



Ministry of Health and Population
Integrated Health Care and Nursing Sector
Postnatal Home Care for Mother and Child

Minia Governorate
22 May – 21 November 2005

In Collaboration with
TAHSEEN – PATHFINDER International
and Health Care International

Background:

Program Duration:	8 Months	<ul style="list-style-type: none">• Preparatory phase: April 2005• Main Training: May 2005• Implementation Phase: From 22 May to 21 November 2005
Number of participating Health Districts:	7	Deir Mawas / Malawi / El-Minia / Bani Mazar / Samalout / Maghagha / El-Edwa (districts supported by TAHSEEN)
Number of participating Health Units:	21	<ul style="list-style-type: none">• Among the health units supported by TAHSEEN, only 21 health units have been selected, and the participation of other 3 health units have been postponed due to the lack of some basic criteria, such as the presence of one nurse only.
Number of Training Workshops:	2	<ul style="list-style-type: none">• Two workshops have been conducted before commencing the programme (2 days / work shop), the first on 4 – 5 May, and the second on 14 – 15 May, with an orientation objective focusing the health units nurses, and the health districts nurse supervisors, towards the introduced tools, and the modified health messages designed for the rejuvenation of the programme, and for the reactivation of their knowledge, and strengthening their skills related to the postnatal home visits.
Number of trained nurses:	88	<ul style="list-style-type: none">• Representing total number of nurses, who previously attended the “Capacity Building Programme on Family Planning/Reproductive Health/MCH Nurse Service Provider” in collaboration with TAHSEEN Project

Number of participating nurses:	69	<ul style="list-style-type: none"> • Selection was based on the work plan of each health unit, distribution of roles, and as a result of performance level follow-up by supervisory teams of the health districts and directorate
Number of participating physicians:	21	<ul style="list-style-type: none"> • One Physician from each participating health unit, who was later on asked to train another physician in the unit (if available), participated by MCH Assistant Managers
Number of participating nurse supervisors (Health Districts):	12	<ul style="list-style-type: none"> • One nurse supervisor / 2 health units, previously trained before commencing the program
Supervisors at the Health Districts level:	7	<ul style="list-style-type: none"> • MCH Assistant Managers
Directorate Supervisory Team:	6	<ul style="list-style-type: none"> • 3 Physicians, & 3 Nurse Supervisors, to carry on the follow-up visits, in addition to checking/revising/cleaning the visits and follow-up/supervisory cards with Directorate Information Centre
Total number of home visits accomplished by the nurses through out 6 months:	9686	
Total number of home visits accomplished by the nurse supervisors through out 6 months:	2043	

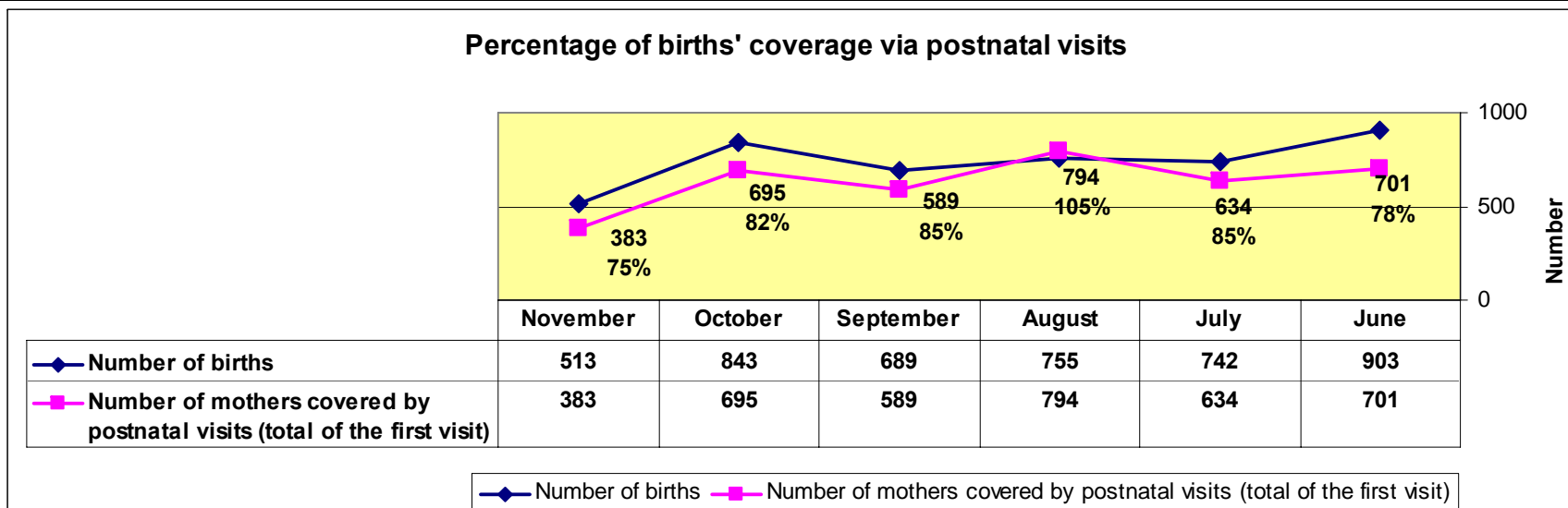
Averages:

- **Number of visits / mother** **2.5 visit / mother**
- **Number of visits / nurse through out 6 months** **140 / nurse**
- **Number of visits /nurse / month** **23.4 / nurse**
- **Number of visits / nursing supervisor through out 6 months** **127.6 / nursing supervisor**
- **Number of visits / nursing supervisor / month** **21 / nursing supervisor**

First: Indicators of postnatal visits achieved

1. Monthly percentage of births' coverage via postnatal visits

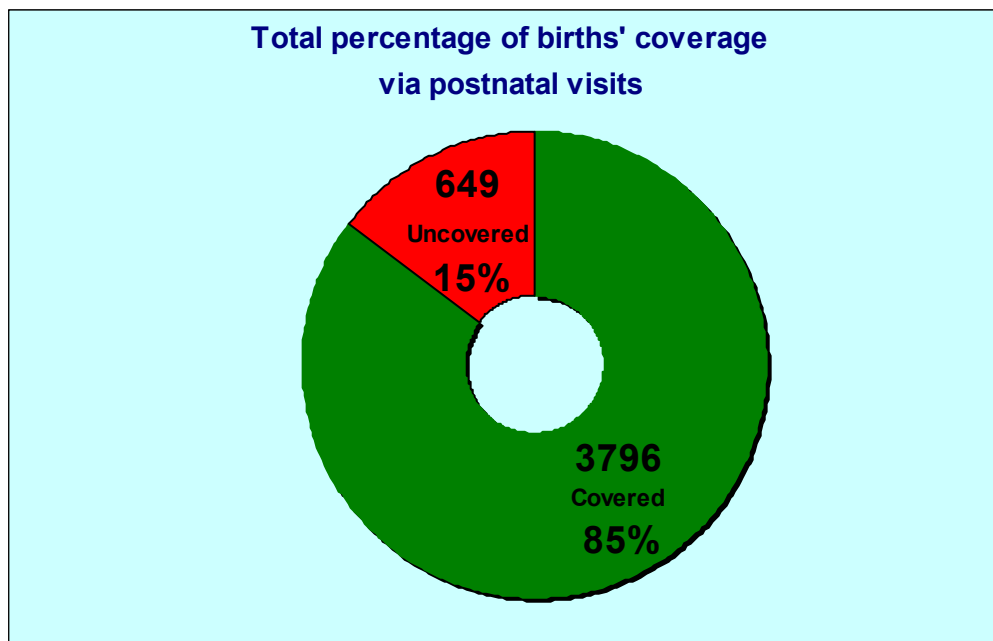
Data	June	July	August	September	October	November
Number of births	903	742	755	689	843	513
Number of mothers covered by postnatal visits (total of the first visit)	701	634	794	589	695	383
Percentage	78%	85%	105%	85%	82%	75%



- **June births are calculated starting 22 May till 30 June.**
- **The highest birth coverage took place during August, as a direct result of a strict follow-up that lead to increased nurses' interest of up-dated and accurate births' registration, after previous records registration delay, in addition the importance of immediate registration was highlighted, the least coverage was during November , as the report includes 21 days only in November**

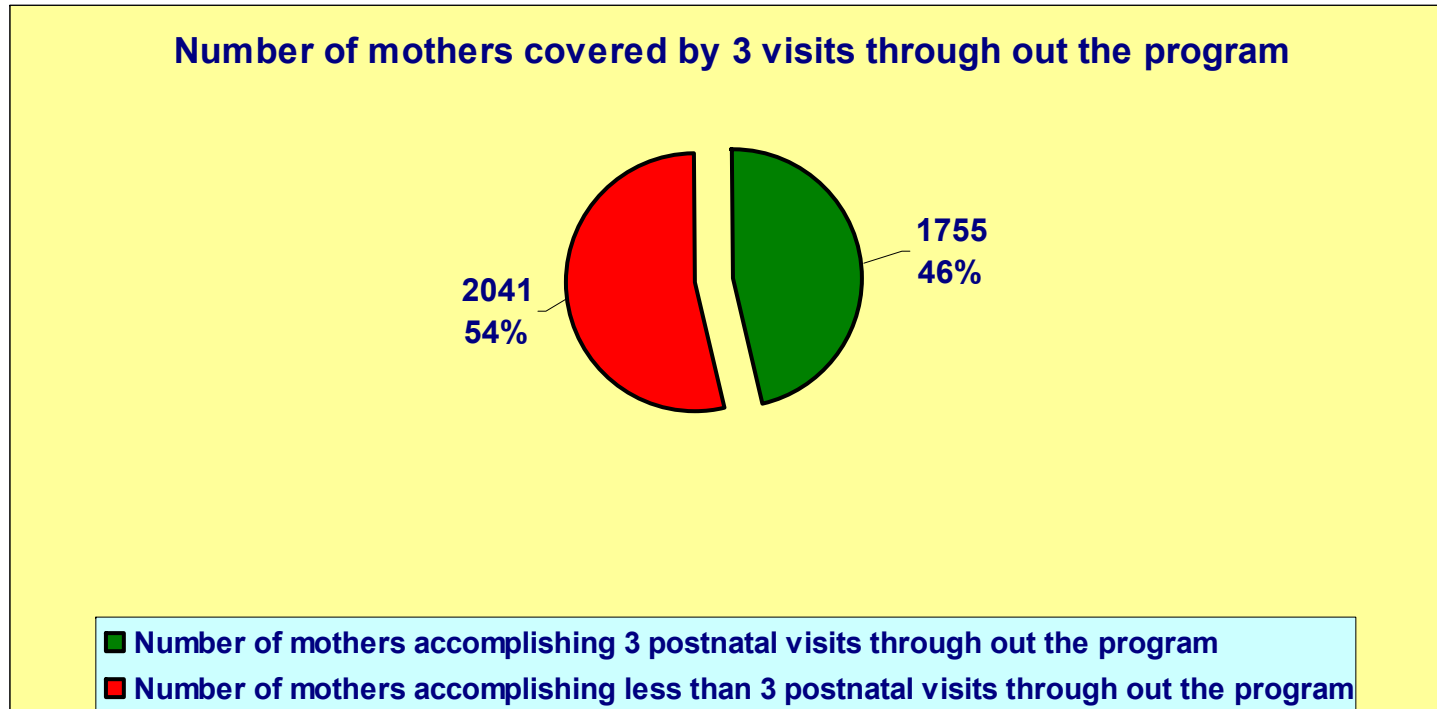
2. Total percentage of birth coverage via postnatal visits through out the program (6 months)

Data	Number
Total number of births (actual data from Directorate Information Centre)	4445
Total number of mothers covered with visits (total of the first visit)	3796
Percentage	85%

