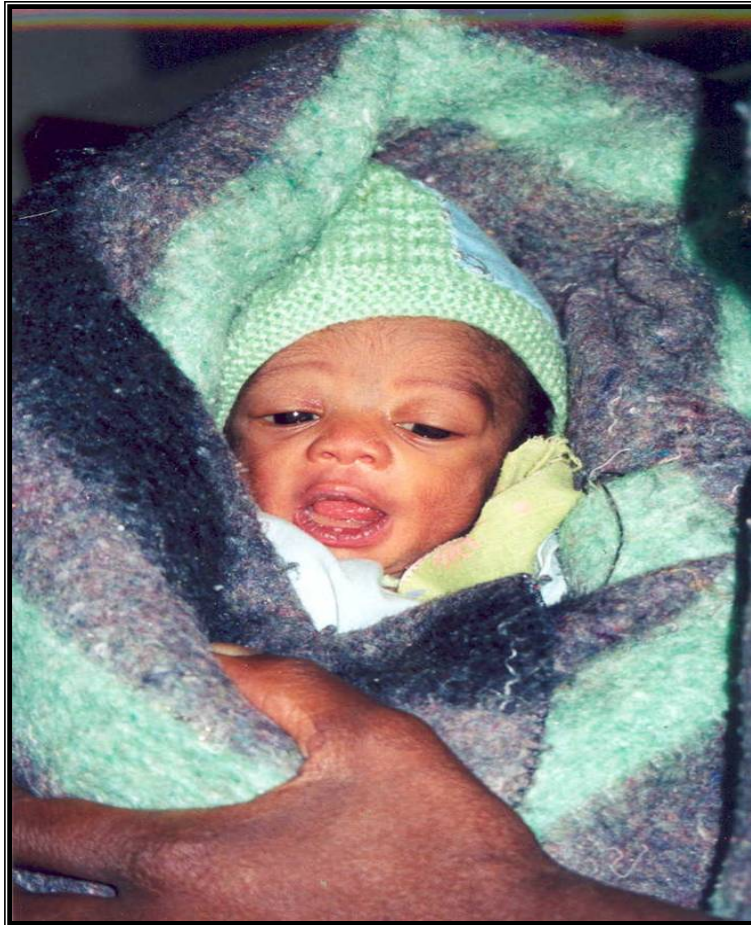


Annex A. Ekwendeni Agogo Training Manual



AGOGO TRAINING MANUAL Ekwendeni CCAP Mission Hospital Save the Children, 2007



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The people who participated in the development of this manual are:

Mrs. Evelyn Zimba, Programme Manager, Save the Children, Malawi Newborn Health Programme

Mrs. E. Liabunya, Lecturer, Maternal and Child Health Department Kamuzu College of Nursing

Rose T. Chisiza, Assistant Zone Officer Supervisor North

Flemmings Nkhandwe, Principal Tutor, Ekwendeni Nursing College

Kiston Mhango, PHC Director, Ekwendeni CCAP Mission Hospital

Rose Gondwe, Project Coordinator, Newborn Health Team, Ekwendeni

Mrs. Thole, TBA Coordinator, Ekwendeni

Maggie Munthali, Assistant Project Coordinator, Newborn Health Team, Ekwendeni

Reuben Ligowe, Project Officer, Save the Children Malawi Newborn Health Programme

Maggie Kambalame, Project Officer, Save the Children, Malawi Newborn Health Program

Teleza Chirambo, Ekwendeni, Maternity In Charge

Chimwemwe Chirambo, Christian Health Association of Malawi (CHAM)

Programme goal

This course is designed to equip grandparents with the basic knowledge, skills and attitudes that will enable them to promote, support and advocate for quality maternal and neonatal care at the community level, to assist in the reduction of maternal and newborn mortality.

Programme objectives

- To use community members with culturally defined roles such as teachers and guides as resource persons for the provision of current practices in maternal and newborn care.
- To take a leading role in the promotion of beneficial cultural practices and to discourage harmful practices in the community.
- To participate actively in disseminating maternal and newborn care messages through other community health programs.
- To collaborate effectively with other members of the PHC in the reporting and documenting of maternal and newborn care issues within the particular catchment area.

Introduction

This training manual consists of 4 modules focusing on: 1) an overview of maternal and newborn health; 2) maternal care; 3) essential newborn care, low birth weight babies and Kangaroo Mother Care; and 4) cultural practices pertaining to maternal and newborn care.

