



TAHSEEN Project
CATALYST Consortium

40th Day Congratulations Card Campaign



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Background

A campaign called the Congratulations Card Campaign was launched in Fayoum governorate as part of the 40th Day Initiative. The idea for the campaign was that every new mother would be visited by a community outreach worker to congratulate her upon the arrival of her new baby. The outreach worker would bring a printed congratulations card with her and invite the mother to visit the health facility on her 40th day postpartum, or earlier if possible. The time and date of this appointment would be marked on the congratulations card. During the visit to the health facility, the new mother would be examined by a doctor and, most importantly, would begin use of an appropriate contraceptive method.

This campaign approached women at a time when they are most likely to accept a family planning method. Furthermore, early use of contraceptives after delivery not only contributes to the global objective of increasing contraceptive prevalence rates in the community, but also has the added value of preventing a common problem: early unwanted postpartum pregnancy.



Objectives

This report seeks to evaluate the effectiveness of the 40th Day Initiative's Congratulations Card Campaign in promoting the utilization of the 40th day services at the health facility and family planning use in the postpartum period.



Methods

A pilot visit to the Mansheit Sanarous Model Unit was carried out in order to collect background information about the Congratulations Card Campaign, as part of the 40th Day Initiative, and to conduct an exploratory meeting with the community outreach worker team. Consequently, an evaluation was planned. This evaluation was based on rapid assessment procedure methodology and was carried out in three selected health units, each one from a different district of Fayoum Governorate. The evaluation used three main techniques:

1. Interviewing key persons in each unit
2. Reviewing available relevant information at each unit
3. Conducting a rapid survey in the unit's catchment area

The selected sites were:

- Mansheit Sanarous in the Sanarous district
- Zawyet El Karadsa in the Fayoum district
- Sanrou El Keblia in the Ibshway district

Interviewing Key Persons

A meeting was held in each unit with the head of the unit and the community outreach worker team responsible for planning and carrying out campaign activities. The aim of the interview was to obtain the following data:

- To determine whether the unit adopted the Congratulations Card Campaign (40th Day Initiative)
- To ascertain available resources for executing the initiative, including:
 - ▶ The size of the team conducting the campaign's visits (i.e. number of community outreach workers)
 - ▶ Cards or printed material used during the initiative visits. Community outreach worker teams were asked about the value of the printed card in improving the outcome of the visit. The investigator recorded the frequency of each response during the meeting. The question was standardized and had three responses:
 1. Printed card improves the outcome of the visit
 2. Printed card has no effect on the outcome of the visit
 3. I'm not sure/Do not know
 - ▶ A recording system for the initiative's activities and regularly generated monitoring report forms



Reviewing Available Information

From April 1 to June 30, 2004 the following information was reviewed: baseline vital indices, especially the number of deliveries recorded; and when available, particular records for the Congratulations Card Campaign as part of the 40th Day Initiative activities.

Evaluation Indicators

The reviewed information was used to calculate the following indicators to help in the evaluation process.

Target Visits per Community Outreach Worker

This is the number of visits each community outreach worker is supposed to conduct during a given period of time (usually per quarter). It is obtained by dividing the number of deliveries occurring during that period of time (quarter) by the number of community outreach workers in the unit.

Coverage with Congratulations Visit

This is the percentage of new mothers who received a congratulations visit within a given period of time. It is obtained by dividing the number of new mothers who were visited during that period of time (quarter) by the number of all new mothers who delivered during that period of time.

Response Rate (Main Outcome Evaluation Parameter)

This is the percentage of visited new mothers who actually went to the health facility and used a contraceptive method on or before the 40th day postpartum. This percentage is obtained by dividing the number of visited new mothers who used a contraceptive method on or before the 40th day postpartum during a given period of time by the number of all new mothers visited during that period of time.

Rapid Survey

A survey was conducted in each selected unit.

Sampling

The sample was taken from women who delivered within the catchment area of the unit during the quarter from April 1 until June 30, 2004.

