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 **BASICS**

BASICS HEALTHY TIMING AND SPACING OF PREGNANCY TOOLKIT

TRAINING MANUAL FOR INTEGRATION OF HTSP INTO NEWBORN AND CHILD HEALTH PROGRAMS



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



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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 Childhood 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 be 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 health 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 integrated 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 mortality¹. 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-rearing². 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 their

¹ Conde-Agudelo, A. and Belizan, J.M. Maternal morbidity and mortality associated with interval: Cross sectional study. British Journal (Clinical Research Ed.) 321 (7271): 1255-1259. Nov. 18, 2000.

² The Johns Hopkins University, **Information & Knowledge for Optimal Health (INFO) Project**, <http://www.infoforhealth.org/pr/113/113boxes.shtml>

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.

³ The Johns Hopkins University: **Information & Knowledge for Optimal Health (INFO) Project:**
<http://www.infoforhealth.org/pr/113/113boxes.shtml>

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 of adequate birth spacing 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 that provide family planning and maternal and child health programming or services at the health facilities.

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

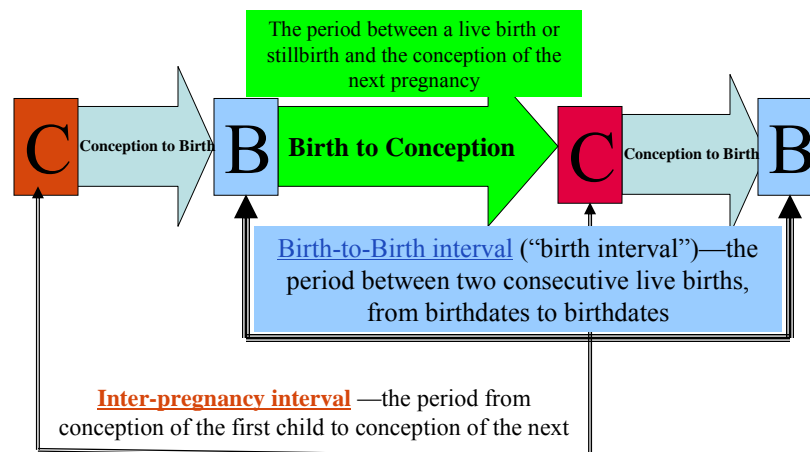
The key educational **information** to emphasize in this integrated training program includes:

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?



Illustrative diagram of different BS intervals

- **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 and religious.**
- **Sample case study from selected countries-including host country: such pilot countries Rwanda, East Timor.,**

- **Involvement of men in birth spacing HTSP activities in host country: emphasizing the economic, health, and social benefits**

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, prenatal 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 two years apart):

- **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 (*refer to Country DHS*).

- **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-
(refer to the power point presentation on advocacy for birth spacing)**

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 power point presentation attached below):

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 up coming 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 advise 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 at health facility and community levels of care
 - voluntary counseling and testing for HIV
 - malaria and/or TB prevention
 - non-health initiatives such as agriculture, literacy, environmental conservation, and micro-credit
 - Adult ART Treatment programs
 - 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 determined using as source of inspiration the overall monitoring and evaluating framework in annex (xx). 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 new born 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 after 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.

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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*

Annex 1:
HEALTHY TIMING AND SPACING OF PREGNANCY BASICS CORE INDICATOR PROFILES

| Expected Outcome | Indicator | Definition | Method of Data Collection | Data Source | Frequency & Timing of Data Collection | Comments, Challenges, etc. |
|--|--|---|--|--|--|---|
| 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 | Number of countries with policy or guidelines that have integrated HTSP into newborn and child health programs | 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 | 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 | HTSP or child health policy document/directive; National HTSP guidelines; District health directors; MOH or other organization's training report Program reports | Annually, before annual report compiled | 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 |
| 1.2. In at least 3 countries have HTSP integrated into newborn and child health services at facility level | Number of countries in which facilities offering child health services are implementing HTSP policies/guidelines | Newborn and child health facilities offering integrated HTSP counseling , IEC or BCC activities | Records review | Health records; Health registers; Program records; Country reports | Annually before annual report compiled | The initial or refresher training can be used to providers the child survival personal with the needed knowledge et and skills |

| Expected Outcome | Indicator | Definition | Method of Data Collection | Data Source | Frequency & Timing of Data Collection | Comments, Challenges, etc. |
|---|---|---|----------------------------------|--|--|--|
| 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 generate through the HSTP educational messages | Number of new contraceptive users | Number of women 15-45 years old who are first-time contraceptive users among women NCH clients | Record review | Health records; Health registers | Annually | Ensure through the supervision that the related information is systematically collected for each child bearing new FP client |
| 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. | Proportions of child bearing women who used a birth spacing method for at least 24 | Number of women FP services users who stayed in the program at least for 24 months | Records review | Health records; Health registers; FP files and cards | Annually | The quality of records determine here too the validity of this indicator |
| 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 | Proportion of lower level providers (CHWs) well trained in promotion of HTSP within their community | Lower level providers who are able to properly can advocate, do counseling IEC/BCC and provide basic FP services. | Records review | Health records at facilities | Annually | The supervision activities should help update or reinforce the LL providers competence |