Course objectives

Module 1 – an overview of maternal and newborn health

This module aims at assisting grand parents to gain knowledge on maternal and newborn health status in Malawi and inform them about their role to enable them participate in maternal and neonatal care at community level.

Module 2 – maternal care

This module aims at equipping grand parents with knowledge, skills and attitudes necessary for promoting, supporting and advocating for care during pregnancy and after delivery at community level.

Module 3 – essential newborn care, low birthweight babies and Kangaroo Mother Care

This module aims at equipping grand parents with necessary basic knowledge, skill and attitudes in essential newborn care for them to be able to support mothers and newborns in the community.

Module 4 – cultural practices pertaining to maternal and newborn care

This module aims at equipping grand parents with knowledge, skills and attitudes on how to care for LBW/preterm babies and Kangaroo Mother Care so they can properly support mothers of LBW babies.

Characteristics of the learner

This curriculum is meant for training grandparents:

- Over 50 years of age
- Who have delivered and have grand children
- Who are trustworthy and respected in the community
- Who know how to read and write (this is not essential but an added advantage)
- Who are role models

Module I - Overview of maternal and newborn health in Malawi

Broad objective

By the end of this module, grandparents should have gained knowledge on maternal and newborn health status in Malawi to enable them to participate actively in maternal and neonatal care at the community level.

Specific objectives

- To describe the health status of maternal and neonatal health status in Malawi.
- To explain the common causes of maternal and neonatal deaths
- To discuss the roles of grandparents in maternal and newborn care at the community level.
- Documentation
- To discuss the importance of documentation of maternal and newborn issues
- To list the areas needing documentation by the agogo

Health indicators

National

The population of Malawi is estimated to be 11 Million. The maternal mortality rate is 984/100, 000, neonatal mortality rate 27/1000 live birth while the fertility rate 6.0 per woman (Malawi Demographic and Health Survey [MDHS] 2004)

District

The population of Mzimba District is projected to 614, 453 in 2007 (National Statistics Office projection 2007). The neonatal mortality rate is 38 per 1000 live births while the fertility rate is 4.9 per woman (MDHS 2004).

Local

The population of Ekwendeni Hospital catchment area is 90, 317.

The common causes of maternal and neonatal deaths in Malawi are:

Maternal causes

- Hemorrhage
- Obstructed labor/ruptured uterus
- Anemia
- Eclampsia/pre-eclampsia

Neonatal causes

- Sepsis
- Asphyxia
- Prematurity

The roles of grandparents

General	Roles of grandmothers	Roles of grandfathers
Teachers	Advisor	Decision maker
Decision makers	Counselor	Advisor to the father
Change agents	Caregiver	Breadwinner
Custodians of culture	Provider of support	Transport organizer
Care givers		
Traditional leaders		
Advisors		
Story telling		
Prescribes of norms		

Documentation

Definition:

Documentation refers to the recording in a permanent format of information about the community and project activities.

The importance of documentation is:

- To provide for an orderly way of doing things to ensure quality work

- To simplify complex processes
- To provide a basis for comparing what is required to what is actually done
- To create a source of objective evidence
- To develop a tool to evaluate the quality of work

Areas needing documentation by the agogo are:

- Identifying pregnant women in the village
- When pregnant women begin ANC
- Number of referrals made
- Reasons for referral
- Number of deliveries
- Place of delivery
- Problems identified
- Number of babies referred
- Postnatal visits made
- Number of women encouraged to go for postnatal care and physical examination of the baby within 1 week after delivery

Types of records:

- Temporary records
- Permanent records

*** A demonstration of documentation can be done here**

Reporting periods

- Monthly reporting
- Quarterly reporting
- Bi-annual reporting
- Annual reporting

Module I - suggested timetable

Total Time: 1hr 10 min	Objectives and content	Teaching methods	Materials	Evaluation
5	Introduction of the topic	lecture	Flip chart	
10	Maternal and neonatal health status in Malawi <ul style="list-style-type: none"> • National • District • Local 	Lecture Discussion	Flipchart Markers Masking tape	Question & answer
45	Roles of maternal and new born care at community level <ul style="list-style-type: none"> • General • Grandfather • Grand mother 	Group discussion Group work Lecture	Flip chart Markers Masking tape	Question & answer
20	Documentation <ul style="list-style-type: none"> • Importance of documentation • Areas needing documentation by the agogo • Type of information /records • Reporting period 	Lecture Demonstration	Flipchart Markers Masking tape Record books	Question & answer
20	Demonstration on documentation	Demonstration	Flipchart Markers	Question & answer Return demonstration
5	Summary / Questions			

Competencies required:

- Correct documentation and record keeping

Module 2 - Maternal care

Broad objective

By the end of this module grandparents will have acquired the knowledge, skills and attitudes necessary for promoting, supporting and advocating for care during pregnancy and after delivery, at the community level.