For this purpose, a list of deliveries during the selected period served as a sampling frame. The list was obtained from the records of the health office of each unit and was arranged in chronological order. The first delivery recorded in the first unit, the second birth recorded in the second unit and the third in the third unit were the index at which the sample selection started in the corresponding unit. Every third subsequent delivery after the index birth on the list was then included in the sample until a total of thirty



births from the catchment area of each unit was obtained. Dropouts or non-responses were replaced by the next delivery in the original list of the health office.

Data Collection Tool

A specifically designed questionnaire was prepared for the collection of the survey data. The questionnaire was designed to be:

1. Very concise not taking more than ten minutes for each woman, to allow thirty respondents to be interviewed in one day
2. In the Arabic language, for standardization, allowing application by different interviewers
3. Administered orally during an interview with the respondents due to the expected high level of illiteracy among rural women

The draft questionnaire was modified and finalized in the light of information obtained during the pilot visit to the Mansheit Sanarous Unit before the implementation of the survey.

Preparation for Field Work

Pilot visits revealed that in order to coordinate work at each unit, community outreach workers divided the catchment area geographically into sectors equal to their number. One sector was assigned to each community outreach worker, who was consequently responsible for conducting visits to all new mothers living in that sector.

These sectors served as the basis for planning the field work of the survey. The list of sampled women was subdivided on the basis of residence, so that women living within the geographical sector of each worker were grouped together into a common sub-list.

The questionnaire was read, explained and discussed with health educators to clarify any ambiguity and make sure that they properly understood each and every question.

Data Collection

Each community outreach worker visited target women in her geographical sector with the investigator. The worker was responsible for briefly introducing the survey to the visited women, obtaining their oral consent to participate in the study and for asking the interview questions in the presence of the investigator. The investigator was responsible for recording the answers to the questions and correcting any deviations from the intended course of the interview or improperly asked questions.

Data Management

The data has been coded to fit a statistical analysis program. The data was processed and analyzed using the program (SPSS) Statistical Package for Social Sciences, version 11 using Windows XP.



Results

Interviewing Key Persons

Adoption of the 40th Day Initiative

In each of the three visited units, the respective head of the health team reported that the 40th Day Initiative had already been adopted in the unit and was a routine activity by the time s/he had taken charge of the unit.

Activities

The initiative in the three units was carried out through the same set of activities: new mothers were visited by a community outreach worker to congratulate them upon the arrival of the new baby and to give them a health education session on family planning. They would also encourage them to visit the unit by the 40th day postpartum, or even before, to be examined by a physician and, most importantly, to start using a contraceptive method.

Resources

Personnel

The personnel responsible for conducting the congratulations visits were all community outreach workers. Table 1 shows the number of workers in each of the visited units.

Table 1: Number of community outreach workers in the studied units

Unit	No. of Community Outreach Workers
Mansheit Sanarous	4
Sanrou El Kebli	8
Zawyet El Karadsa	10

Aids

The pilot visit revealed that, ideally, a printed congratulations card should be presented to the mother by the community outreach worker during the visit, preferably with an indication of the time/date at which the mother should come to the health unit for her checkup and family planning counseling. Currently, however, all three visited units had no printed material to offer to the mother during the visit, obviously due to a lack of financial resources.

One of the three units (Mansheit Sanarous), however, had had an initiative by the former head of the unit to personally design and print a congratulations card using a computer and printer that were available in the women's club affiliated to the unit. This



initiative did not last long as they ran out of resources to finance the purchase of paper and toner cartridges for the printer. In the other two units, the community outreach workers stated that they had never used printed material during the congratulations visits.

The following table summarizes community outreach workers' responses to a question concerning the value of the printed card in improving the outcome of the visit.

Table 2: Opinion of community outreach workers on printed congratulations cards

Opinion		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Improves the outcome of the visit	Count	2	4	6	12
	%	50.0%	50.0%	60.0%	54.5%
Does not affect the outcome	Count	2	1	1	4
	%	50.0%	12.5%	10.0%	18.2%
Not sure/do not know	Count	0	3	3	6
	%	0.0%	37.5%	30.0%	27.3%
Total	Count	4	8	10	22
	%	100.0%	100.0%	100.0%	100.0%

It was evident that more than half of the interviewed community outreach workers thought that a printed congratulations card might improve the outcome of the visits to new mothers. They supported their opinion by stating that the being given the card might make the client feel privileged, that it could serve as a form of referral document or a written commitment that she will be received at the unit on or before the 40th day postpartum and be given quality service.