Annex 2:

Framework for Monitoring and Evaluation of HTSP integration into routine newborn and child health at country level

| Key focus areas of interest | HTSP integration selected indicators | Definition proposed | Desired Output-performance level | Expected impact (outcomes) | Sources of information | Data collection techniques (& reporting) | Frequency |
|--|---|--|--|--|---|---|-----------|
| Integrated or isolate Materials (Policy, protocols, curriculum, guidelines) developed/adapted for HTSP integration to routine essential newborn and child health programs | # and type of integrated or isolate materials developed/adapted in use for HTSP integration to NCH activities | Curriculum, policy document, guidelines and jobs aids integrated or isolated elaborated to promote the HSTP integration to NCH | At least the generic PPT Advocacy tool, the training Manual , the methodological guide and the supervisory check least be adapted and used | Enabling environment improved with HTSP Policies and protocols and guide lines available and being used for integration of HTSP into child health programs | records from MOH facilities and offices | Review of existing g reports and records | Annually |
| Knowledge generation among target beneficiaries (mostly child bearing women 15-29 years old) through conference, IEC, BCC, media campaign and social mobilization, and provider-client interaction | Percentage of target child bearing women NCH clients knowledgeable about the benefits of HTSP (at service delivery sites) | 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 <2 years and early pregnancy <18years old | At least 80% of child bearing women NCH clients involved | Increased in demand for FP for Birth Spacing and longer stay in the of FP users | List of target child bearing women client of NCH at Health facilities of administrative authority files | In-depth interview of selected child bearing women NCH clients randomly selected from the lists | Annually |

| Key focus areas of interest | HTSP integration selected indicators | Definition proposed | Desired Output-performance level | Expected impact (outcomes) | Sources of information | Data collection techniques (& reporting) | Frequency |
|--|--|--|---|--|---|---|--------------------------------|
| Building Capacity of newborn and child health service providers through training, supervision, coaching | 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 | Proportion of NCH providers who know the 3 key HTSP educational messages, can use the advocacy power point presentation and the methodological guide for effective integration of HTSP into NCH services | At least 80% of trained providers | Increased quality HTSP services | Reports from training, form supervision and facility periodic reports | Compilation of data from training & supervision reports Compilation routine data | Quarterly |
| Increasing length of stay in the FP program of child bearing women NCH client and FP users (continuum of care) | Percentage of FP users with optimal length of stay in the FP program (at least 2 years) | Proportion of women among FP users who are continuously using their methods of choice for at least 2 for Birth Spacing | At least 80% of child bearing women NCH client within each NCH facility | Increased in birth spacing pattern in the target community | Routine data collected at FP service delivery sites & DHS study | Routine data from periodic report and Population based studies of FP | Quarterly and every five years |

Annex 3:

_Supportive Supervision Checklist on Child Spacing and Family Planning for Health Facilities

| | | |
|---------------------------------|----------|---------------------------------------|
| Name of the health centre: | | Date of supervision:...../...../..... |
| Sub-district/municipality/Zone: | | Name of Supervisor: |
| District: | | Designation: |
| Time Supervision | Started: | Ended: |

1. Basic information on child spacing and family planning (Ask the health care workers to provide you with these information)

| | | |
|---|--|---|
| 1.1.1 Do you offer child spacing/family planning services at this facility? | Yes ___ | No ___ |
| 1.1.2 How many people are covered by your services at this facility | | |
| 1.1.3 How many women of reproductive are covered by this service | | |
| 1.1.4 How many children under the age of 5 are covered by your services | | |
| 1.1.5 What family planning methods do you provide most at this facility? (check as many as apply) | <input type="checkbox"/> NFP | <input type="checkbox"/> Condom |
| | <input type="checkbox"/> COC/POP | <input type="checkbox"/> Injectables |
| | <input type="checkbox"/> IUD | <input type="checkbox"/> Norplant |
| | <input type="checkbox"/> Tubectomy | <input type="checkbox"/> Vasectomy |
| 1.1.6 What MCH program do you utilize to provide child/FP spacing information to clients (check as many as apply) | <input type="checkbox"/> FP Clinic only | <input type="checkbox"/> IMCI |
| | <input type="checkbox"/> ANC | <input type="checkbox"/> PNC |
| | <input type="checkbox"/> Immunization | <input type="checkbox"/> Outpatient |
| | <input type="checkbox"/> Ward admissions | <input type="checkbox"/> Nutrition clinics |
| | <input type="checkbox"/> Community out reach-SISCa | <input type="checkbox"/> Others: Please specify |