Specific objectives

- To explain the advantages of antenatal care
- To describe birth preparedness
- To explain the importance of birth preparedness
- To identify the danger signs that can occur during pregnancy and after delivery.
- To explain the advantages of postnatal care
- To state the advantages of family planning.
- To describe the PMTCT services given to mothers who are HIV positive
- To discuss cultural practices related to maternal care in pregnancy

The advantages of ANC

- Early identification of problems and treatment
- Mothers are educated on different topics such as nutrition, hygiene and rest
- Provision of necessary care, including IPT, TTV, ITN, Iron supplements, VDRL/Rapid test, and HTC

Birth preparedness

- Identify place of delivery
- Arrange transportation system to use when labor starts e.g. ox-carts
- Prepare resources i.e. money, clean cloths for baby, mother clean sanitary pads, plastic sheets razor blades, strings, soap, and basin.

Importance of birth preparedness

- Facilitates good decision-making in terms of where the mother should go for delivery
- Facilitates quick transportation of pregnant women to the hospital
- Ensures good care of both the mother and newborn
- Saves life of both the mother and the baby

Danger signs during pregnancy

- Edema of the hands and face
- Convulsions
- Vaginal bleeding
- Ruptured membranes
- Severe headache
- Fever
- Severe abdominal pains
- Blurred vision
- Labored breathing

Cultural practices related to pregnancy

The participants can be organized into groups to discuss cultural practices related to pregnancy.

Danger signs after delivery

- Fever
- Offensive vaginal discharge
- Heavy vaginal bleeding
- Edema of legs
- Convulsions

Cultural practices related to labor and delivery

The participants can be organized into groups to discuss cultural practices related to labor and delivery.

Postnatal care

Definition

Postnatal care describes the care given to women for up to 6 weeks after delivery.

Advantages of postnatal care

- It enables the early identification and treatment of problems

- Mothers can be counseled on different topics

Post natal checks should be carried out at 3 days, one week and 6 weeks after deliver.

Family planning

Definition

Family planning refers to a health service that helps couples decide whether to have children, and if so, when and how many.

Advantages of family planning

- It promotes health of the mother and sibling
- The mother can do some development work
- There will be enough time to care for the baby and the family

Family planning methods

- Traditional
- Modern

Prevention of Mother to Child Transmission (PMTCT)

Modes of transmission of HIV

- Sexual intercourse
- Contaminated blood
- Mother to child

MTCT can happen during pregnancy, labor, delivery and breastfeeding.

Definition

PMTCT refers to the Prevention of HIV Transmission from Mother to Child

Prevention of mother to child transmission during pregnancy

- Advise partners to go for HIV counseling and testing
- Advise mothers to go for supply of Nevirapine at 8 months gestation
- Advise mothers to take Nevirapine at onset of labor

PMTCT during labor and delivery

- Advise mothers to take Nevirapine at the onset of labor
- Advise mothers to deliver at a facility using a skilled birth attendant
- Advise mothers who deliver at home or with TBAs to go for a postnatal check up within 3 days of delivery

PMTCT during breast feeding

- Support infant feeding options
 - Infant feeding options for HIV positive mothers.
 - Exclusive breast feeding with early cessation

Whatever information is given to a normal pregnant woman also applies to a PMTCT mother.