The small proportion of interviewed workers who thought the card would not affect the outcome of the visit were aware of the high level of illiteracy among women they work with, making them unable to understand and appreciate written material. They perceived the health education messages given during the visit as the cornerstone of visit success.

Records

It was determined that no standard printed recording system for the 40th Day Initiative's activities was in use. However, two out of the three units had an individually designed record, consisting primarily of a notebook where the births and their locations were recorded (obtained through coordination with the health office). Those mothers who had been visited were marked and the date of the visit recorded. A follow up visit was conducted at the end of the puerperium to find out the outcome of the congratulations visit and determine whether the mother actually used a contraceptive method.



In the third unit (Zawyet El Karadsa) such a record was adopted by only some of the community outreach workers as a tool for planning and monitoring personal activities.

Globally, no cyclical report forms were generated concerning the activities of the 40th Day Initiative in any of the studied units.

Reviewing Available Information

The following table summarizes relevant data collected from the three studied units.

Table 3: Relevant data collected from the studied units

	Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa
Births	104	97	108
Congratulations visits performed	80	90	NA*
Visited women who used a contraceptive method on or before 40th day postpartum	68	46	NA*

* Data not available at the unit

The collected data was then used to calculate indicators for the purpose of evaluation. These indicators have been extensively described in the section on methods. The following table summarizes the indicators calculated for each studied unit.

Table 4: Evaluation indicators calculated for the studied units

	Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa
Target visits/community outreach worker	26	12.12	10.8
Congratulations visit coverage	76.92%	92.8%	NA
Response rate	85%	47.42%	NA

As shown in Table 4, the number of target visits per community outreach worker was highest at Mansheit Sanarous. The highest congratulations visit coverage (92.8%) was achieved by Sanrou El Keblia, but the response rate achieved by the latter was only approximately half that achieved by Mansheit Sanarous. The low coverage achieved at Mansheit Sanarous was justified by the presence of an inaccessible cluster of houses unreachable by public transportation.



Rapid Survey

Background Characteristics of Studied Sample

Table 5: Mean age, standard deviation and 95% confidence interval of the respondents

	Mean Age	Standard Deviation	95% Confidence Interval	
			Lower	Upper
Mansheit Sanarous	25.46	4.68	23.71	27.21
Sanrou El Keblia	26.90	5.68	24.77	29.02
Zawyet El Karadsa	25.03	3.82	23.60	26.46
Total	25.80	4.80	24.79	26.80

The mean age of the respondents was 25.8 years old with a standard deviation of 4.8, the 95% confidence limit for the age ranged from 24.79 to 26.80. There was no significant difference between the mean ages of the respondents from the three selected units. None of the mothers included in the sample was younger than 19 years old or over 42 years of age.



Table 6: Distribution of the studied mothers according to the level of education

Level of education		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Illiterate	Count	12	22	22	56
	%	40.0%	73.3%	73.3%	62.2%
Read and write /basic education	Count	7	0	1	8
	%	23.3%	0.0%	3.3%	8.9%
Secondary education level	Count	11	8	7	26
	%	36.7%	26.7%	23.3%	28.9%
Total	Count	30	30	30	90
	%	100.0%	100.0%	100.0%	100.0%

The majority of the studied mothers were either illiterate (62.2%) or had obtained a secondary level education (28.9%). A minority (8.9%) had a basic education and could only read and write.

Table 7: Distribution of studied mothers according to work status

Mother's work		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Yes	Count	4	5	1	10
	%	13.3%	16.7%	3.3%	11.1%
No	Count	23	25	29	77
	%	76.7%	83.3%	96.7%	85.6%
Sometimes (seasonal)	Count	3	0	0	3
	%	10.0%	0.0%	0.0%	3.3%
Total	Count	30	30	30	90
	%	100.0%	100.0%	100.0%	100.0%

Only 11.1% of the studied females worked on a regular basis, and 88.9% either did not work at all or did so only on a seasonal basis.