1.2 Health services organisation (to be completed mainly through observation except item 1.2.9)

| | | |
|--|---------|--------|
| 1.2.1 Has Child Spacing/ Family Planning room been established? | Yes ___ | No ___ |
| 1.2.2 Is there any available seating area for client/s? | Yes ___ | No ___ |
| 1.2.3 Enough space to see client/s? | Yes ___ | No ___ |
| 1.2.4 Chair and Table for health worker and client/s? | Yes ___ | No ___ |
| 1.2.5 Flip chart in use? | Yes ___ | No ___ |
| 1.2.6 IEC materials on wall? | Yes ___ | No ___ |
| 1.2.7 IEC material available to give to client | Yes ___ | No ___ |
| 1.2.8 Enough space and well organized storage family planning commodities and equipment | Yes ___ | No ___ |
| 1.2.9 Do you provide group education to clients on child spacing/family planning messages (If you did not observe a session, please ask the provider) | Yes ___ | No ___ |
| Family Planning Practices | | |
| 1.2.10 Procedure done in private room | Yes ___ | No ___ |
| 1.2.11 Hand-washing available in procedure room (disposable towels, individual towels, assisted hand washing procedure if no running water is available) | Yes ___ | No ___ |
| 1.2.12 Adequate lighting available in procedure room | Yes ___ | No ___ |
| 1.2.13 Sharps box within arms length of provider | Yes ___ | No ___ |
| 1.2.14 Well ventilated room for family planning procedure | Yes ___ | No ___ |
| 1.2.15 Complete equipment kit available for FP procedure | Yes ___ | No ___ |

Scoring of CS/FP service organization: give 1 point for each YES answer in this section
Score: -----X 100=%

If any problem is found related to Child Spacing room, what actions are needed to be taken? Develop and ensure support plan also. Identified problem(s):

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

Who should be responsible to implement action?

Who should be responsible to implement action?

1.3 Family Planning materials in FP room for demonstration: These items should be seen visibly displayed in the FP room especially during client-provider counselling.

| | | |
|--|---------|--------|
| 1.3.1 Condoms? | Yes ___ | No ___ |
| 1.3.2 Phallus? | Yes ___ | No ___ |
| 1.3.3 Standard Days Method (SDM) beads? | Yes ___ | No ___ |
| 1.3.4 Intra-uterine device (IUD)? | Yes ___ | No ___ |
| 1.3.5 Injectables? | Yes ___ | No ___ |
| 1.3.6 Implants? | Yes ___ | No ___ |
| 1.3.7 Progesterone only pill (POP)? | Yes ___ | No ___ |
| 1.3.8 Combined oral contraceptive (COC)? | Yes ___ | No ___ |

Scoring of FP demonstration readiness : give 1 point for each **YES** answer (sum up scores 1.3.1-1.3.10)

Score: -----X 100 =%

8

If any problem is found related to demonstration materials, what actions are needed to be taken? Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

Who should be responsible to implement action?

Who should be responsible to implement action?

2. Clinical staff trained on Child Spacing/ Family Planning?

| Clinical staff | Total at post | Available staff against post (2.1) | Number of clinical staff trained in CS/FP (2.2) | % of available clinical staff trained in CS/FP | # staff received refresher training on CS/FP (2.3) | Number of clinical staff supported by follow-up after training (2.4) |
|----------------|---------------|------------------------------------|---|--|--|--|
| Doctor | | | | | | |
| Nurse | | | | | | |
| Midwife | | | | | | |
| Others | | | | | | |

Scoring clinical staff capacity on CS/FP: give 1 point for each number above zero in columns 2.1-2.4)

Score: -----X 100 =%

4

If any problem related to CS/FP training and staff is found, discuss with respective officer-in-charge of health centre and make a plan. Develop and ensure support plan also.

Identified problem(s):

Action/s to be taken by supervisee:

Action/s to be taken by supervisor:

Who should be responsible to implement action?

Who should be responsible to implement action?

3. Quality of CS/FP counselling (Competent and Caring Counseling in child spacing and family planning)

Name of the provider:.....

Designation:.....