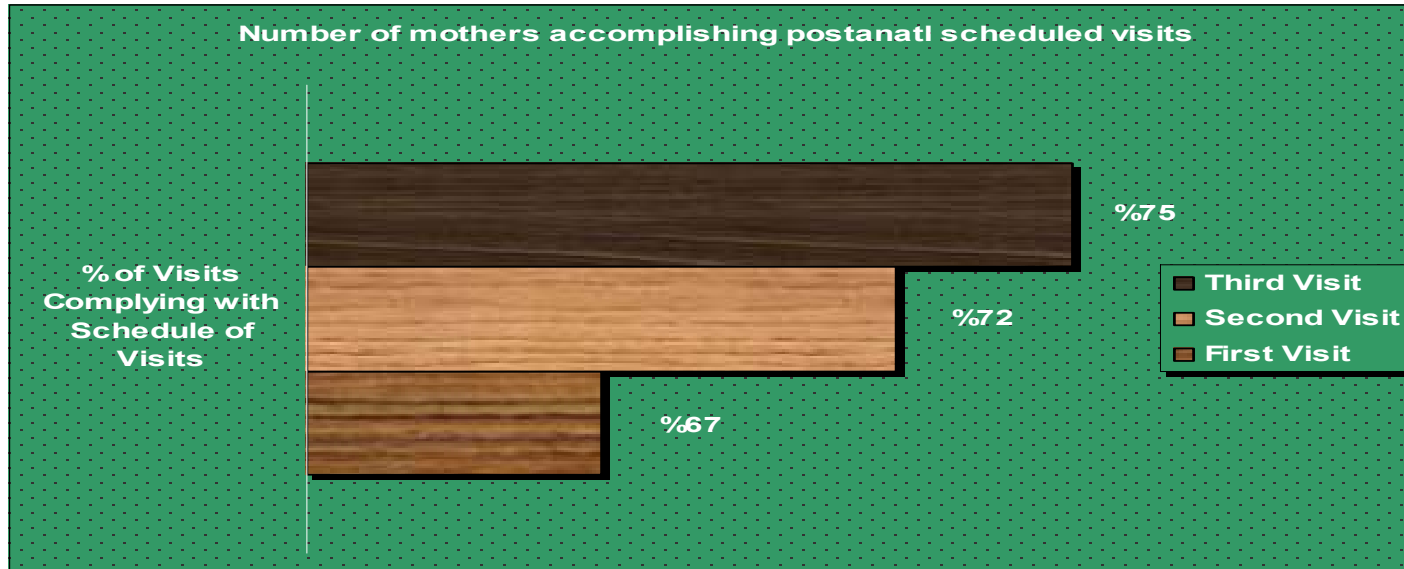


3. Percentage of mothers covered by 3 visits through out the program

Number of mothers accomplishing 3 postnatal visits through out the program	2348
Number of mothers accomplishing less than 3 postnatal visits through out the program	1448
Percentage	62



4- Percentage of mothers visited scheduled postnatal visits



a- Percentage of mothers accomplishing **first** postnatal visit complying with the schedule of visits

Total number of first postnatal visits complying schedule of visits	2720
Total number of first postnatal visits accomplished through out the program	4044
Percentage	67

b- Percentage of mothers accomplishing **second** postnatal visit complying with the schedule of visits

Total number of second postnatal visits complying schedule of visits	2463
Total number of second postpartum visits accomplished through out the program	3419
Percentage	72

c- Percentage of mothers accomplishing **third** postnatal visit complying with the schedule of visits

Total number of third postnatal visits complying schedule of visits	2586
Total number of third postnatal visits accomplished through out the program	3462
Percentage	75

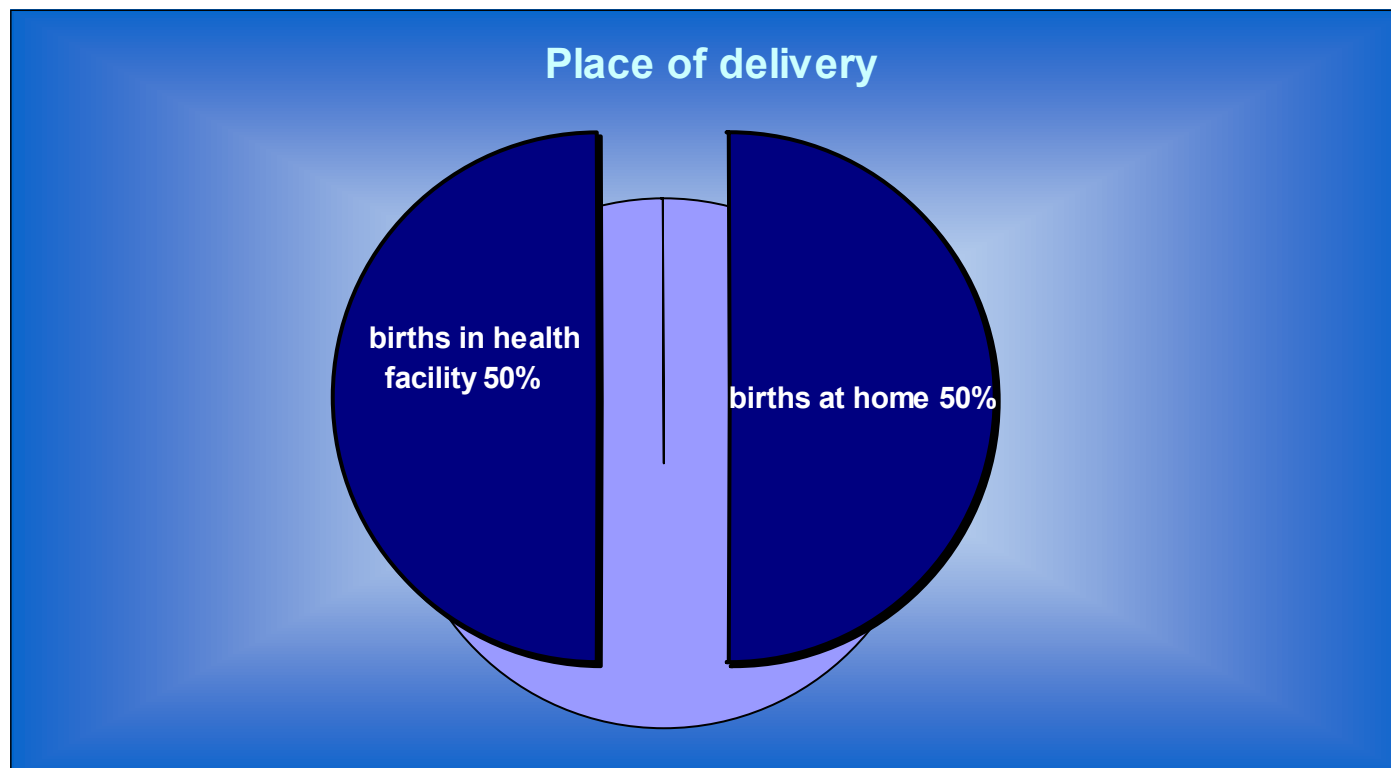
Interventions:

- Several meetings were held with the participation of the directorate supervisory team and the consulting team, to guide the nurse supervisors to the essential follow-up of the nurses performance, and that the visits should be carried out according to the visits schedule.
- The task team has been directed to the importance of updated birth recognition and registration, through different activities in the health unit, as pre-natal follow-up, re-activation of the role of health educators, and through coordination with NGOs

Second: Indicators of delivery evaluation

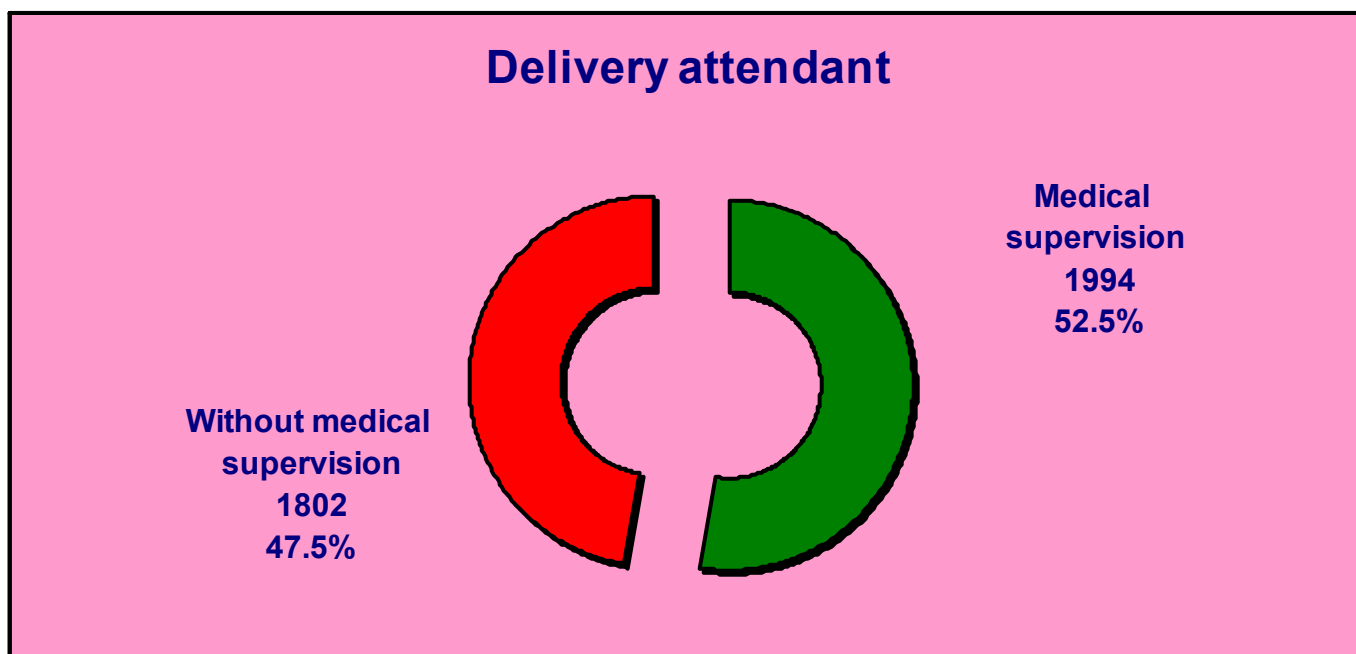
1. **Place of delivery: Percentage of births that took place inside a health facility (governmental & private) (Includes health units, delivery units, governmental hospitals, & private hospitals and clinics)**

Total number of births in health facility through out the program	1899
Total number of births visited through out the same period	3796
Percentages of births in health facility	50



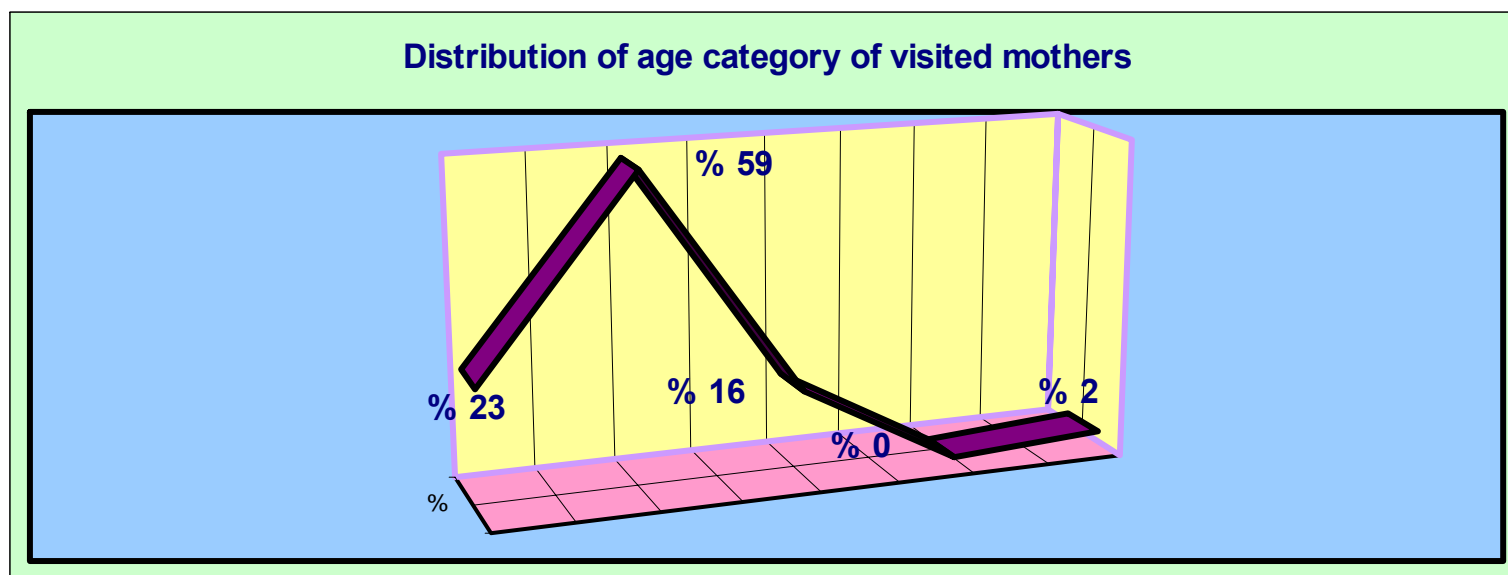
2. **Delivery attendant:** Percentage of births done under the supervision of a trained medical team
(Includes the health unit physician, delivery specialist, the nurse / midwife, and the daya)