Module 2 – suggested timetable

Total Time: 2 hrs 35 min	Content	Teaching methods	Teaching materials	Evaluation
10	Advantages ANC visits	Brain storming Lecturing Discussions	Flip charts Markers	Question & answer
15	Birth preparedness <ul style="list-style-type: none"> Identify place of delivery Arrange transport Clean cloths 	Discussion Lecturing Group work	Posters Materials for clean delivery	Question & answer
20	Explain the importance of birth preparedness	Discussion	Flip charts Markers	Question & answer
	Identification of danger signs During pregnancy After delivery	Brain storming Discussion Lecturing	Posters Flip charts Markers	Question & answer
10	Basic care provided to women after delivery <ul style="list-style-type: none"> Advantages of postnatal care Examination of mother Appropriate care given Post natal check 	Brain storming Discussion lecturing	Flipcharts Markers	Question & answer
10	Advantages of family planning <ul style="list-style-type: none"> Mother Family Baby 	Brain storming Discussion lecturing	Flip charts markers	Question & answer
1hr	PMTCT Mode of transmission and PMTCT <ul style="list-style-type: none"> During pregnancy During labor 	Brain storming Role play on breast feeding in HIV Discussion	Posters Markers	Question & answer

	<ul style="list-style-type: none"> • During breast feeding 			
45	Discussion of cultural practices related to maternal care	Group work		Question & answer
5	Summary / questions			

Competencies

- Identification of danger signs

Module 3 - Essential newborn care

Broad objective

By the end of this module, grandparents will have acquired basic knowledge, attitudes and skills for ENC.

Specific objectives

- To define Essential New Born Care
- To explain care after delivery, including:
 - Immediate care
 - Subsequent care
 - Follow up care.
- To list two immunizations that are given to new born baby within 2 weeks of delivery.
- To explain the advantages of exclusive breast feeding
- To describe briefly proper positioning and attachment of the baby during breastfeeding.
- To describe care of the cord to prevent infection
- To describe care of the eye to prevent infections
- To identify danger signs in a newborn baby
- To discuss cultural practices related to newborn care

Definition

Essential Newborn Care (ENC) is the care provided to neonates using low cost technology to prevent morbidity and mortality.

Care after delivery

Immediate care includes:

- Initiating breast feeding within 30 minutes of delivery
- Keeping the baby dry and warm in skin to skin contact and cover the baby and mother
- Cord care
- Assessing if the baby is breathing properly
- Providing KMC for premature babies and referral if they are born at home.
- Checking bleeding in the cord area and if there is bleeding, referring the baby immediately

Subsequent care includes:

- Maintaining warmth
- Checking for bleeding on the cord area and referring immediately if there is bleeding
- Delaying bathing for 24 hrs.
- Putting nothing on the cord
- Continuing breastfeeding

Follow up care includes:

- A follow up on the 3rd day for babies born to HIV positive mothers and in home deliveries
- Follow ups at 1 week and 6 weeks

Immunizations to new born babies within 2 weeks of delivery

Definition

Immunization is the act of creating immunity by artificial means.

Types of immunizations given are:

- BCG
- Polio 0

Note: Polio continues after polio 0 to 2 and 3

Exclusive breast feeding (EBF)

Definition

Exclusive breastfeeding means feeding the baby on only breast milk for 6 months, without giving any other fluid.

The advantages of breast feeding are:

- Complete nutrition
- Antibody protection
- 80% of milk is water so no extra water is needed.
- It is cheap
- It does not need preparation
- It is readily available
- It promotes bonding

Proper positioning and attachment of the baby to the breast

- Make sure the mother is sitting comfortably
- The mother should hold her breast in a C-hold that is thumb on top and other fingers below the breast with her fingers away from the nipple.
- Touch the baby's lips with the nipple
- Wait for the mouth to open wide
- Move the baby on to the breast with the baby's lower lip below the nipple.
- Do not move only the baby's head but support the back of the neck and the whole body.
- Look to see how the baby is attached make sure that the breast tissue does not block the baby's nose while she is suckling.
- The mother should not lean over the baby, but she should bring the baby to her breast.

Factors in promoting EBF

- Initiate breast feeding within half an hour of birth.
- The baby should be breast fed on demand
- Discourage throwing away of colostrums
- Frequent feeding in 24hrs (night feeds)
- Breastfeed until the breast is empty before going to the other breast.
- Good nutrition for the mother
- Emotional support
- Enough rest
- Prompt treatment when sick.

Cord care

- Keep the cord area dry
- Do not put anything on the cord
- Observe for any sign of infection, such as redness or an offensive smell
- If there are any of the above signs, refer.