Time Counseling STARTED:

Time Counseling ENDED:

Total Duration of Counseling Session(in minutes) (Subtract the start time from the end time):

3.1 Client-Provider Consultation observation (observe one client-provider counselling session on child spacing before the client is provided with her method of choice. Use “GATHER” method as a guide. Use simulations or role play if no new clients are available for this session at the time of supervision)



G — Greet
A — Ask
T — Tell
H — Help
E — Explain
R — Return

Note: The underlined words or activities in each subsection is a Must- Say- or- Do activity to merit a “Yes” score

| | | | |
|--------|--|------|-----|
| 3.1 | Did provider follow Family Planning guideline during: | | |
| 3.1.1 | Provider establishes a cordial relationship with client and identifies her needs. (E.g. Provider greets client, offers seat, proper self introduction, <u>confirms biographic information of client card</u> , assures client of confidentiality and privacy, <u>ask client of birth spacing and FP needs/purpose of visit</u>) | Yes_ | No_ |
| 3.1.2 | Provider uses interpersonal communication skills during counselling (E.g. <u>Provider encourages client to ask questions and address her concerns</u> , uses listening and questioning technique, <u>maintains eye contact</u> , uses <u>language that client understands</u> , <u>friendly non verbal communication</u> , <u>maintains close seating contact with client(at 45 degrees angle seating with client)</u> , <u>uses visual-aids during counselling</u> , and <u>shows method samples</u>) | Yes_ | No_ |
| 3.1.3 | Counsellor provides information on birth spacing and family planning. | Yes_ | No_ |
| 3.1.4 | Explores clients knowledge of birth spacing and family planning and corrects misconceptions if any | Yes_ | No_ |
| 3.1.5 | Explains the three key messages* in birth spacing after a live birth, an abortion and for adolescents (The three key messages on child spacing are: 1) After a live birth , the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse maternal, perinatal and infant outcomes; 2) After a miscarriage or induced abortion , the recommended minimum interval to next pregnancy is at least six months in order to reduce risks of adverse maternal and perinatal outcomes; and 3) Adolescents need to use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant. * WHO recommendations) | Yes_ | No_ |
| 3.1.6 | Informs client about the recommended birth interval after a normal birth (This interval should not be less than 2 years and not more than 5 years before planning for another pregnancy after a live birth) | Yes_ | No_ |
| 3.1.7 | Explains the benefit of child spacing for the mother, baby, and family (Practicing the three key messages in child spacing <u>improves survival of mother and child</u> , <u>decreases death of mother and child</u> , <u>healthy child</u> , <u>health mother</u> , <u>Lower risk of fetal death</u> , <u>neonatal death</u> , <u>infant and child death</u> , <u>low birth weight</u> , <u>preterm births</u> , <u>small for gestational age</u> , <u>under weight</u> and stunting n the child and lower risk of <u>anemia</u> , <u>third trimester bleeding</u> , <u>premature rupture of membranes</u> , <u>puerperal infections</u> and <u>maternal death in the mother</u>) | Yes_ | No_ |
| 3.1.8 | Explains risks of high fertility on mother and baby (Not practicing the three key messages on child spacing <u>increased risk of fetal death</u> , <u>neonatal death</u> , <u>infant and child death</u> , <u>low birth weight</u> , <u>preterm births</u> , <u>small for gestational age</u> , <u>under weight</u> and stunting n the child and <u>increases risk of anemia</u> , <u>third trimester bleeding</u> , <u>premature rupture of membranes</u> , <u>puerperal infections</u> and <u>maternal death in the mother</u>) | Yes_ | No_ |
| 3.1.9 | Provider informed client on the return of fertility even before commencement of menstruation and the risk of pregnancy before then if couples do not use family planning method for protection. | Yes_ | No_ |
| 3.1.10 | Informs client of available family planning methods and referral options as necessary | Yes_ | No_ |
| 3.1.11 | Demonstration and explanation of contraceptive method including: (<u>LAM</u> (Lactation Amenorrhoea Method, <u>natural family planning</u> (standard days method, fertility awareness methods), <u>barrier methods</u> (condoms-male and female, spermicides, diaphragm, cervical caps), <u>hormonal methods</u> (COC/POP, <u>Injectables</u> , <u>Implants</u>), <u>IUD</u> , and <u>permanent methods</u> (tubectomy and vasectomy as appropriate)) | Yes_ | No_ |
| 3.1.12 | Did provider inform client of specific advantages/ disadvantages of specific method? | Yes | No_ |