Total number of births supervised by a medical team through out the program	1994
Total number of births visited through out the same period / duration	3796
Percentages of births supervised by a medical team	52.5



3. Age groups of visited mothers

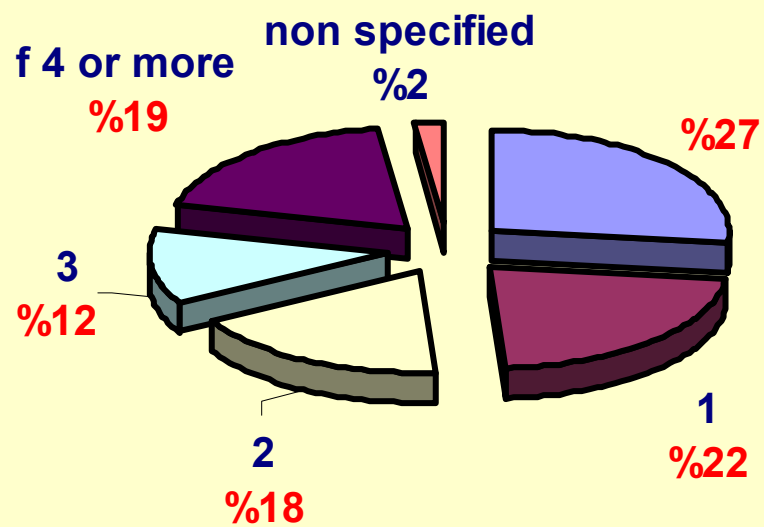
Age category	%
Less than 20	23
20 - 30	59
31 - 40	16
More than 40	0
Non specified	2



4. Analysis of previous history of births for visited mothers

Number of previous births	%
0	27
1	22
2	18
3	12
4 or more	19
Non specified	2

previous history of births for visited mothers



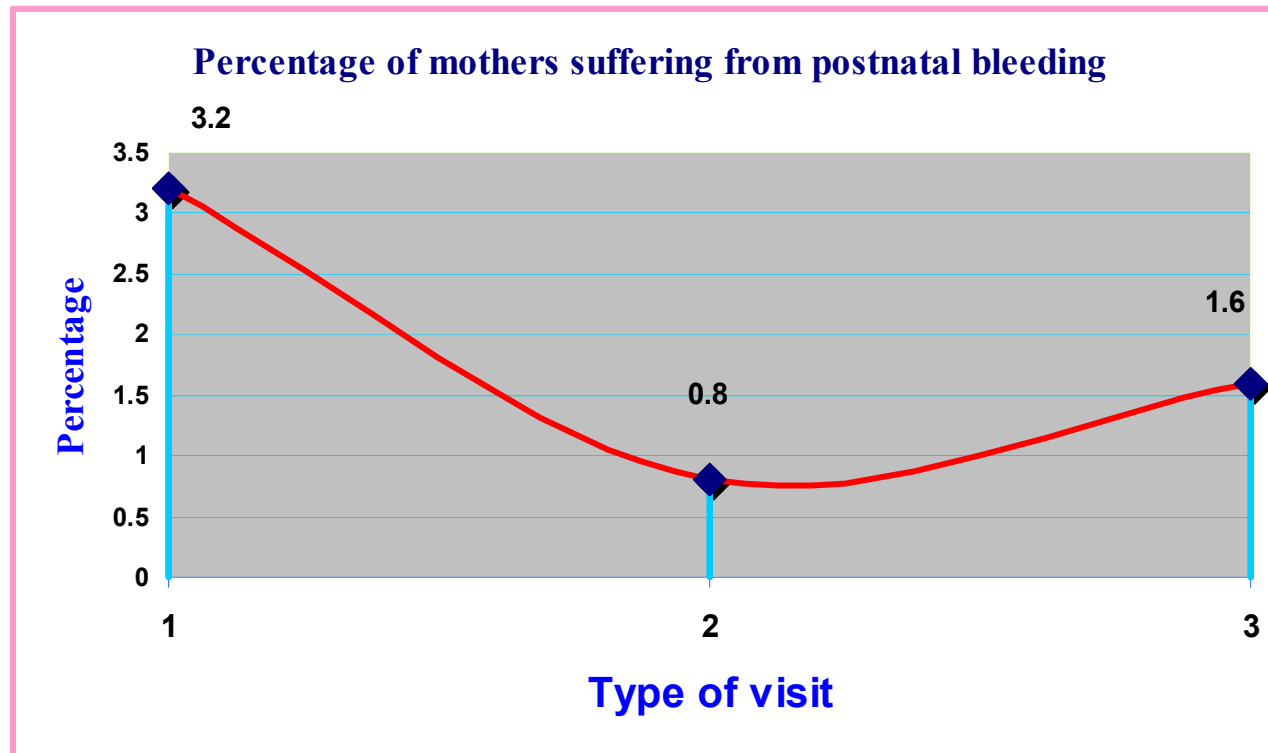
Third: Indicators of mother health status

1. Danger signs among mothers during postnatal visits

The indicator is measured as a percentage of the complications' presence during the 3 visits, and not as a development of the mothers' status

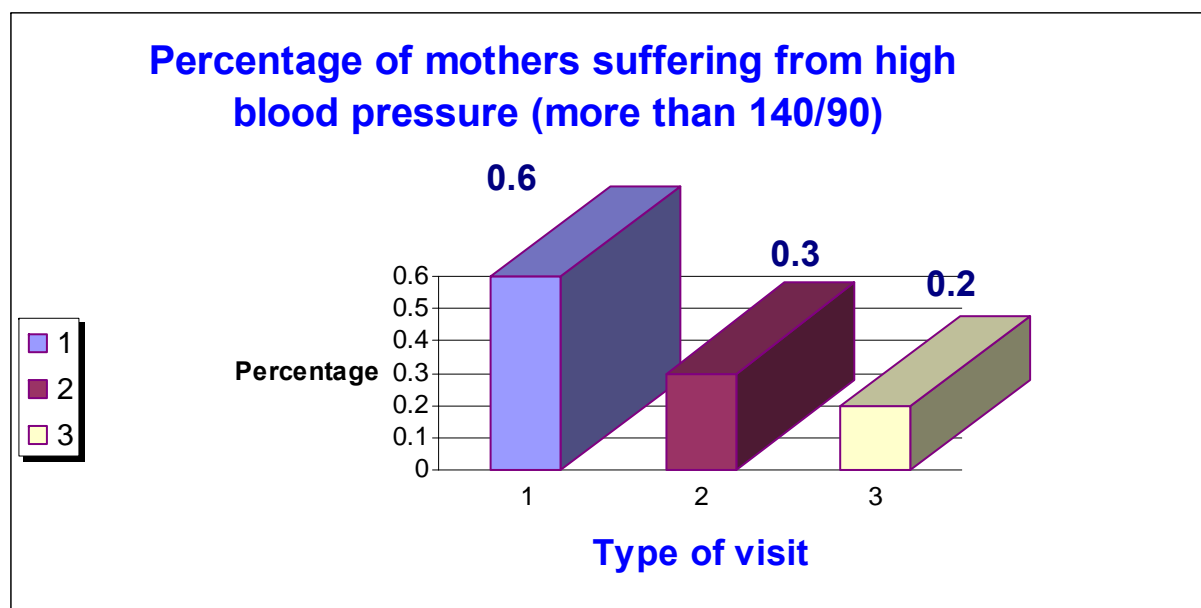
a- Percentage of mothers suffering from postnatal bleeding during the 3 visits (1st, 2nd, & 3rd)

Visit type	First visit	second visit	Third visit
Total number of mothers suffering from postnatal bleeding	98	27	37
Total number of visited mothers	3084	3215	2308
Percentage	3.2	0.8	1.6



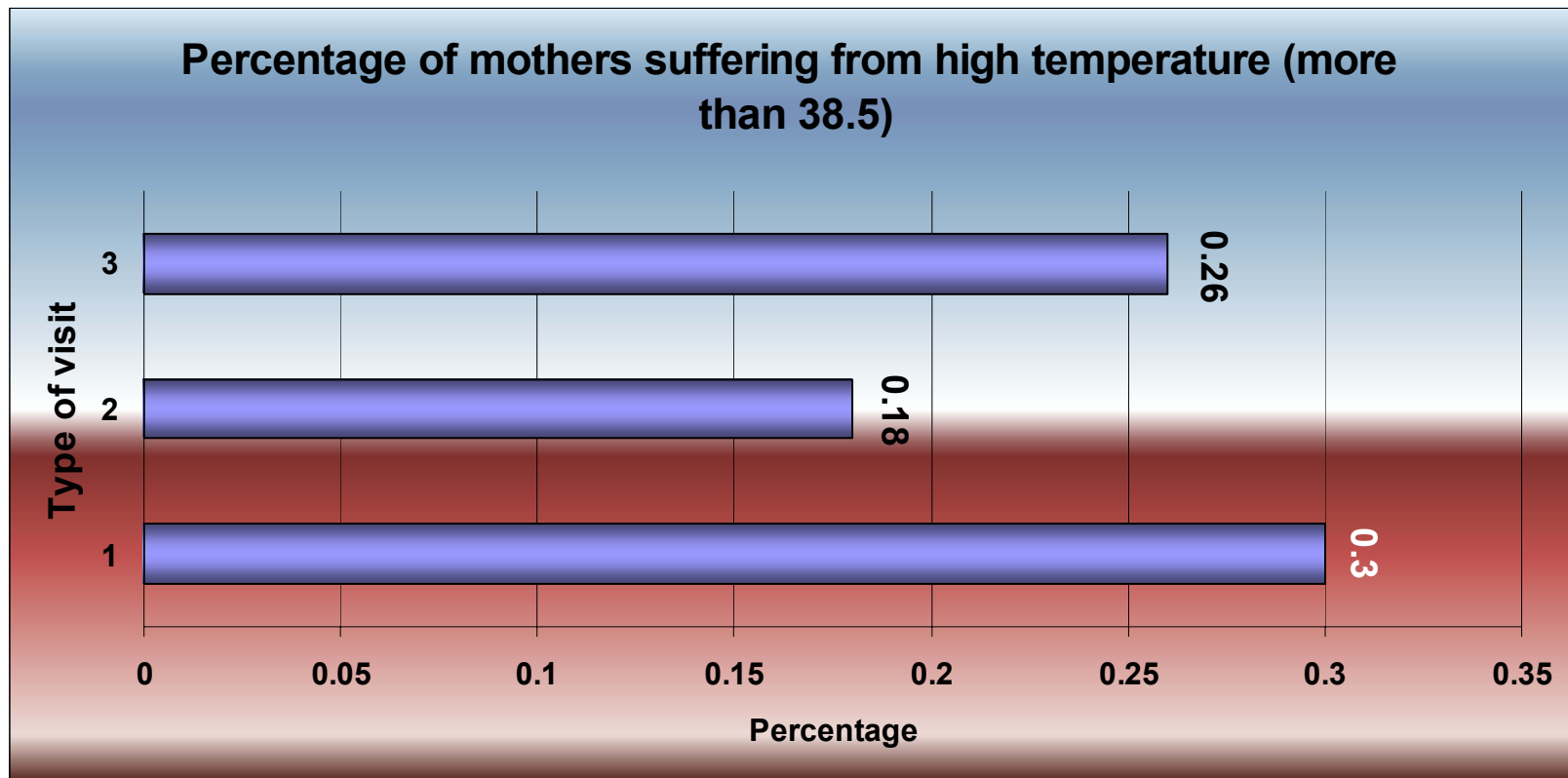
b- Percentage of mothers suffering from high blood pressure (more than 140/90) during postnatal visits (1st, 2nd, & 3rd)

Type of visit	First visit	second visit	third visit
Total number of number of mothers suffering from high blood pressure during postnatal visits	13	6	4
Total number of visited mothers	2271	2270	2270
Percentage	0.6	0.3	0.2