Table 8: Distribution of studied mothers according to the level of education of the husband

Husband's education		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Illiterate	Count %	15 50.0%	22 73.3%	13 43.3%	50 55.6%
Read and write/ basic education	Count %	11 36.7%	1 3.3%	0 0.0%	12 13.3%
Secondary education level	Count %	2 6.7%	7 23.3%	14 46.7%	23 25.6%
University or higher	Count %	2 6.7%	0 0.0%	3 10.0%	5 5.6%
Total	Count %	30 100.0%	30 100.0%	30 100.0%	90 100.0%

The majority of respondents had illiterate husbands, nearly one quarter of the sample had husbands who had secondary level education and only five mothers (representing 5.6% of the total sample) had husbands with a university education or higher.

Delivery Characteristics of the Studied Sample

Table 9: Sex distribution of the neonates of studied mothers

Sex of neonate		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Male	Count %	17 56.7%	17 56.7%	10 33.3%	44 48.9%
Female	Count %	13 43.3%	13 43.3%	20 66.7%	46 51.1%
Total	Count %	30 100.0%	30 100.0%	30 100.0%	90 100.0%

Slightly more than half of the delivered babies were females.



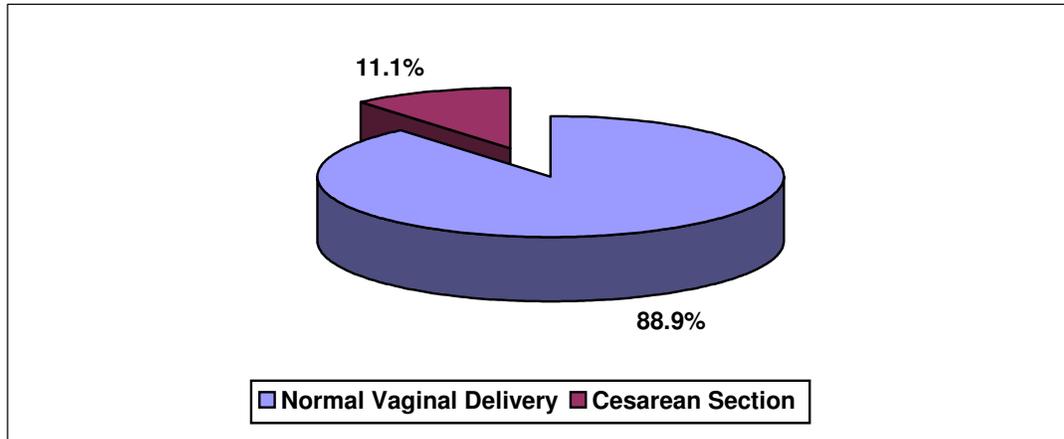


Figure 1: Distribution of studied females according to the type of delivery

The majority of the deliveries encountered among the study sample were normal vaginal deliveries with Cesarean section representing only 11.1% of all deliveries.