| | | | |
|--|---|---|-----|
| 3.1.13 | Explores clients interest in a method and helps her to arrive at the best method of her choice | Yes_ | No_ |
| 3.1.14 | Provider confirms client's contraceptive method of choice | Yes_ | No_ |
| 3.1.15 | Provider rules out current pregnancy (Explain to client the importance to confirm that she is not pregnant, assures client is within 7 days of the onset of menses, and rules out pregnancy if beyond day 7) | Yes_ | No_ |
| 3.1.16 | Appropriate screening criteria and medical eligibility criteria before commencing any method of choice (Provider asked questions to exclude cardiovascular diseases (<u>High Blood Pressure</u> , heart disease, deep vein thrombosis, stoke), <u>diabetes</u> , reproductive tract infections and disorders including cancers, anemias and drug interactions) | Yes_ | No_ |
| 3.1.17 | Did provider explain when method could be started? | Yes_ | No_ |
| 3.1.18 | Did provider explain potential side effects and what to do if they occurred? | Yes_ | No_ |
| 3.1.19 | Explains that none of the methods protects against STIs except correct and consistent use of condoms | Yes_ | No_ |
| 3.1.20 | Did provider ask client for feedback (what she understood)? | Yes_ | No_ |
| 3.1.21 | Counsellor provides information on referral and next appointment | Yes_ | No_ |
| 3.1.22 | Did provider use Family Planning form/register? | Yes_ | No_ |
| 3.1.23 | Provider documents discussion and findings on FP register and client card | Yes_ | No_ |
| 3.1.24 | Did provider use the consent form with the client? | Yes_ | No_ |
| 3.1.25 | Did provider make sure of privacy in the counselling (no one else in room)? | Yes_ | No_ |
| 3.1.26 | Did provider demonstrate how to use the method that is in stock at the facility? | Yes_ | No_ |
| Scoring of skills of provider: give 1 point for each YES answer (sum up the YES scores from 3.1.1 to 3.26) Score: -----X 100=% 26 | | | |
| <i>Share your findings from observational sessions with provider. Praise things done well and discuss on the identified weakness, show how it could be done. Ask provider, does s/he have any problem regarding assessment, classification, treatment, counselling, follow-up etc. If s/he has, try to solve the problem instantly. Note down the decisions which have been taken to improve the skills and continue the practices:</i> Identified strength: _____ Identified weaknesses: _____ | | | |
| Action/s to be taken by supervisee: | | Action/s to be taken by supervisor: | |
| Who should be responsible to implement action? | | Who should be responsible to implement action? | |
| 3.2 Interview with client (after provider-client counselling session) | | | |
| 3.2.1 | Was client satisfied with the counseling session? | Yes_ | No_ |
| 3.2.2 | Did the provider answered all your questions to your satisfaction? | Yes_ | No_ |
| 3.2.3 | Who advises client to seek care from this centre? | | |
| 3.2.4 | Does client understand how to use the method? | Yes_ | No_ |
| 3.2.5 | Did client know the recommended birth interval after a normal child birth? | Yes_ | No_ |
| 3.2.6 | Did provider explain correctly how to use family planning method? | Yes_ | No_ |
| 3.2.7 | Did client know the duration of action of the method of her choice | Yes_ | No_ |
| 3.2.8 | Did provider explain correctly what to do if there are problems/ side effects? | Yes_ | No_ |
| 3.2.9 | Did provider explain when to return to health centre for follow-up? | Yes_ | No_ |
| 3.2.10 | Will client like to recommend birth spacing services to her friends and family | Yes_ | No_ |
| Scoring of skills of provider: give 1 point for each YES answer (sum up all the YES scores in this section) Score: -----X 100=% 10 | | | |
| <i>If any problem is found related to client satisfaction, what actions are needed to be taken?</i> Identified problem(s): _____ | | | |

5. Family Planning Logistics and Supplies (make a tick for Y or N)

| FP Logistics and Supplies | Available? | Records Observed | Remarks |
|--|--|------------------|---------|
| 5.1 FP Register | Y__ N__ | Y__ N__ | |
| 5.2 Separate FP Counseling Register | Y__ N__ | Y__ N__ | |
| 5.3 Referral book | Y__ N__ | Y__ N__ | |
| 5.4 Family Planning guideline | Y__ N__ | Y__ N__ | |
| 5.5 Family Planning flipchart | Y__ N__ | Y__ N__ | |
| 5.6 Family Planning Monthly Reporting Form | Y__ N__ | Y__ N__ | |
| 5.7 Requisition book for FP | Y__ N__ | Y__ N__ | |
| 5.8 Stock Card/Inventory/Bin Card for FP | Y__ N__ | Y__ N__ | |
| 5.9 Adequate forecasting for FP needs | Y__ N__ | Y__ N__ | |
| 5.10 Is there any plan to ensure regular supplies of FP at the health facility | Y__ N__ | Y__ N__ | |
| Action/s to be taken by supervisee: Who should be responsible to implement action? | Action/s to be taken by supervisor: Who should be responsible to implement action? | | |