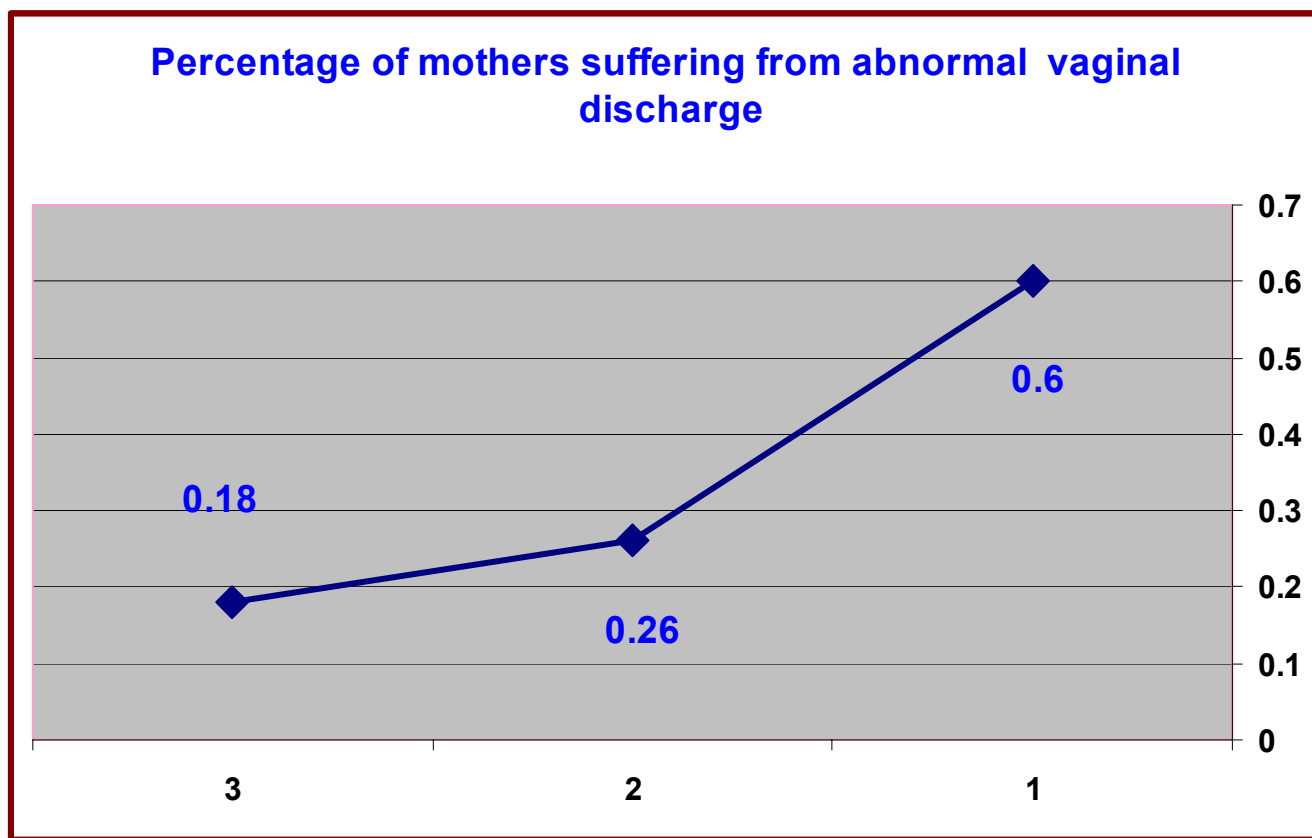
c- Percentage of mothers suffering from high temperature (more than 38.5) during postnatal visits (1st, 2nd, & 3rd)

Type of visit	first visit	second visit	third visit
Total number of number of mothers suffering from high body temperature during postnatal visits	7	4	6
Total number of visited mothers	2271	2270	2270
Percentage	0.3	0.18	0.26



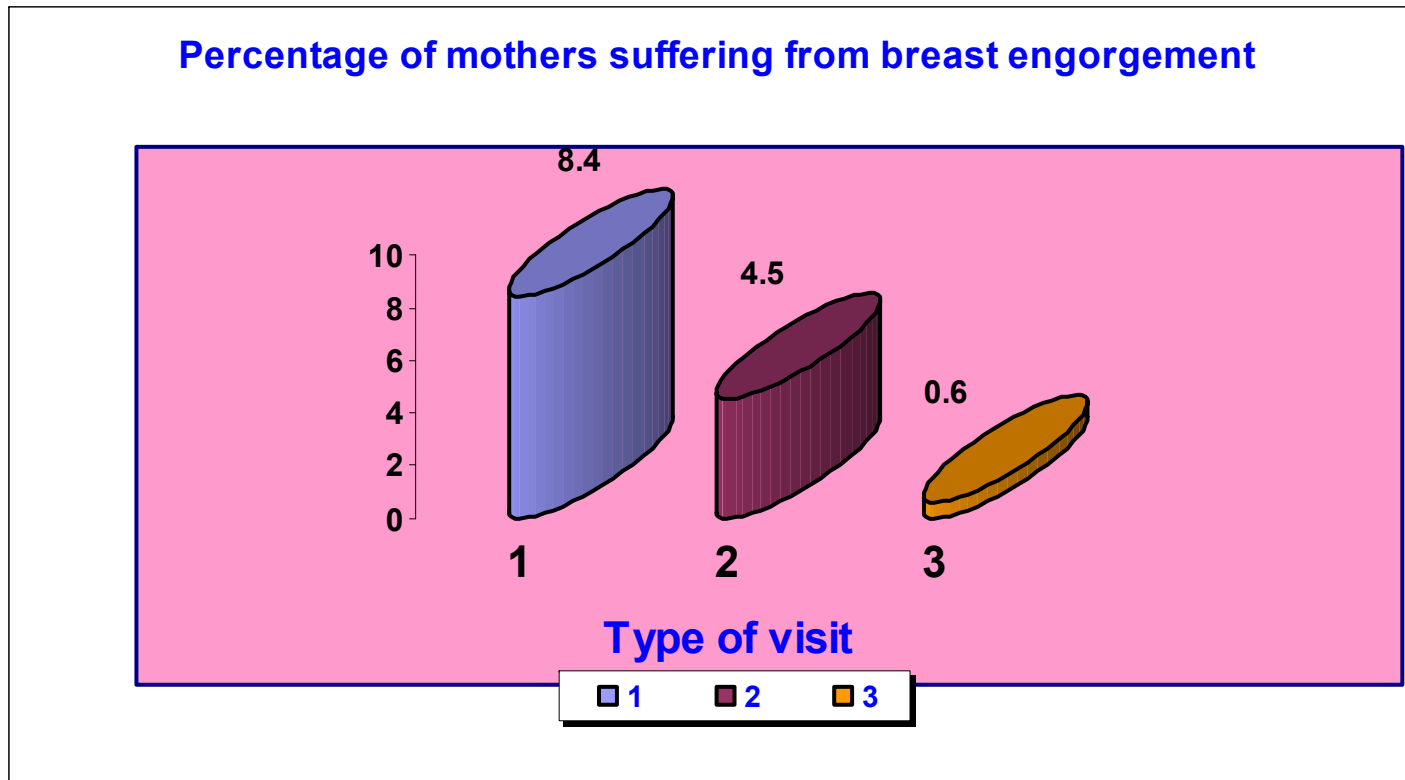
d- Percentage of mothers suffering from abnormal lochia /vaginal discharge during postnatal visits (1st, 2nd, & 3rd)

Type of visit	first visit	second visit	third visit
Total number of mothers suffering from abnormal vaginal discharge during visits	13	6	4
Total number of visited mother	2271	2270	2270
Percentage	0.6	0.26	0.18



e- Percentage of mothers suffering from breast during postnatal visits (1st, 2nd, & 3d)

Type of visit	first visit	second visit	third visit
Total number of mothers suffering from hard breast during postnatal visits	269	146	20
Total number of visited mothers	3239	3235	3238
Percentage	8.4	4.5	0.6



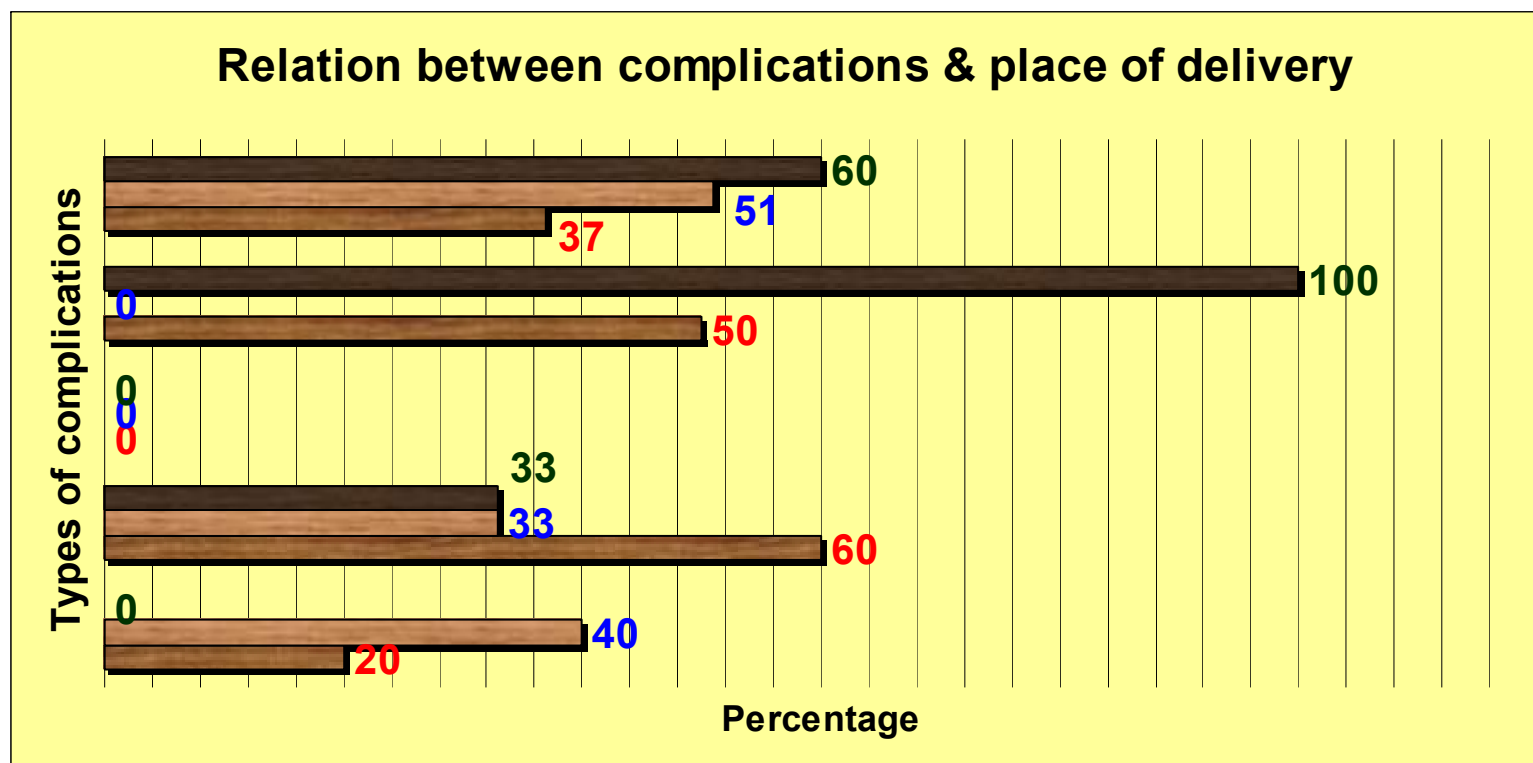
Interventions:

- **In order to achieve nurses high level performance, they have experienced continuous on-the-job training during the supervisory visits, and On-the-Job-Training through Minia coaches, all of which aiming at increasing nurses' skills as regards methods of measuring body temperature, blood pressure, perineum examination, and diagnosis of vaginal bleeding signs**
- **Increasing the nurses skills regarding importance of proper mothers examination, and ways of convincing the mothers who refuse the examination**
- **Completion of the contents of the home visits kits (Sphygmomanometer, & thermometer), or fixing the damaged contents**

f- Detailed analysis for cases diagnosed for complications, according to complication and visit types (1st, 2nd, & 3rd)