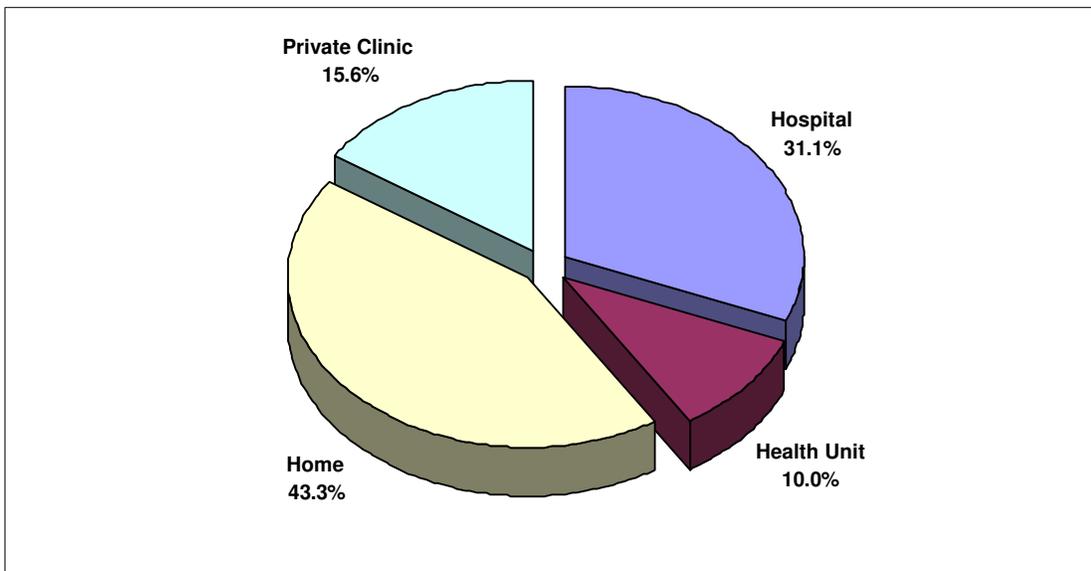


Figure 2: Distribution of the studied mothers according to place of delivery

It was evident that the majority of deliveries (43.3%) took place at home; a lesser proportion took place in the hospital, followed by private clinics. Only 10% of the deliveries took place at the primary health care unit facility.



Table 10: Distribution of studied mothers according to birth attendant

Birth Attendant		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Doctor	Count	16	12	25	53
	%	53.3%	40.0%	83.3%	58.9%
Nurse/ midwife	Count	0	5	0	5
	%	0.0%	16.7%	0.0%	5.6%
Daya	Count	14	13	5	32
	%	46.7%	43.3%	16.7%	35.6%
Total	Count	30	30	30	90
	%	100.0%	100.0%	100.0%	100.0%

Doctors attended more than half of the studied deliveries (58.9%) and *dayas* attended slightly more than one third of the studied births (35.6%). Only a minority of deliveries (5.6%) were attended by a nurse or midwife.



Coverage with Congratulations Visit



Figure 3: Percentage of studied females covered by congratulations visit

Table 11: Proportion of females covered by a congratulations visit

Congratulations visit		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Yes	Count	21	30	28	79
	%	70.0%	100.0%	93.3%	87.8%
No	Count	9	0	2	11
	%	30.0%	0.0%	6.7%	12.2%
Total	Count	30	30		90
	%	100.0%	100.0%		100.0%

The congratulations visit coverage in Sanrou El Keblia was 100%, while only 70% of the mothers in Mansheit Sanarous were covered. For Zawyet El Karadsa, the coverage was favorable at 93.3%.