| 6. FP Commodities and Equipment | Available? | Adequate stock for three months? | Any expired? | Remarks |
|---|------------|----------------------------------|----------------|---------|
| 6.1 Condoms | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.2 Standard Days Method (SDM) beads | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.3 Intra-uterine device (IUD) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.4 Injectables | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.5 Implants | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.6 Progesterone only pill (POP) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.7 Combined oral contraceptive (COC) | Y__ N__ | Y__ N__ | Y__ N__ | |
| 6.8 Complete equipment kit available for IUD insertion and removal | Y__ N__ | Not Applicable | Not Applicable | |
| 6.9 Complete equipment kit available for Norplant insertion and removal | Y__ N__ | Not Applicable | Not Applicable | |
| Scoring on FP commodities : In this section, give 1 point for each YES answer for availability and 1 point for adequate stock for three months Score: -----X 100=% 16 | | | | |

| | |
|--|--|
| <i>If any problems related to the FP commodities and equipment, what actions are needed to be taken? Develop and ensure support plan also.</i> | |
| <i>Identified problem(s):</i> | |
| Action/s to be taken by supervisee: Who should be responsible to implement action? | Action/s to be taken by supervisor: Who should be responsible to implement action? |

7. FP Data Management (From the review of FP Register, Monthly Reporting Form, Client FP Card)

7.1 Do they prepare monthly report on child spacing/FP? Yes_ No_

7.2 Did they send monthly report of the previous month to the district? Yes_ No_

7.3 Was the facility copy of the report retained and stored away in an easily accessible place? Yes_ No_

7.4 Was the record well organized and stored away for easy access? Yes_ No_

Ask Provider to show report and look for the following data:

7.5 Total clients counselled at the facility on the day of supervision: Yes_ (Available) No (Not Available)
 7.6 Total FP/CS client in the previous month(indicate month and year): Yes (Record Available) No (Record not available)

If Yes please indicate the following: (i) Number of First visits....

(ii) Number of Follow-up Visits.....

(iii) Caseload:
/provider/day
 (divide # of clients with # of FP providers for that day)

7.7 Correct tallying of FP methods provided in the month Yes_ No_

7.8 Register indicates number of FP clients counselled for the month Yes_ No_

7.9 Individual FP Client record or register maintained? Yes_ No_

| If yes, for Question 7.9 (Request to see the FP Register. Review the first ten case recording on the day of visit or within previous one week. Use information from the register to complete the following table: | | | | | | | | | | | | |
|---|---------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|----------------|----------|
| Indicators for quality of records for FP <i>(Please examine ten clients records on the register and comment on the completeness of the following information)</i> | Assess the register book | | | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Sum Yes | % |
| 7.10 Screening or eligibility criteria is correct | | | | | | | | | | | | |
| 7.11 Follow-up appointment correctly documented | | | | | | | | | | | | |
| 7.12 Method start date correct indicated on register | | | | | | | | | | | | |
| 7.13 Referrals documented on the register (Necessary referral made, including referral note and pre-treatment) | | | | | | | | | | | | |
| Scoring on quality data for FP services: give 1 point for each YES answer. Sum up all the Yes in this section | | | | | | | | | | | | |
| Score: -----X 100=% | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |

10. SUMMARY OF: (Jointly discussed by Supervisee and Supervisor)

A. STRENGTHS:

B: WEAKNESES:

C. FOLLOW ON STEPS FOR IDENTIFIED WEAKNESS(S) FOR SUPERVISEE AND SUPERVISOR:

D. WHO IS RESPONSIBLE FOR THE IMPLEMENTATION OF THE ACTIONS IDENTIFIED?

E. TIMELINE FOR THE ACCOMPLISHMENT OF THE INDIVIDUAL TASKS AND ACTIONS PLANS

Signature of Supervisee: _____

Signature of Supervisor: _____

Date:/...../.....

Date:/...../.....

11. DATE FOR NEXT SUPERVISION:

Please leave a copy of signed report to respective facility before leaving and send one copy to district within 7 days of visit.