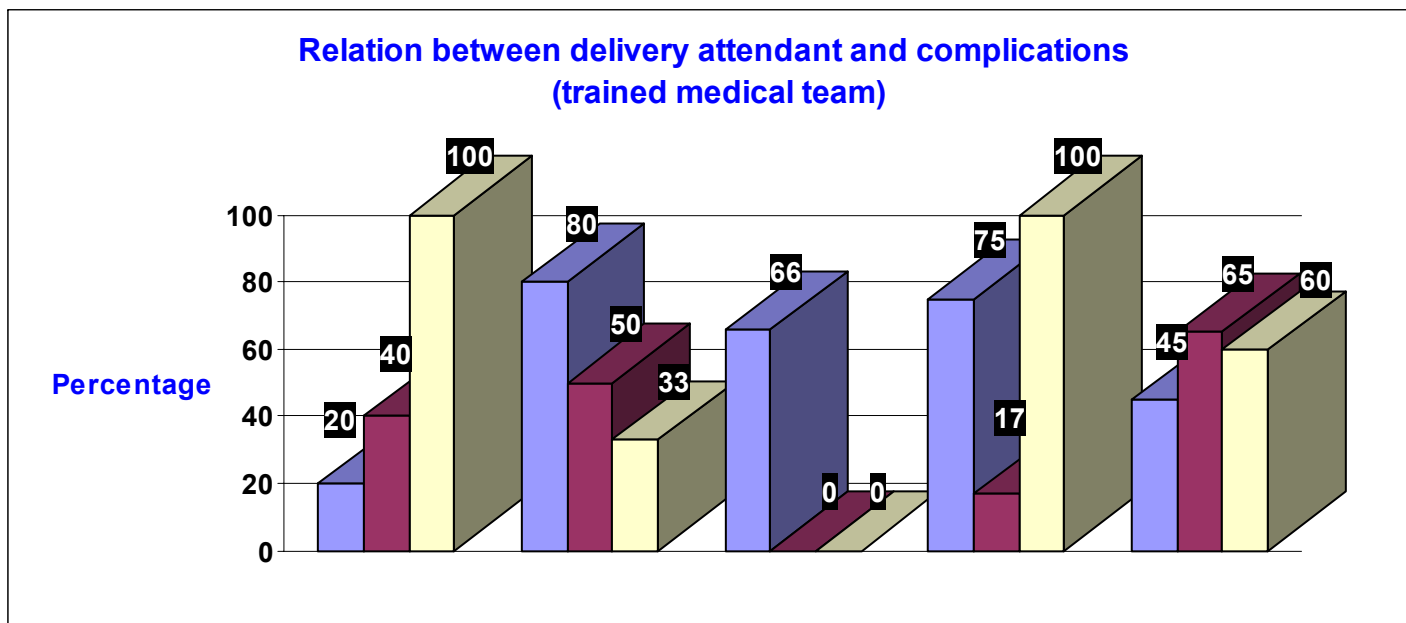
1- Place of delivery: Health facility (50% of the births took place in health facilities)

Relation between complications and place of delivery (health facility)	First visit	second visit	third visit
Percentage of cases with increased body temperature among total of related cases	20	40	0
Percentage of cases with increased blood pressure among total of related cases	60	33	33
Percentage of cases with bleeding among total of related cases	0	0	0
Percentage of cases with abnormal lochia / vaginal discharge among total of related cases	50	0	100
Percentage of cases with hard breast among total of related cases	37	51	60



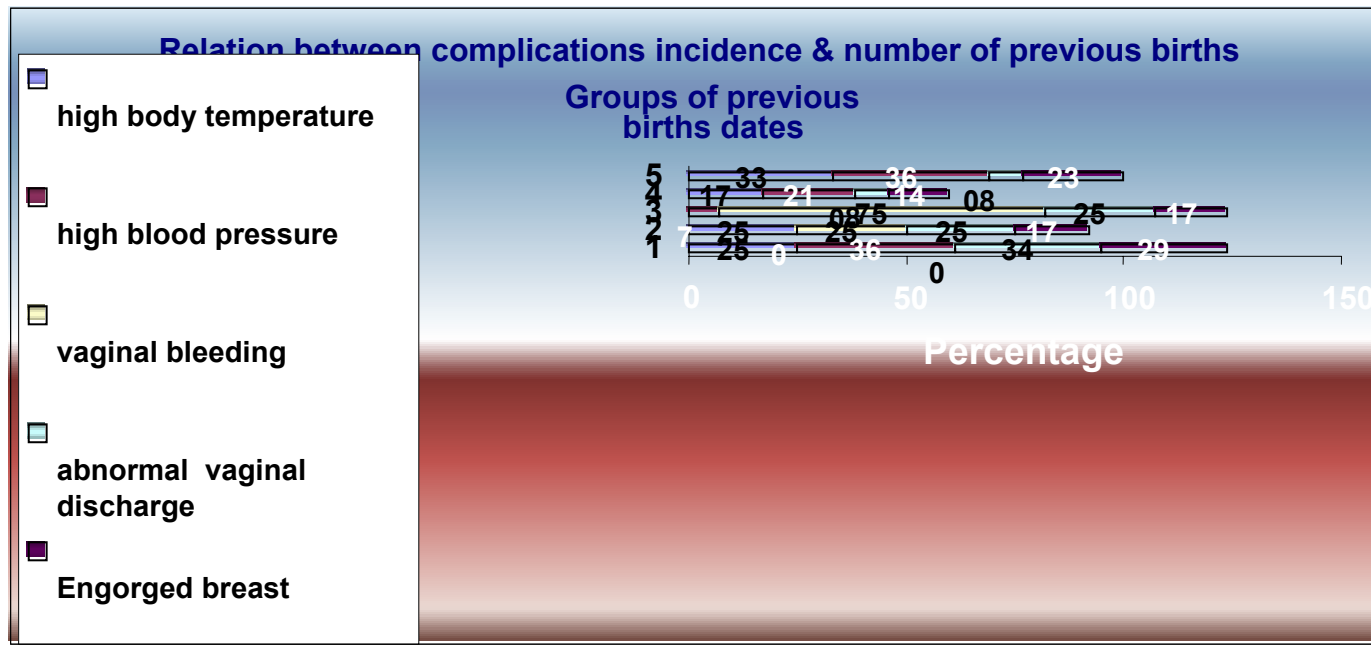
2- Delivery attendant: Trained medical team (52.5% of births were under the supervision of a medical team)

Relation between complications and the delivery attendant (trained medical team)	first visit	second visit	third visit
Percentage of cases suffering from high body temperature among related cases	20	40	100
Percentage of cases suffering from high blood pressure among related cases	80	50	33
Percentage of cases suffering from hemorrhage among related cases	66	0	0
Percentage of cases suffering from abnormal lochia / vaginal discharge among related cases	75	17	100
Percentage of cases suffering from hard breast among related cases	45	65	60



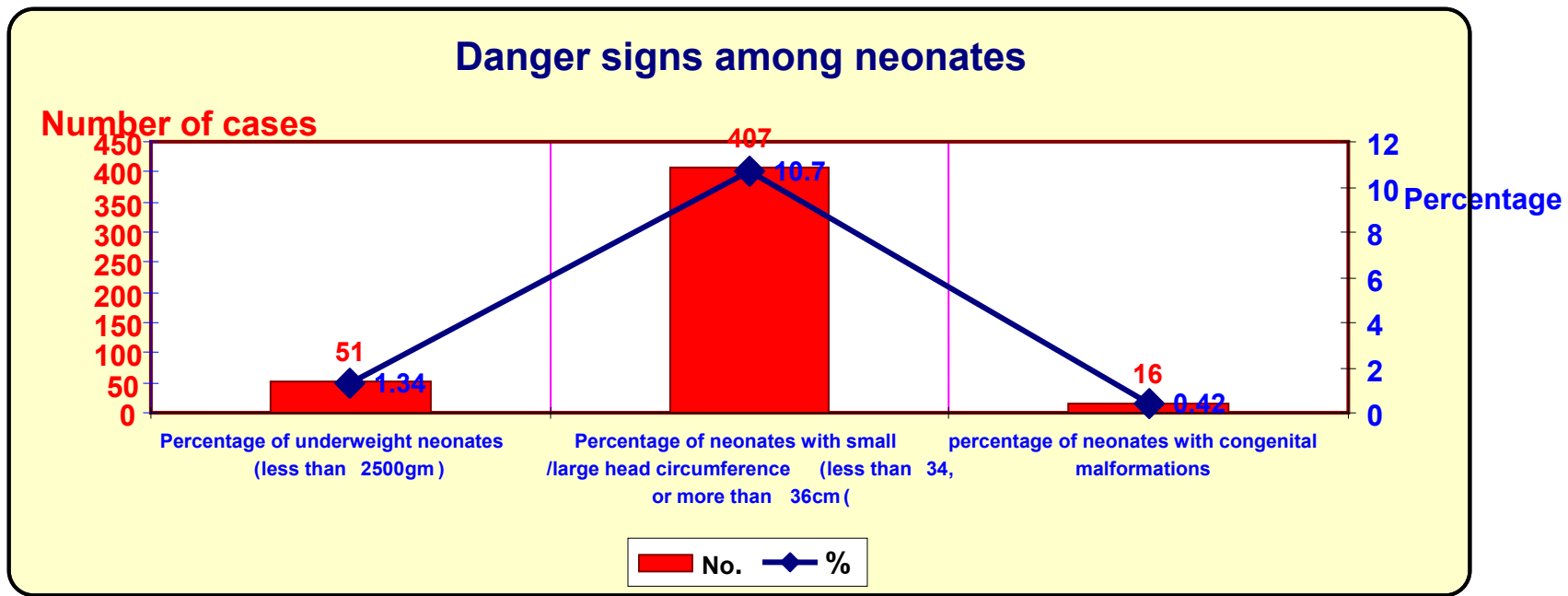
3- Percentage of complications related to mothers' previous births

Types of complications	Number of previous births				
	Group 1	Group 2	Group 3	Group 4	Group 5
	0	1	2	3	4 or more
Percentage of cases with high body temperature	25	25		17	33
Percentage of cases with high blood pressure	36	0	7	21	36
Percentage of cases of vaginal bleeding	0	25	75	0	0
Percentage of cases of abnormal lochia / vaginal discharge	34	25	25	8	8
Percentage of cases with hard breast	29	17	17	14	23



Forth: Indicators of neonates health status
a- Danger risk indicators among neonates:
1- Indicators measured during the 1st visit (3796)

Indicators	Number	%
Percentage of neonates suffering from under weight (less than 2500gram)	51	1.037
Percentage of neonates suffering from abnormal head circumference (less than 34 or more than 36 cm)	407	10.7
Percentage of neonates suffering from congenital malformation	16	0.42