Knowledge about 40th Day Contraception

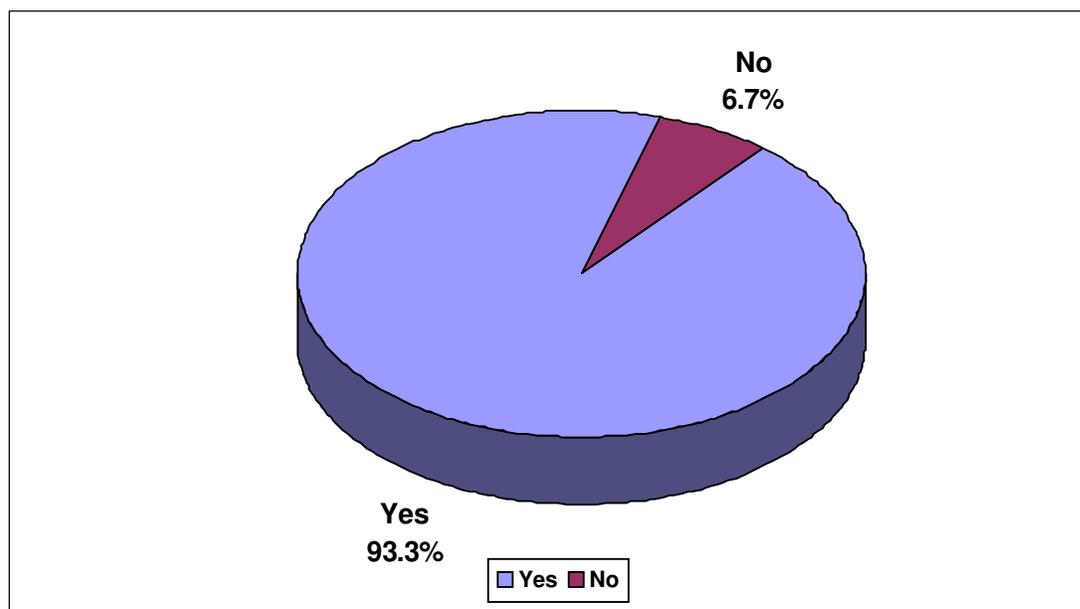


Figure 4: Percentage of studied mothers with knowledge about 40th day contraception

Out of the 90 mothers interviewed during the current study, 93.3% knew that they could and should use a method of contraception on or before the 40th day postpartum.

Table 12: Distribution of mothers according to knowledge about 40th day contraception

Knowledge of contraception		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Yes	Count	26	30	28	84
	%	86.7%	100.0%	93.3%	93.3%
No	Count	4	0	2	6
	%	13.3%	0.0%	6.7%	6.7%
Total	Count	30	30	30	90
	%	100.0%	100.0%	100.0%	100.0%

It was obvious that all the interviewed mothers at the Sanrou El Keblia unit knew about 40th day contraception use. Two mothers interviewed from Zawyet El Karadsa (6.7% of the local sample) and four mothers interviewed from Mansheit Sanarous reported that they did not know that they could/should use a method of contraception on or before the 40th day postpartum.



Table 13: Distribution of mothers who were aware of 40th day contraception according to source of knowledge

Source of knowledge		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Community outreach worker	Count %	19 73.1%	21 70.0%	18 64.3%	58 69.0%
Birth attendant/ ANC provider	Count %	3 11.5%	5 16.7%	5 17.9%	13 15.5%
TV/radio	Count %	4 15.4%	2 6.7%	5 17.9%	11 13.1%
Friend/relative	Count %	0 0.0%	2 6.7%	0 0.0%	2 2.4%
Total	Count %	26 100.0%	30 100.0%	28 100.0%	84 100.0%

