facility-based
- Community-based
- Home-based
- Other, please specify:

3. Are postpartum women identified by community health worker for postpartum care services?

- No
- Yes, please describe protocol or process here:

4. When are the postpartum care services provided? (CHECK ALL THAT APPLY)

- Immediate postpartum (4 – 6 hours)
- First 24 hours
- Within 72 hours postpartum (Day 1 - 3)
- First week postpartum (Day 1 - 7)
- 6 weeks postpartum
- 3 months postpartum
- 6 months postpartum
- 9 months postpartum
- 1 year postpartum
- Other, please specify:

5. Please describe your postpartum care activity:

Services provided by: (CHECK ALL THAT APPLY)

FACILITY-BASED	COMMUNITY-BASED	HOME-BASED	OTHER
<input type="checkbox"/> Doctors	<input type="checkbox"/> Doctors	<input type="checkbox"/> Doctors	<input type="checkbox"/> Doctors
<input type="checkbox"/> Midwives	<input type="checkbox"/> Midwives	<input type="checkbox"/> Midwives	<input type="checkbox"/> Midwives
<input type="checkbox"/> Nurse/midwives	<input type="checkbox"/> Nurse/midwives	<input type="checkbox"/> Nurse/midwives	<input type="checkbox"/> Nurse/midwives
<input type="checkbox"/> Nurses	<input type="checkbox"/> Nurses	<input type="checkbox"/> Nurses	<input type="checkbox"/> Nurses
<input type="checkbox"/> Auxiliary nurses	<input type="checkbox"/> Auxiliary nurses	<input type="checkbox"/> Auxiliary nurses	<input type="checkbox"/> Auxiliary nurses
<input type="checkbox"/> Community health workers	<input type="checkbox"/> Community health workers	<input type="checkbox"/> Community health workers	<input type="checkbox"/> Community health workers
<input type="checkbox"/> Community volunteers	<input type="checkbox"/> Community volunteers	<input type="checkbox"/> Community volunteers	<input type="checkbox"/> Community volunteers
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Please specify other type(s) of providers:			

Any providers in your project intervention area received training within the past 12 months:

Yes. **Please indicate training topic(s): (CHECK ALL THAT APPLY)**

- Active management of third stage labour (AMTSL)
- Focused antenatal care (FANC)
- Basic emergency obstetric care (BEmONC, including post abortion care)
- Comprehensive emergency obstetric and newborn care (EmONC)
- Family planning in general
- Postpartum family planning
- Infection prevention
- Other, please specify:

No

Don't know

Provision of Postpartum Family Planning Services

1. Does your project provide postpartum family planning services?

Yes

No. => go to Question # 25

2. When is the postpartum family planning counseling provided? (CHECK ALL THAT APPLY)

■ Before delivery, check location(s):

- Antenatal clinic
- Family planning clinic
- Home visits
- Other, please specify:

During delivery/immediate postpartum (first 4 to 6 hours), specify location(s):

■ After delivery, check location(s):

- Family planning clinic
- Expanded program on immunization (EPI) visits
- Home visits
- Well baby visits
- Other, please specify:

3. What topic(s) are included in your project's postpartum family planning counseling? (CHECK ALL THAT APPLY)

- Return to fertility
- Fertility intentions (spacing, delaying or limiting births)
- Healthy timing and spacing of pregnancy
- Exclusive breastfeeding practices
- Lactational amenorrhea method (LAM)
- Transition from LAM to other modern methods
- All family planning methods appropriate to fertility intentions
- Other, please specify:

4. Does your project support LAM (Lactational amenorrhea method)?

- Yes
- No. => go to Question # 28

5. How is LAM (Lactational amenorrhea method) supported in your project? By what type(s) of providers?

6. What method(s) other than LAM (Lactational amenorrhea method) are available/provided in your postpartum family planning services up to 12 months postpartum? (CHECK ALL THAT APPLY)