Methodological guide for effective integration of Birth Spacing into newborn and child health activities

| Target Newborn and child health activities (services) (1) | Step in the newborn/child health management process (2) | Assessment of mother /couples FP status and Knowledge about BS (3) | Information/education to address the identified BS knowledge gaps and weaknesses (4) | Suggestions and advices to providers (5) |
|--|---|---|--|--|
| Antenatal Clinic/PMTCT a. At first ANC visit b. At subsequent repeat visits | At Health talk session [group] and/or at the individual counseling session after clinical examination | For the assessment questions ask about the women knowledge and attitude toward FP and BS. <ul style="list-style-type: none"> • Ask whether she ever used FP method of her choice • If yes -for how long? • If not - the main reasons? • Ask about her knowledge on Birth spacing effects • Ask if she knows her HIV status | Advise your client about the benefits of Birth Spacing. Insist on the three messages below in addition to the specific knowledge gaps identified during the assessment: | As provider keep in mind that women/couples education for Birth Spacing should start as early as at teenage age and continue during and after pregnancy. Any training and supervision activity within MCH including PMTCT settings should continuously assess knowledge and skills related to this critical issue of HTSP-messages integration. For HIV/AIDS-PMTCT counseling for HIV positive should insist of the role of HTSP in increasing the chances of survival of the infant |
| | | | 1. 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 | |
| | | | 2. 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 3. Adolescent girls should use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant. | |
| | | | Re-enforce the specific key benefits .of HTSP for HIV+ women/couples | |

| Target Newborn and child health activities (services) (1) | Step in the newborn/child health management process (2) | Assessment of mother /couples FP status and Knowledge about BS (3) | Information/education to address the identified BS knowledge gaps and weaknesses (4) | Suggestions and advices to providers (5) |
|---|---|---|---|--|
| <p>Post-partum care</p> <p>1. Immediate postpartum (24 hours to 1st 7 days)</p> <p>2. Later postpartum (through 6 weeks)</p> <p>3. After six weeks to six months</p> | <p>At time of check up after delivery, at the most convenient time for the woman and whenever she returns for post partum visits.</p> | <p>At the assessment search for the attitude and perception as related to birth spacing:</p> <ul style="list-style-type: none"> • Ask about the woman birth spacing history, perceptions and believes • Ask about the woman knowledge about the health benefits or risks associated with long or short birth interval • Ask about her spacing desire for next child if any <p>Ask about her knowledge about modern contraceptive methods</p> | <p>The three messages in the box above will be delivered in addition to the specific knowledge gaps identified during the assessment.:</p> <p>Advise client about the lactational amenorrhea method (LAM), immediate postpartum</p> <p>Talk about the 3 criteria for LAM: exclusively breastfeeding; menses has not returned; less than 6 months postpartum</p> <p>Advise addition of FP method of choice at 6 months (or) earlier if any of the three LAM criteria change</p> <p>Counsel on postpartum FP and HIV- Correct and consistent use of condoms and dual protection; healthy timing and spacing if future pregnancy desired</p> | <p>Most people think it is inappropriate to talk about FP to a postpartum woman who just had a baby. But keep in mind that most women do not want another pregnancy after delivery and postpartum women are still fecund and should be interested in FP.</p> <p>Help her understand well that she can be protected from another pregnancy for six months if she is practicing LAM and breastfeeding exclusively if not the first ovulation with a chance of conception can occur at 6 weeks, and after delivery.</p> <p>Keeping in mind however, return to fertility time is not always predictable, if not practicing LAM</p> |

| Target Newborn and child health activities (services) (1) | Step in the newborn/child health management process (2) | Assessment of mother /couples FP status and Knowledge about BS (3) | Information/education to address the identified BS knowledge gaps and weaknesses (4) | Suggestions and advices to providers (5) |
|---|--|---|---|--|
| <p>[Well baby clinic] Immunization services</p> <p>Or</p> <p>Growth Monitoring and Nutrition clinic</p> | <p>At the IEC first step of the immunization or growth monitoring session which can be either integrated to the well baby package or offered separately and start by the information-Education-Communication activity</p> | <p>Assess what the mothers or child conveyors know about the benefits and advantages of Birth Spacing and the risks associated with short birth interval. It could be in a form of brainstorming and not a question response.</p> | <p>Provide information tailored to the needs identified at the assessment phase ensure that all attendees know enough about the benefits or risks associated to long or short birth spacing. The piece advices is the same that:</p> <p>1. 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</p> <p>2. 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</p> <p>3. Adolescent girls should use an effective FP method of their choice consistently until they are 18 years old before trying to become pregnant.</p> | <p>Various scenarios might occur here and require adaptation of the IEC/BCC approach. If the immunization is embedded in the well baby package, in addition to the mass communication approach a one-to-one dialogue can be added.</p> <p>I would allow to assess the mother FP status to make sure that every woman who attended the immunization session know the health benefits or the risks associated with long or short birth interval.</p> |