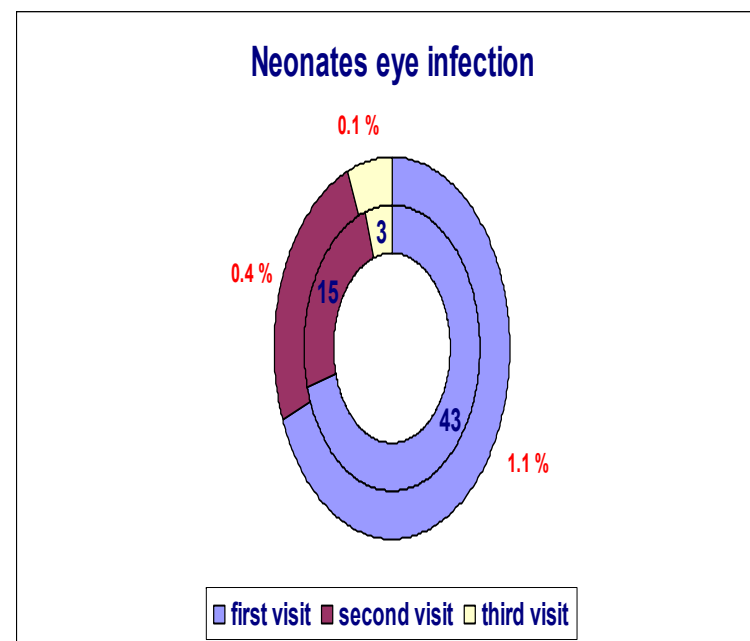
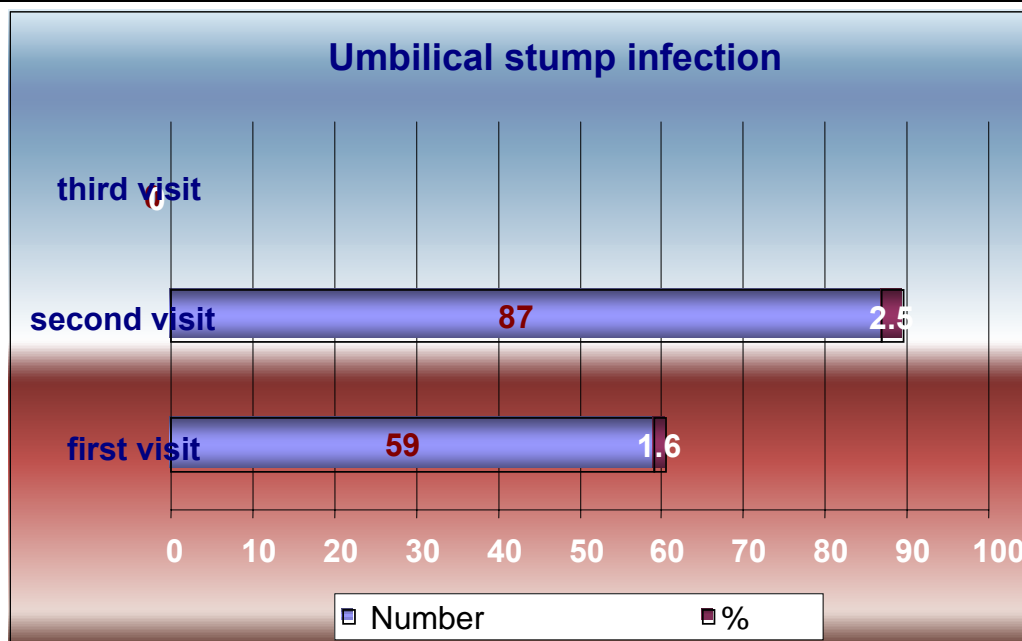
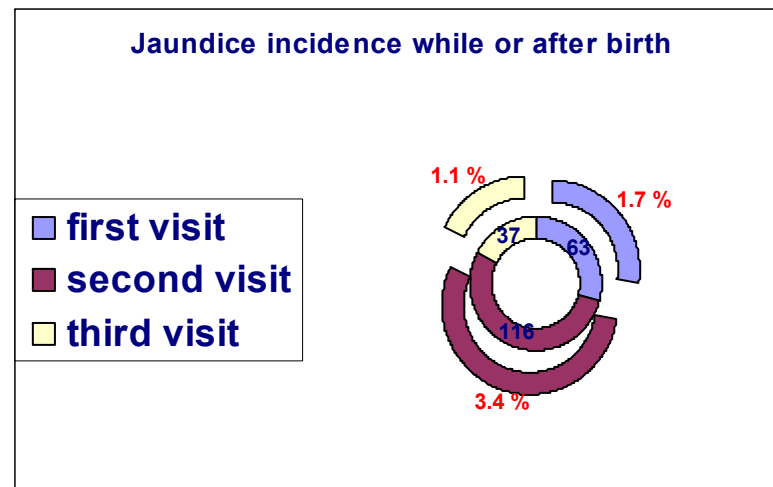


Interventions:

- **In order to achieve nurses high level performance, they have experienced continuous training during the supervisory visits, and On-the-Job-Training through Minia coaches, all of which aiming at increasing nurses' skills as regards techniques of measuring neonates head circumference, height, and weight, in addition to diagnosis of jaundice types, and the proper neonate examination for its diagnosis**
- **Increasing the nurses skills regarding importance of proper mothers examination, and ways of convincing the mothers who refuse the examination**
- **Completion of the contents of the home visits' kits (portable weighing scale, & height scale), and fixing any damaged contents**

2- Indicators measured through out the 3 visits

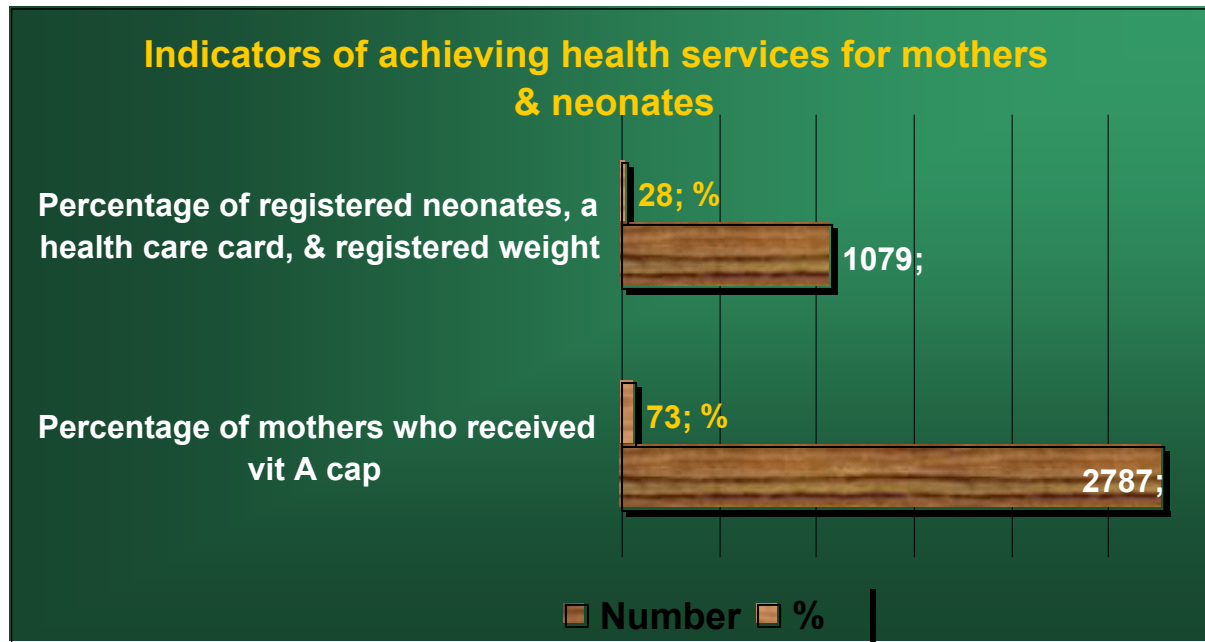
Indicator	first visit	second visit	third visit
Number of neonates suffering from jaundice while or after delivery	63	116	37
Percentage	1.7	3.4	1.1
Number of neonates suffering from umbilical stump infection	59	87	0
Percentage	1.6	2.5	0
Number of neonates suffering from eye infection	43	15	3
Percentage	1.1	0.4	0.1
Total number of visits according to visit type	3796	3419	3462



Fifth: Achieving health services for mother and neonates

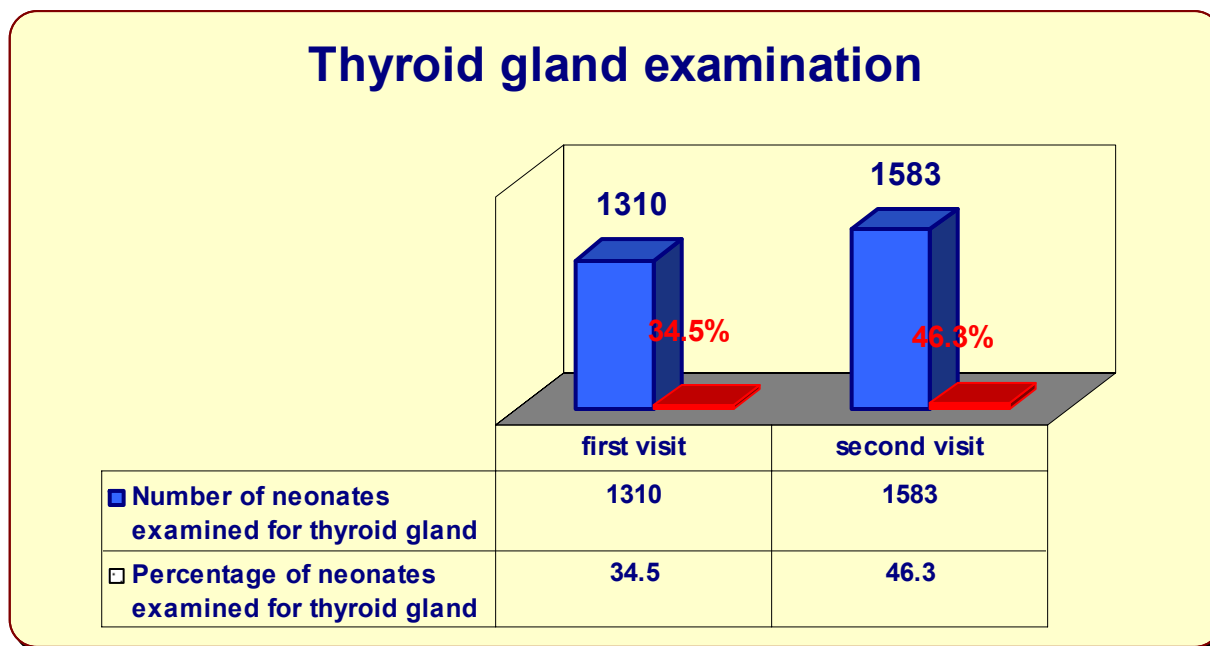
1- Indicators measured during the 1st visit

Indicators	Number	%
Percentage of mothers that received Vitamin A capsule	2787	73
Percentage of registered neonates, having a health care card, & had their weight registered	1079	28



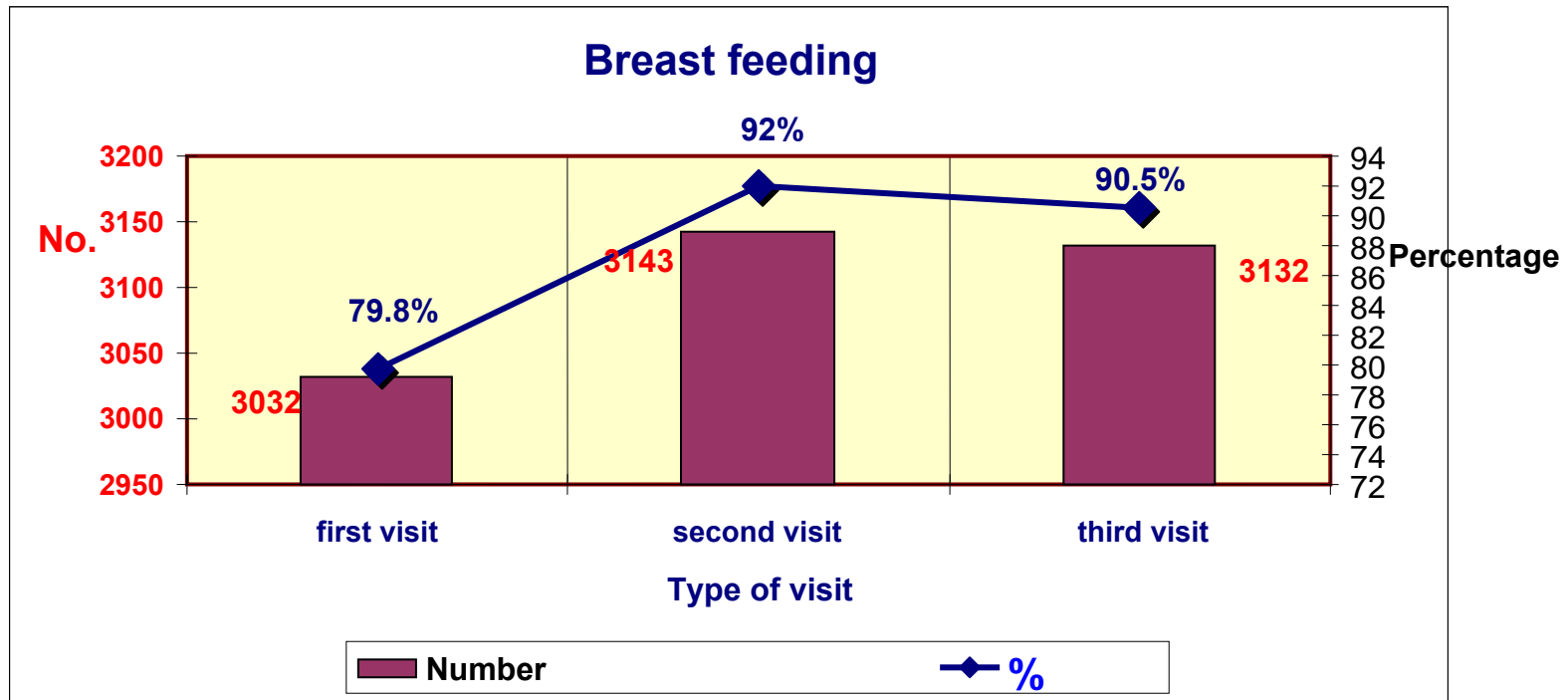
2- Indicators measured during the first & second visits