FACILITY-BASED	COMMUNITY-BASED	OTHER
<input type="checkbox"/> Pills, progestin only	<input type="checkbox"/> Pills, progestin only	<input type="checkbox"/> Pills, progestin only
<input type="checkbox"/> Pills, combined oral	<input type="checkbox"/> Pills, combined oral	<input type="checkbox"/> Pills, combined oral
<input type="checkbox"/> Injectables	<input type="checkbox"/> Injectables	<input type="checkbox"/> Injectables
<input type="checkbox"/> Male Condoms	<input type="checkbox"/> Male Condoms	<input type="checkbox"/> Male Condoms
<input type="checkbox"/> Implants	<input type="checkbox"/> Implants	<input type="checkbox"/> Implants
<input type="checkbox"/> Intra Uterine Device (IUD)	<input type="checkbox"/> Intra Uterine Device (IUD)	<input type="checkbox"/> Intra Uterine Device (IUD)
<input type="checkbox"/> Postpartum IUD	<input type="checkbox"/> Postpartum IUD	<input type="checkbox"/> Postpartum IUD
<input type="checkbox"/> Female sterilization	<input type="checkbox"/> Female sterilization	<input type="checkbox"/> Female sterilization
<input type="checkbox"/> Postpartum female sterilization	<input type="checkbox"/> Postpartum female sterilization	<input type="checkbox"/> Postpartum female sterilization
<input type="checkbox"/> Male sterilization	<input type="checkbox"/> Male sterilization	<input type="checkbox"/> Male sterilization
<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Emergency contraception	<input type="checkbox"/> Emergency contraception
<input type="checkbox"/> Standard Days Method (SDM)	<input type="checkbox"/> Standard Days Method (SDM)	<input type="checkbox"/> Standard Days Method (SDM)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Please specify other method(s):		

7. Does your project refer postpartum women for family planning methods?

- Yes.
- No, why not?

8. Where does your project refer postpartum women for family planning methods?

- Health center (public sector)
- Health clinic/doctor (private sector)
- Pharmacy (social marketing)
- Other sector(s) please specify:

9. Please estimate how effective is your project referral?

- Very effective
- Somewhat effective
- Not very effective
- Not at all effective
- Don't know

Please comment or describe your project referral here:

Other Maternal and Newborn Care

1. Please mark/indicate other components of maternal care your project includes? (CHECK ALL THAT APPLY)

- Counseling on maternal danger signs
- Iron/folate intake
- Vitamin A intake
- Personal hygiene
- Physical exam for the mother
- PMTCT or follow up on HIV+ mothers
- Support for breastfeeding and breast care
- Referral for maternal morbidities (such as fistula, etc)
- Do not provide any of these services
- Other, please specify:

2. Please mark/indicate which of the following essential components of newborn care (up to 28 days) your project provides? (CHECK ALL THAT APPLY)

- Counseling on danger signs related to newborns
- Cord care
- Thermal protection
- Early and exclusive breastfeeding
- Monitoring (e.g., for warmth and breathing)
- Eye care
- PMTCT or follow up on newborns of HIV+ mothers
- Immunization
- Well baby visits
- Vitamin A supplementation for the mother
- Resuscitation
- Kangaroo Mother Care
- Do not provide any of these services
- Other, please specify:

Sharing Effective Practices in Postpartum Care

1. Are there OTHER approaches/ interventions/activities or things your project implements that you would like to share that had an effect on improving maternal and newborn health that you would recommend to other programs (*e.g. a successful referral mechanism or a successful community-based process for identifying pregnant and postpartum women*)?

Yes, please describe the activity AND the results achieved:

No

2. Are there any lessons learned related to postpartum care approaches that were not effective/that you would recommend programs to avoid?

Yes, please list your most important lessons learned to date:

No

3. Overall, what do you consider to be the main challenges/issues/barriers in implementing postpartum care activities?

At policy level:

No challenges/issues/barriers

At service delivery level:

No challenges/issues/barriers

At community level:

No challenges/issues/barriers

At household level:

No challenges/issues/barriers

Other, please specify:

4. Based on your experience/in your opinion, what actions can programs undertake to improve postpartum care?

At policy level:

At service delivery level:

At community level:

At household level:

Other, please specify:

5. Based on your experience/in your opinion, what actions can programs undertake to improve postpartum care specifically in areas of family planning?

At policy level:

At service delivery level:

At community level:

Other, please specify:

Monitoring and Evaluation (M&E)

1. Please describe any significant M&E effort in your PPC activities:

2. Please list the highest priority indicators used in your project for postpartum care:

Indicator #1:

Indicator #2:

Indicator #3:

3. What are some systems/tools used in your M&E activities (*e.g. birth planning cards*)?

Technical Assistance

4. Please describe any areas in which your project might benefit from technical assistance:

Respondent Profile

Name of respondent:

Professional title:

Comments or suggestions related to this survey:

Thank you very much for taking the time to fill out this survey!