| Target Newborn and child health activities (services) (1) | Step in the newborn/child health management process (2) | Assessment of mother /couples FP status and Knowledge about BS (3) | Information/education to address the identified BS knowledge gaps and weaknesses (4) | Suggestions and advices to providers (5) |
|--|---|---|--|---|
| <p>Facility Based IMCI clinic [health center, general hospital, district hospital, private clinic]</p> <p>-</p> <p>Three essential integrated steps:</p> <p>1. Assessment and Classification</p> <p>2. Treatment of sick child</p> <p>3. Counsel mother on birth spacing (see column 2)</p> | <p>At Counsel the Mother step which already include most of following preventive advices but Birth Spacing :</p> <ul style="list-style-type: none"> • Feeding recommendations • Feeding recommendation for HIV+ mothers • Counsel about feeding and breastfeeding • Feeding advices for the HIV confirmed • Counsel the mother about her own health • Advise mother about benefits of longer birth spacing and dangers of short birth interval • Advise mother about when to return. | <p>Questions will be directed to assess mother's FP status and knowledge .of benefits and risks of timing and spacing of pregnancies.</p> <ul style="list-style-type: none"> • Ask whether the mother is using effective FP method of her choice, • Ask for how long mother is using FP method • Ask for how long mother intend to wait before trying to become pregnant again • Ask about any difficulties and constraints to access FP method • Ask about her knowledge and perception of Birth Spacing. | <p>Advise Mother and tailor the educational messages to her specific current situation as resulted from the assessment.</p> <p>(a) If the mother is not currently using any effective contraceptive method:</p> <ul style="list-style-type: none"> • <i>explain the benefits of family planning and healthy timing and spacing of pregnancies for her health, her child, family and community health,</i> • <i>.discuss the risks when pregnancies are too close (less than 24 months from the last live birth to the next pregnancy).</i> <p>(b) If the Mother is currently using FP method of her choice:</p> <ul style="list-style-type: none"> • emphasize the benefits of HTSP and encourage her to follow recommendations from the three key messages above <p>Give her another appointment if appropriate to cover more essential topic such as the nutrition/feeding and birth spacing.</p> | <p>Remember that the counseling to mother step is the third step after (1) the assessment and classification of the sick child and (2) the treatment of the child.</p> <p>You may have limited time to counsel mother in all important issues related to her child health and her health.</p> <p>Select the priority topic most likely related to the current health condition of the sick child and her FP status.</p> <p>If she is not using any method, it becomes urgent to provide her will all needed information to understand well the risk associated with short birth interval.</p> |

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| <p>Community IMCI [Health Post, Community health infrastructure /health hut]</p> <p>Three essential integrated steps: 1.Assessment and Classification 2.Treatment of sick child 3. Counsel mother on birth spacing (see column 2)</p> | <p>As a community worker your counseling step may occur immediately after the assessment and classification of the child sickness.</p> <p>If you are not allowed to prescribe you may have to refer the client to where she can obtain the service.</p> | <p>Assess her birth spacing knowledge</p> <ul style="list-style-type: none"> •Ask about her knowledge and perception of Birth Spacing. •Ask whether the mother is using effective FP method of her choice, and for how long •Ask for how long mother intend to wait before trying to become pregnant again •Ask about any difficulties and constraints to access FP method <p>Think about referring the mother to the appropriate health facility for questions and needs that you cannot satisfy</p> | <p>Advise Mother and tailor the educational messages to her specific current situation as resulted from the assessment</p> <p>Your counsel, suggestions and assistance may include referral to the appropriate health facility where the mother can get the information and education needed</p> <p><i>If the assessment reveals serious BS knowledge gaps and/or deficit in FP method use provide clients with IEC/BCC materials.</i></p> <p><i>You always should get back to your supervisor for additional information, educational materials, and support whenever necessary.</i></p> | <p>The providers at community level (Community Health Workers) should have more time and could even organize a specific educational session on Birth Spacing.</p> |
| <p>Emergency visit at the clinic for baby</p> | <p>At the Counsel the Mother step request for an appointment for an extended IEC/BCC special session.</p> | <p>If possible initiate the dialogue and run a rapid assessment of the woman birth spacing pattern or desire to better prepare the appointment requested</p> | <p>Based on the initial short assessment start preparing orienting the major aspects to cover during the requested IEC/BCC meeting</p> <p>This counseling focuses on mother contribution to administering the treatment and ways to mitigate the danger signs and symptoms identified</p> | <p>Keep in mind that at an emergency visit mothers are mostly interested in her child's health.</p> <p>Any suggestions and advices must be first somehow related to her priority interest and concern.</p> |