Indicator	first visit	second visit
Number of neonates examined for thyroid gland (cumulative)	1310	1583
Percentage of neonates examined for thyroid gland	34.5	46.3
Total number	3796	3419



3- Indicators measured during the 3 visits

Indicator	first visit	second visit	Third visit
Number of neonates receiving breast feeding	3032	3143	3132
Percentage	79.8	92	90.5
Total of each visit	3796	3419	3462



Sixth: Indicators of achieving a complete health education & counseling to the mother

Indicator	first visit	second visit	third visit
Percentage of mothers receiving health education & counselling in cleansing	83	93.9	92.9
Percentage of mothers receiving health education & counselling in nutrition	81.8	92.7	91.7
Percentage of mothers receiving health education & counselling in breast feeding	81.3	92	90.5
Percentage of mothers receiving health education & counselling in physical exercise	79.6	90.6	89.6
Percentage of mothers receiving health education & counselling in family planning			88.6
Total of each visit	3796	3419	3462

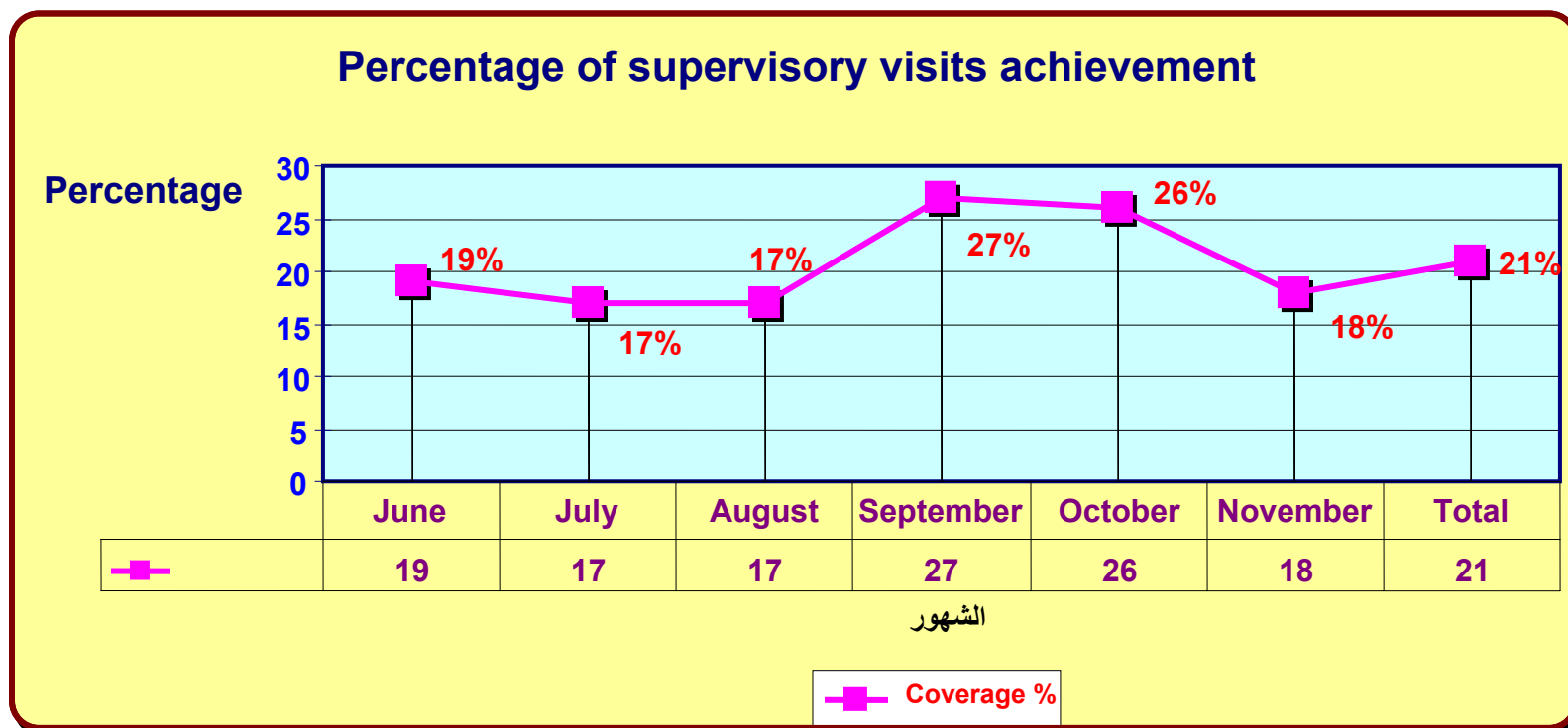


Seventh: Indicators of nurses performance evaluation in postnatal program

Analysis of follow-up/supervisory checklist of Health Districts Supervisors

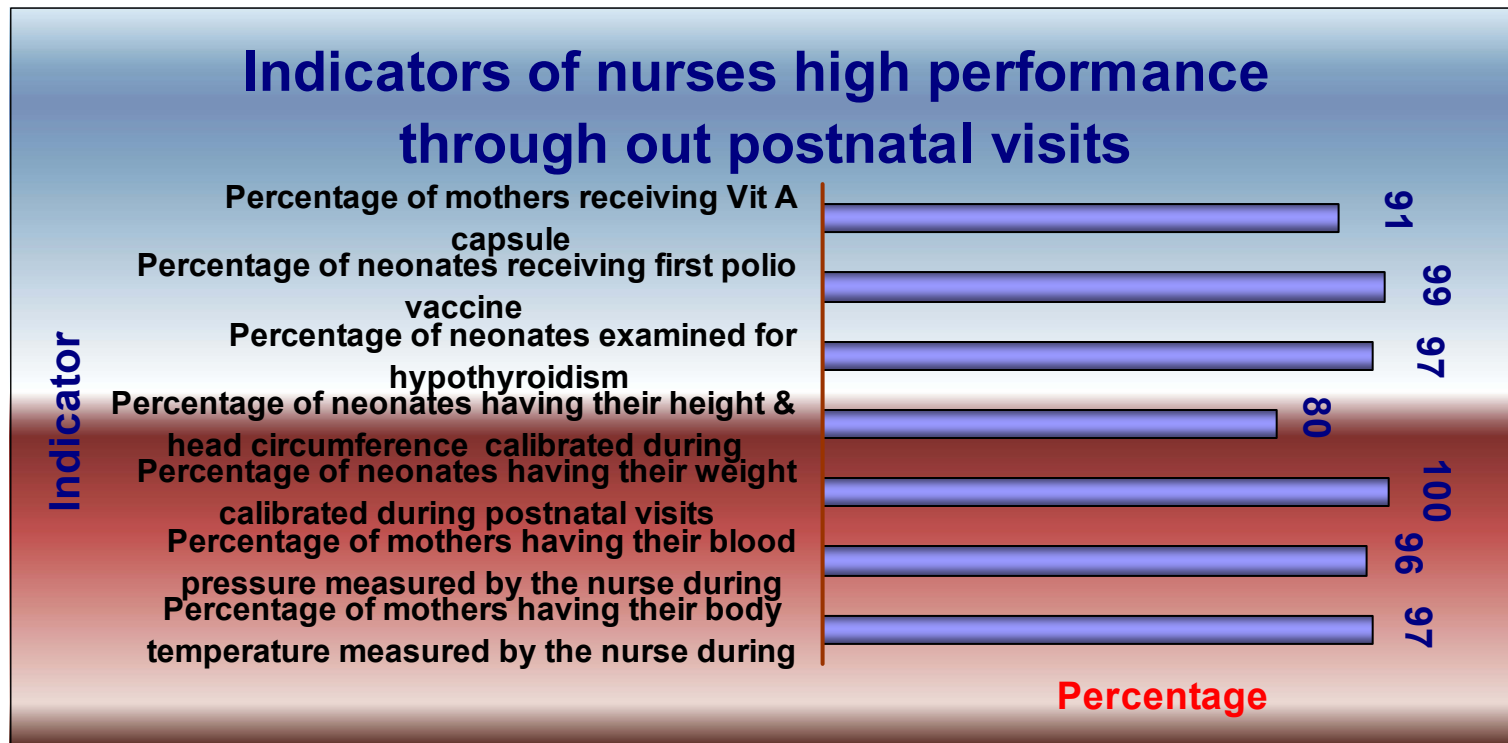
1- Percentage of supervisory/follow-up visits achievement (targeting 25% of total nurses visits)

Indicator	June	July	August	September	October	November	Total
Total number of supervisors visits	309	247	315	417	528	227	2043
Total number of postnatal visits	1625	1443	1802	1518	2014	1284	9686
Percentage	19	17	17	27	26	18	21



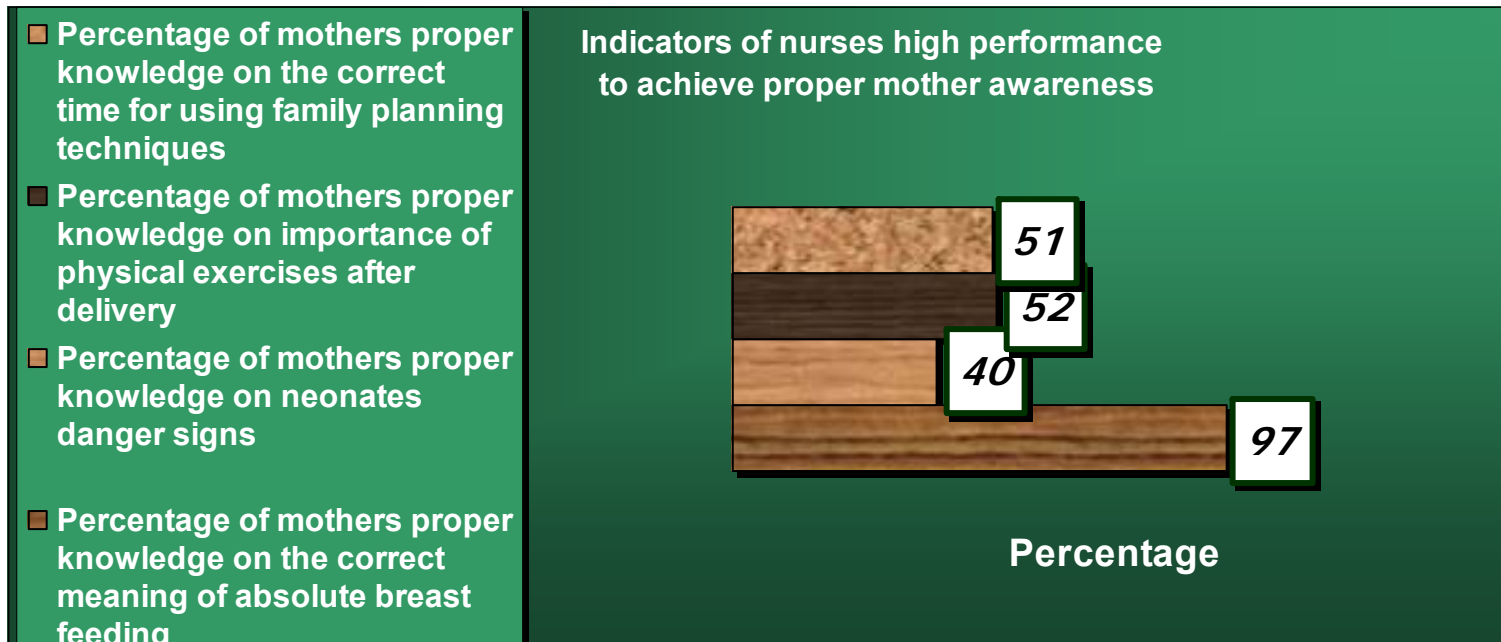
2- Evaluation of nurses performance through out postnatal visits