Eye care

- Keep the eyes clean
- Do not put any herbal medicines in the eyes

Newborn danger signs

Danger signs soon after birth include:

- Labored breathing
- The baby is unable to suckle
- The baby is unable to cry

Danger signs within 7 days and 28 days include:

- High pitched crying
- Twitching of the facial muscles
- Convulsions
- Failure to suckle
- Body stiffness
- Fever
- Labored breathing
- Coldness of the body
- Eye discharge
- Redness or pus around the umbilicus

The participants can discuss cultural practices related to newborn care in groups

Module 3 – suggested timetable

Total time: 3hrs 15 min	Objective and content	Teaching Method	Materials needed	Evaluation
5	Review of objectives	Lecturing	Flip chart Markers	
2	Definition of ENC	Discussion Lecturing	Flip chart, markers	
30	Care of the new born <ul style="list-style-type: none"> • immediate • subsequent • follow up care 	Discussions Demonstration Lecturing	Flip chart Markers	Question & answer
10	Mention 2 immunizations given to a newborn within 2 weeks of birth	Discussions Lecturing	Flip chart Markers Posters.	Question & answer
20	Explain advantages of exclusive breastfeeding	Discussion Role play	Flip chart Markers Posters	Question & answer
15	Describe proper positioning & attachment	Demonstration	Dolls	Return demonstration
20	Describe cord care	Discussion Lecturing	Flip chart	Question & answer
20	Describe eye care	Discussion	Flip chart Markers	Question and answer
20	Identify newborn danger signs soon after birth and between 7-28 days.	Discussion Lecturing	Flip chart Markers Posters	Question & answer
40	Discuss cultural practices related to newborn care	Group work		
5	Summary / Questions			

Competencies

- Assisting mothers on proper positioning and attachment.

Module 4 - Care of low birth weight (LBW) babies and KMC

Broad objective

By the end of this module, grandparents should have acquired knowledge, skills and attitudes on LBW/ pre-term babies and Kangaroo Mother Care

Specific objectives

- To define a low birth weight/premature baby
- To be able to recognize a LBW/premature baby
- To be able to identify common problems in preterm/LBW babies
- To describe the basic care of a LBW/premature baby
- To demonstrate to mothers how to care for a LBW/premature baby in the KMC position.
- To describe different methods of feeding low birth weight babies

Part 1 – Low birth weight babies

Definition

A LBW baby has a birth weight of less than 2500g, regardless of the gestational age.

Recognition of LBW babies

Some of the physical features of a preterm baby:

- There are less creases on the palms, soles and scrotum
- The weight is less than 2500 grams
- There is excessive vernix and lanugo
- The baby has pink nipples and external genitalia

Some of problems found in premature/LBW babies are:

- Asphyxia

- Poor feeding
- They are prone to infections
- Hypothermia

Part 2 - Care of the premature baby and Kangaroo Mother Care (KMC)

Specific objectives

- To define KMC
- To explain the advantages of KMC
- To describe KMC positioning
- To demonstrate how to position a baby in the KMC position
- To describe the role of the family members in supporting KMC

Definition of KMC

Kangaroo Mother Care is a natural method of caring for LBW babies.

Advantages of KMC

- The baby is kept warm always, because of skin to skin contact
- The baby feeds on demand therefore there is increased breast milk production
- The baby gains weight faster
- It promotes bonding
- The baby is protected from infections
- It is cost effective

Description of KMC positioning (demonstration)

- The baby wears a nappy, cup/hat, and socks only and is held in an upright position
- The baby is put between the breasts, in skin to skin contact
- Secure the baby on the mothers chest with a chitenje cloth
- Put a blanket or shawl on top for additional warmth
- Instruct the mother to put on a front opening top to allow for continuous skin to skin contact
- Instruct the mother to keep the baby upright when walking or sitting
- Advise the mother to have skin to skin contact for 24 hours (or less if intermittent)

- Advise the mother to sleep in half sitting position when sleeping in order to maintain the vertical position of the baby

The roles of family members in supporting KMC

- Family members can relieve the mother from time to time to allow the mother to relax
- They can provide consistent physical and emotional support to the mother
- They can encourage the mother to continue KMC

Case study: Baby Sara

Mrs. Kumwenda is a young mother of a preterm baby named Sara. Sara was admitted and kept at the Kangaroo Care Unit for 10 days because she was a very tiny baby, weighing only 1200 grams. Mrs. Kumwenda was an orphan and was brought up by her grandmother. Her grandmother did not assist her during her stay at the KMC unit.