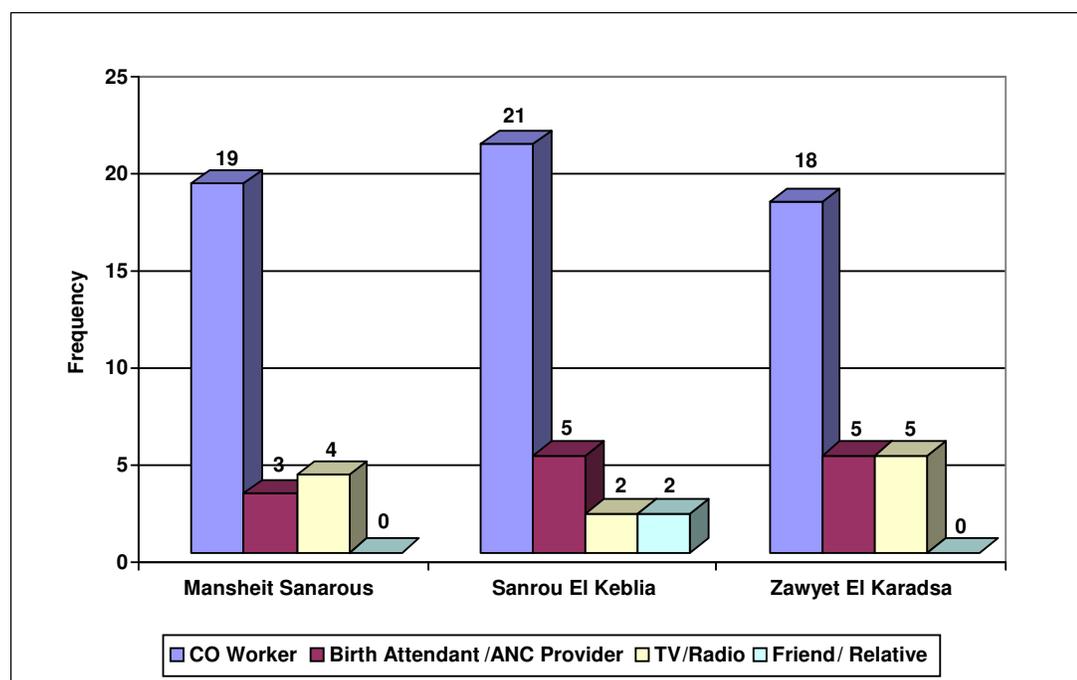


Figure 5: Frequency distribution of mothers who were aware of 40th day contraception according to the source of knowledge

It was evident that the major source of knowledge for mothers who knew about 40th day contraception was the community outreach worker, followed by the birth attendant



and/or ANC provider and TV/radio. Peers constituted the least common source of information.

Practice of 40th Day Contraception

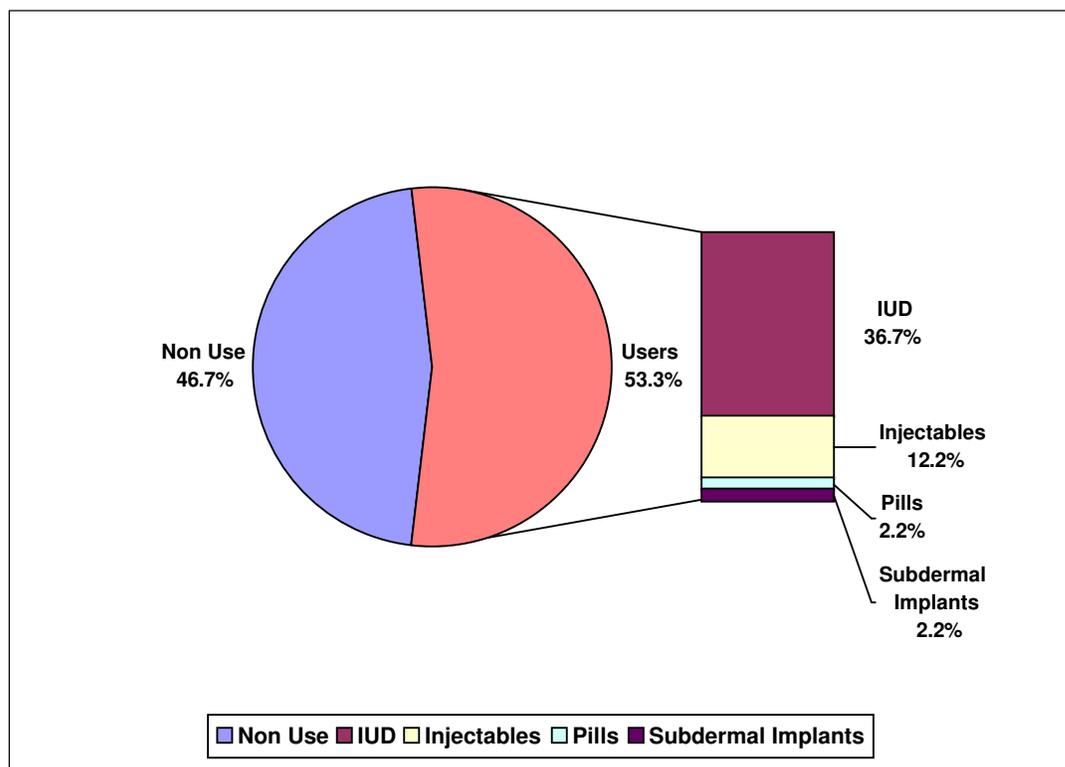


Figure 6: Percentage of different types of contraceptives among 40th day users

It was observed that slightly more than half the studied females (48 women) actually used a contraceptive method on or before the 40th day postpartum. The IUD was the most commonly used, followed by the injectables, with pills and sub-dermal implants being the least commonly used methods.