Indicator	Percentage of achieving the indicator
Percentage of mothers having their body temperature measured by the nurse during postnatal visits	97
Percentage of mothers having their blood pressure measured by the nurse during postnatal visits	96
Percentage of neonates having their weight calibrated during postnatal visits	100
Percentage of neonates having their height & head circumference calibrated during postnatal visits	80
Percentage of neonates examined for hypothyroidism	97
Percentage of neonates receiving first polio vaccine	99
Percentage of mothers receiving Vit A capsule	91



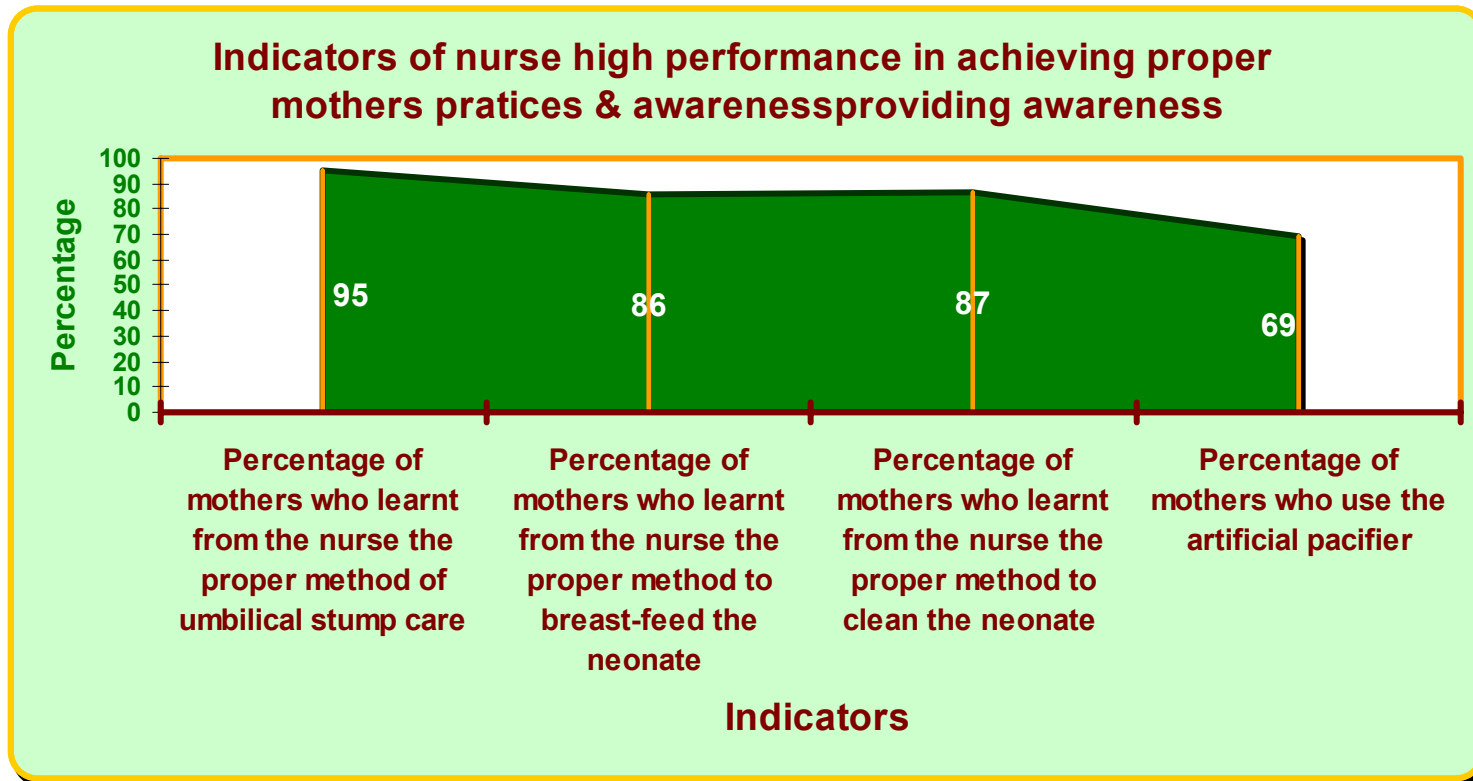
3- Evaluation of mothers knowledge based on/gained from nurses orientation during postnatal visits

Indicator	Percentage of achieving the indicator
Percentage of mothers proper knowledge on the correct meaning of absolute breast feeding	97
Percentage of mothers proper knowledge on neonates danger signs	40
Percentage of mothers proper knowledge on importance of physical exercises after delivery	52
Percentage of mothers proper knowledge on the right time for using family planning techniques	51



4- Evaluation of mothers skills and practices as an impact from postnatal visits

Indicator	Percentage of achieving the indicator
Percentage of mothers who learnt from the nurse the proper method of umbilical stump care	95
Percentage of mothers who learnt from the nurse the proper method to breast-feed the neonate	86
Percentage of mothers who learnt from the nurse the proper method to clean the neonate	87
Percentage of mothers who use the artificial pacifier	69



Summary of the general Improvements/Interventions introduced in the program to improve/upgrade its contents, tools, and achievements:

<p>Training and activation workshops</p>	<p>3</p>	<ul style="list-style-type: none"> • A work shop have been conducted in July for MCH Assistant Managers in the Health Districts, and for physicians in the selected units, aiming at activation of their participation at the technical and administrative levels, and to have a vital supervisory role • Two work shop have been conducted for health units nurses during August and September to improve levels of performance that were non satisfactory according to the analysis of the weekly and monthly reports
<p>On-The-Job-Training, follow-up, and improvement of performance techniques:</p>	<p>Continuous process</p>	<ul style="list-style-type: none"> • Via coaches, nominated by TAHSEEN Project and through Health Care International (HCI), to adapt on-the-job-training technique. They conducted weekly visits to the health units, and supervisory visits to mothers previously visited by nurses • Via health districts supervisory teams, directorate supervisory teams, and the ministry program consultant • Via monthly meetings for the consultancy team, nurse supervisors, and directorate team, to discuss the analysis output, work plans, performance improvement, through announcing the importance of the program and its objectives, and the strict follow-up of

		<p>the consulting team, and the opportunities of giving the nurses an updated feedback, which have been reflected on the nurses performance</p> <ul style="list-style-type: none"> • Developing the visit cards and the different forms for all levels, as a result of continuous follow-up, also adding some vital forms such as the referral form, and the follow-up forms • Developing the information program responding to the development of the forms, data, and introduced information • Two intermediate work shops have been conducted to present the outputs to all program participants, the first on 29 July, the second on 2 October 2005 • The vital indicators have identified to focus upon
Follow-up of nurse supervisors' performance:	12-16	<ul style="list-style-type: none"> • The program has started with the participation of 12 nurse supervisors, one / 2 health units, through out the implementation phases, and responding to results of follow-up of performance levels, through supervision, and through report analysis, as a result of all previously mentioned, several modifications have been introduced, that resulted in increasing the number of participants in the 6 months, but keeping the rate of one supervisor / 2 health units •
Developing Information Management process:	Central and Local	<ul style="list-style-type: none"> • Health Care International Team has designed an information management program, and handled its management from

		<p>revising, checking, cleaning, data entry, and analysis centrally through coordination with directorate team during the first two months</p> <ul style="list-style-type: none">• This role has been transferred to the task team in MCH department, and the directorate information centre. These activities were carried out completely at the local level, with the continuous technical assistance of Health Care International (HCI)• Information management process is handled by one technical member, two administrative members from MCH Department, and three information centre members
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**POSTNATAL HOME CARE PROGRAM WORKSHOP
MINIA GOVERNORATE
DECEMBER 6, 2005**

Workshop Objectives:

- **To track the progress of postpartum home visits program.**
- **To evaluate the results of the last six months**
- **To fine-tune the program as needed**
- **To develop a plan to continue this successful pilot interventions.**

Main Topics Discussed:

- I. The indicators and data analysis of updated postnatal home care services provided in Minia (within selected 21 health units as the first phase) during the whole period of implementing the proposed interventions between 21 May till 22 November 2005 aiming at improving the quality of postnatal home care services provided for mothers and newborns under the technical support of MOHP and USAID (Tahseen-Pathfinder project)**
- II. The interventions main outcomes which are the early postnatal detection of neonatal deaths, congenital anomalies, maternal and neonatal morbidities and risky cases which are not easily detected through the routine and current activities of postnatal care program.**
- III. The success of implemented interventions in improving the quality of postnatal home care services provided by the health units' team of nurses due to the continuous monitoring and evaluating supervisory system developed through the period of interventions (between 21/5 till 22/11) at governorate and district levels, and due to the technical support provided by MOHP consultant (Dr. Salwa Farag) and Tahseen/Pathfinder project team.**
- IV. The upgrading achieved in postnatal home care health information system through the period of interventions (21/5 – 22/11/2005) due to continuous technical support of Tahseen/Pathfinder project and their partner TSI. These achievements are represented by developing five new formats for recording the data of postnatal home care services by the team of providers and for monitoring and assessing the quality of provided services by the team of district and governorate supervisors. It was also represented by developing the needed indicators for assessing the postnatal health status of mothers and newborns which are not available through the current HIS system.**
- V. The importance of expansion in implementing these effective interventions to support and upgrade the current postnatal home care program as one of the most important community health care programs leading to achieve our national maternal and child health goals in reducing maternal and neonatal mortalities and morbidities.**

**Postnatal Home Care Program Minia
Next-Steps Meeting
December 6, 2005**

A localized meeting was conducted after the workshop under the supervision of Dr. Esmat Mansour (1st Undersecretary of Integrated Health Care Sector) and Dr. Ayman Ragab (Undersecretary of Minia) and attended by the Central MOHP consultant for postnatal care program (Dr. Salwa Farag) and the team of Tahseen / Pathfinder project (Dr. Odeh-Chief of Party, Eng. Mohamed Abou Nar-Deputy of Tahseen Project, Dr. Hossam Rasekh-Reproductive Health Consultant, Dr. George Sanad-Obst.&Gyn. Consultant in Tahseen project), HCI team representative (Dr. Samy Gadalla) and representatives from the team of districts' supervisors (the best two district team of supervisors in providing quality postnatal care during the period of interventions, Edwa and Bani Mazar)

Meeting Objectives:

To discuss the plan of expansion and sustainability for providing quality postnatal home care services within more health districts and units in Minia, by implementing the tested proposed interventions.

Meeting Recommendations:

- An action plan has to be developed by the governorate and districts' team of supervisors in Minia for the expansion and sustainability of the implemented interventions which proved to be effective in upgrading and supporting the postnatal home care program to include more health districts and units.
- A suitable training guideline on the technical skills needed for providing quality postnatal home care services by health units' team of nurses and physicians has to be prepared, using the available resources, by the team of central consultants from MOHP and Tahseen project.
- The strategy of building up a continuous monitoring and qualified supervisory system at the governorate and district levels which has been developed during the period of interventions (51/5 – 22/11/2005) and proved to be effective in supporting the health units' team for providing quality maternal and child health care services including the postnatal home care program.

- **Continue the technical support provided by the central team of consultants from MOHP and Tahseen / Pathfinder project for the team of supervisors in Minia through the expansion phase of implementing the proposed interventions for upgrading the postnatal home care program.**
- **Coordination between MCH department General Director in the MOHP (Dr. Khaled Nasr) and the team of Minia Governorate (Dr. Ayman Ragab, Minia Undersecretary and the team of governorate and districts supervisors) for allocating a suitable percentage (from the available MOHP resources within governorates and districts) to supply the needed bonus have to be given to the team of excellent nurses in providing high quality MCH services including postnatal home care services according to certain criteria and service indicators. Also, for planning to include the excellent health units in Minia (according to their achievements concerning MCH services and indicators) within the annual bonus system followed by central MCH department.**
- **Revising the developed new formats and indicators developed for the implemented interventions in the last 6 months, adding the suitable needed modifications to have more clear and easier HIS tools for the postnatal home care program concerning the abilities and skills of our PHC nurses team and supervisors. Also, to facilitate its inclusion within the routinely used health information system for MCH programs. During the expansion phase, we have to begin the analysis of postnatal home care data, according to the new formats, at the level of health districts during the expansion phase.**