At the time of discharge, Mrs. Kumwenda was told to continue with KMC at home and to come for KMC follow-up at the unit. When Mrs. Kumwenda came for her first KMC follow-up, Sara looked to have lost weight and her mother looked unhappy. During history taking, Mrs. Kumwenda revealed that she was tired of KMC and did not want to continue doing it at home.

1. Based on the information provided, what could be Mrs. Kumwenda's problem and why?
2. Based on the problems identified, what would be your plan of care (action) for Sara and why?

Two weeks later, Mrs. Kumwenda brought Sara for continued KMC follow-up visits. The health worker at the KMC unit examined Sara. It was established that Sara had gained weight and her mother was happier too.

3. Based on these findings, what could be the reason for Sara's weight gain?
4. If this was a common problem in the area where Mrs. Kumwenda comes from, what intervention measures would you institute to solve the problem?

Module 4– part I (LBW babies) –suggested timetable

Total time: 1 hr 15 min	Objective and content	Teaching Method	Materials needed	Evaluation
5	Review of objectives	lecturing	Flip chart Markers	
15	Definition of low birth weight	Discussion Lecture	Flip chart Markers	Question & answer
20	Recognition of LBW babies	Discussions Lecturing	Flip chart Markers	Question & answer
20	Identification of problems of prematurely/LBW	Discussion Lecturing	Flip chart Markers Dolls Visit KMC ward	Question & answer
5	Summary / Questions			

Module 4 – part 2 (KMC) - suggested timetable

Total time: 2 hrs	Objective and content	Teaching Method	Materials needed	Evaluation
2 min	Review of objectives	lecturing	Flip chart/ markers	
3 min	Definition of KMC	lecturing	Flip chart/ markers	Question & answer
10 min	Advantages of KMC	Discussions Lecturing	Flipchart, markers Masking tapes	Question and answer
15 min	Description of KMC positioning	Discussions Lecturing Demonstration	Flipchart, markers Masking tape Counseling cards Dolls Wrapper/small blanket Chitenje/RSA Model Caps Socks Nappy Counseling cards	Return demonstration
30 min	Role of family members in supporting KMC	Discussion	Flipchart M Markers Masking tape	Question and answer
30 min	VISIT	KMC	NURSERY	

Competencies

- Identification of low birth weight babies
- Positioning of babies in KMC position

Monitoring and evaluation plan

PERFORMANCE MONITORING PLAN MATRIX

Performance monitoring indicator	Data source/ methods	Frequency of measurement	Person responsible
Objective 1: Positive behavior facilitated and increased health care seeking behavior			
Strategy 1.1: Mobilize grand parents at village level			
% of mothers who know danger signs during pregnancy (at least 2)	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers who know danger signs during delivery (at least 2)	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers who know danger signs after delivery (at least 2)	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers who know newborn danger signs (at least 2)	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers whose birth was attended by a skilled provider.	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers delivering at home whose newborns' cord was cut with a clean/new instrument or a clean birth kit was used.	Household surveys	SNLI end line survey as baseline LQAS as end line	Project Team & SCUS staff
% of mothers whose infant received newborn care within 1 week after of delivery	Household surveys	SNLI end line survey as baseline LQAS as end line	Project team & SCUS staff
% of mothers who delivered at home and received post-partum care within 3 days of delivery	Household surveys	SNLI end line survey as baseline LQAS as end line	Project team & SCUS staff

Objective 2: To document success stories, challenges and positive behavior changes in the community aimed at reducing maternal and neonatal morbidity and mortality rates in Ekwendeni catchment area.

Strategy 2.1 Documenting information			
Indicator	Data source/method	Frequency of measurements	Person responsible
Training curriculum of agogo developed	Workshop reports Pre-test training report Final curriculum document	Quarterly / annually on progress of the development, we will have workshop times and pre-test as benchmarks, reported in the quarter they are taken place)	Project Director
Agogo supervision checklists developed	Project reports Checklists developed	Quarterly / annually	BCC Officer
Agogo approach developed	Projects reports for process of development Strategy document	Quarterly / annually	BCC Officer
Number of meetings where information is disseminated	Quarterly and annual reports	Quarterly / annually	BCC Officer
Proportion of the community members, stakeholders, organizations & donors receiving the information process	Quarterly and annual reports	Quarterly / annually	Project Team & SCUS staff

Process indicators/data elements

Performance Monitoring Indicator	Data source/method	Frequency of measurement	Person responsible
Number of women coming for ANC services in first trimester	Antenatal registers	Monthly	Programme Coordinator
	HMIS data		BCC Officer
	Agogo records		
Number of deliveries in health facilities	Delivery/birth registers.	Monthly	Programme Coordinator
	HMIS data		BCC Officer
Number of home and TBA deliveries	Agogo records	Monthly	Programme Coordinator
			BCC Officer
Number of mothers whose infant received newborn care within 1 week after delivery	Postnatal registers	Monthly	Programme Coordinator
	HMIS data?		BCC Officer
	Agogo records		
Number of mothers who delivered at home and received postpartum care within 3 days of delivery	Postnatal registers	Monthly	Programme Coordinator
	HMIS data?		BCC Officer
	Agogo records?		
Number of women and babies Referred to health facility by agogo	Agogo records	Monthly	Programme Coordinator
			BCC Officer
Number of agogo participated in other health activities	Agogo records	Monthly	Programme Coordinator
			BCC Officer
Number of women and babies on PMTCT programme who received support from agogo	Agogo records	Monthly	Programme Coordinator
			BCC Officer
Number of supervisory visits made	BCC records and supervision checklists	Quarterly	Programme Coordinator
			BCC Officer

Performance Monitoring Indicator	Data source/method	Frequency of measurement	Person responsible
	Project reports		
Number of agogo supervised using a checklist	BCC records and supervision checklists Project reports	Quarterly	Programme Coordinator BCC Officer
Number of agogo followed up after six months	BCC records and supervision checklists Project reports	Quarterly	Programme Coordinator BCC Officer
Number of agogo with 50% knowledge retained at six months follow up	BCC records and supervision checklists Project reports	Quarterly	Programme Coordinator BCC Officer

Agogo documentation

It is suggested that the grandparents should use hardcover notebooks for their record keeping.

The data to be documented will include:

- Number of pregnant women
- When ANC started (number of women starting ANC in each trimester)
- Recording visits (made to women)
- Problems identified during pregnancy, postnatal period and for newborns and action taken
- Number of women or babies referred
- Reasons for referral
- Descriptions of Agogo participation in other health activities
- Support of mothers for PMTCT
- Deliveries, specifying health facility, TBA or home
- Postnatal period activities
 - Number of women encouraged to go for newborn and postnatal care within 1 week of delivery
 - Number of women who went for newborn and postnatal care within 1 week of delivery (can they record this info?)
 - Number of women who delivered at home and were encouraged to go for newborn and postnatal care within 3 days of delivery.
 - Number of women who delivered at home and went for newborn and postnatal care within 3 days of delivery (can they record this info?)

Data flow

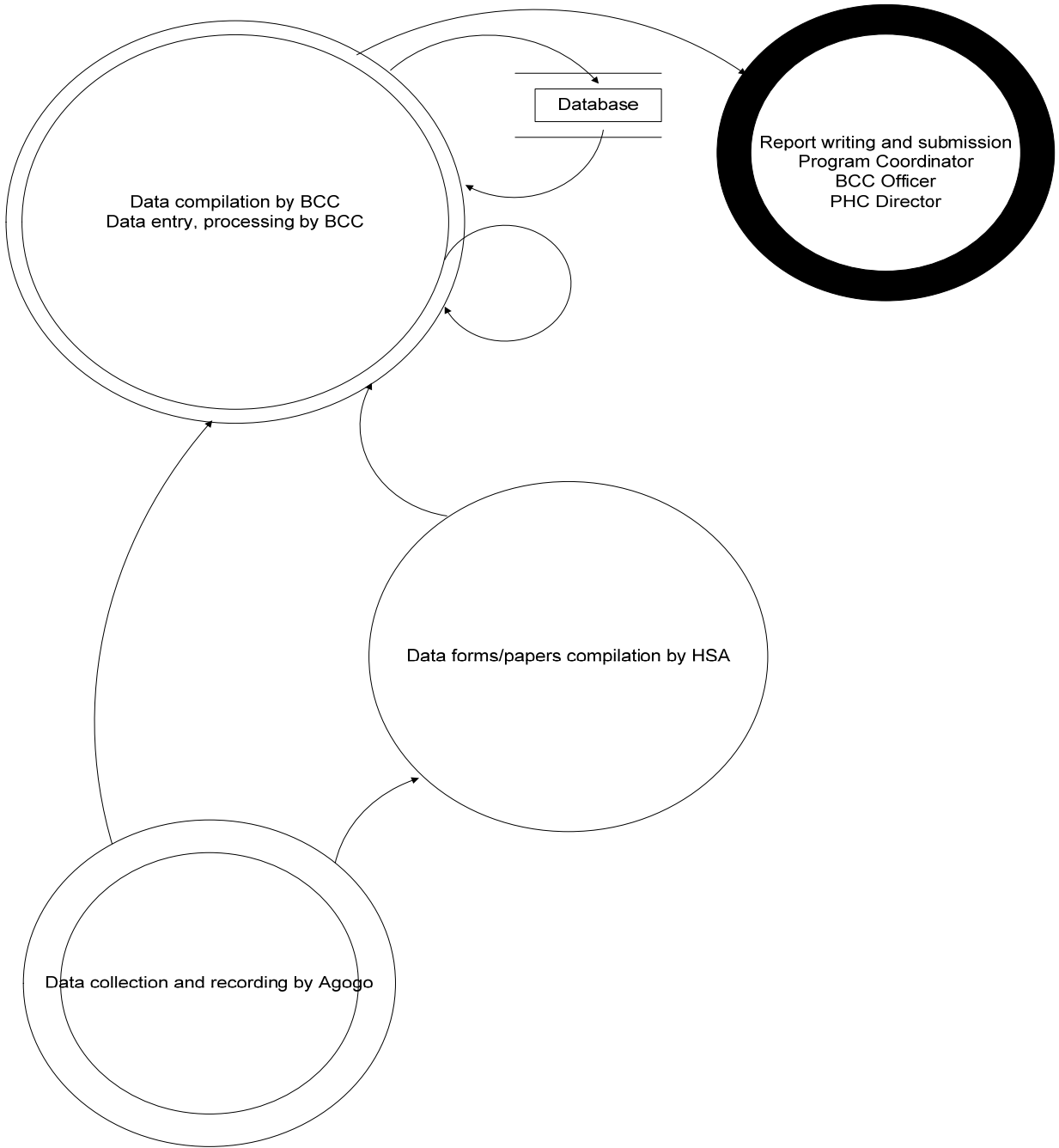
Agogo will be collecting this information as they do their work and reporting to the facility through the HSA of their area. Since they will be using hard covers, the monthly data will need to be transferred to a form by the HSA who will keep the same information in his hard cover.

The HSA will submit the data to Ekwendeni through the BCC Officer.

Using and reporting data

The BCC Officer will compile this data, enter it into the computer database and process the data for presentation and reporting. Reporting will be quarterly, but since data is collected on a monthly basis, it would be good to present the data monthly. This will also help in using data for decision making and further analysis for more complex reports.

Agogo Strategy Data Flow Diagram



Supervision

Definition: supervision is viewed as a process wherein one person with a set of knowledge and skills assists or supports colleagues to use this knowledge and skills in improving their work.

Objective of supervision: the purpose of supervision is to promote continuing improvement in the performance of people. People are assisted and supported in overcoming any difficulties they may face.

Role of a supervisor: supervision may involve demonstration, training, supporting and helping or encouraging the agogo to do their work well. The supervisor should be well equipped to assist and support agogo with issues of maternal and newborn care, recording and record keeping and general performance of their activities.

Agogo supervision structure

- Supervision is on-going, but scheduled in quarters, i.e., it will be necessary for each grandparent to be supervised at least once in a quarter.
- Checklists should be used in supervision of the agogo. It should not appear as though supervisors are bosses visiting our subjects.
- Immediate feedback and support should be given to the grandparents.
- Checklists should be compiled and issues synthesized to get a general picture of things on the ground.
- A simple supervisory report should be compiled, highlighting the issues on a quarterly basis. This could be part of a quarterly report or a separate report. If it is a separate report then we will still need a section on supervision in the quarterly report.

References

1. Obstetric Life Skills Training Manual for Malawi
2. Rapid Assessment of Ekwendeni Agogo Approach
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4. Essential Newborn Care Training Manual for Trainers of Health Workers
5. Dialogue with Mother: Home Based Newborn Care
6. Malawi Demographic and Health Survey 2004
7. Kangaroo Mother Care Training Manual
8. Key family and community childcare practices participants training manual
9. Importance and utility of quality documentation: Steve Baysinger
10. TBA Manual