Table 14: Distribution of 40th day contraception users according to service provider

Service provider		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Health unit	Count	17	12	8	37
	%	89.5%	70.6%	66.7%	77.1%
Private physician	Count	2	5	4	11
	%	10.5%	29.4%	33.3%	22.9%
Total	Count	19	17	12	48
	%	100.0%	100.0%	100.0%	100.0%



It was observed that the health unit was the service provider for the vast majority of users in all three units.

Table 15: Causes of non-use of contraceptive methods on or before the 40th day postpartum given by study sample non-users

Cause of non-use		Mansheit Sanarous	Sanrou El Keblia	Zawyet El Karadsa	Total
Husband refused	Count	2	1	8	11
	%	18.2%	7.7%	44.4%	26.2%
Exclusively breastfeeding	Count	2	3	3	8
	%	18.2%	23.1%	16.7%	19.0%
Husband away	Count	2	3	1	6
	%	18.2%	23.1%	5.6%	14.3%
Want to get pregnant	Count	0	4	1	5
	%	0.0%	30.8%	5.6%	11.9%
Difficulty in reaching provider	Count	4	0	1	5
	%	36.4%	0.0%	5.6%	11.9%
Other	Count	1	2	4	7
	%	9.1%	15.4%	22.2%	16.7%
Total	Count	11	13	18	42
	%	100.0%	100.0%	100.0%	100.0%

It was observed that the most common reason given by non-users for non-use of 40th day contraception was husband refusal, this was followed by the practice of exclusive breastfeeding, which from their point of view and past experience they consider a reliable contraceptive method. The next most common reason was that the husband was working abroad. Five women frankly declared that they wanted to get pregnant and an equal number reported difficulty in reaching the provider of FP methods either due to geographical inaccessibility or lack of free time.

Seven women gave miscellaneous reasons, four had previously experienced difficulty in conception, two women experienced death of the neonate and one gave no particular reason.



Congratulations Visit as a Determinant

Table 16: Knowledge about 40th day contraception among mothers who received a congratulations visit compared to those who received none

Knowledge of 40 th day contraception use		Congratulations visit		Total
		Yes	No	
Yes	Count	79	5	84
	%	100.0%	45.5%	93.3%
No	Count	0	6	6
	%	0.0%	54.5%	6.7%
Total	Count	79	11	90
	%	100.0%	100.0%	100.0%

It was determined that 100% of mothers who received a congratulations visit by the community outreach worker knew about 40th day contraception compared to only 45.5% of those who were not visited by a community outreach worker. This difference was statistically significant at the 0.05 level when tested using the Fisher's Exact test (one cell has an expected value of less than 5) ($p < 0.001$).

Table 17: Actual use of 40th day contraception among mothers who received a congratulations visit compared to those who received none

40 th day contraception use		Congratulations visit		Total
		Yes	No	
Yes	Count	45	3	48
	%	57.0%	27.3%	53.3%
No	Count	34	8	42
	%	43.0%	72.7%	46.7%
Total	Count	79	11	90
	%	100.0%	100.0%	100.0%

It was observed that while slightly less than 60% of those who received a congratulations visit after delivery actually used a contraceptive method on or before the 40th day postpartum, only 27.3% of those who did not receive such visits used contraceptives on or before the 40th day postpartum. The observed difference however was not statistically significant at the 0.05 level (Chi Square 3.42, $p = 0.062$), or for 40th day contraception use among visited and non-visited = 3.529, with a 95% CL extending from 0.871-14.307.



Conclusion

The Congratulations Card Campaign contributed to the 40th Day. It has been adopted at the district and unit levels. A strong association between the campaign visits and increased knowledge and actual practice of contraception use on or before the 40th day postpartum has also been established.



Recommendations

- Community outreach workers who conduct the initiative's visits should be provided with a printed form (card) which serves simultaneously as:
 - ▶ A congratulations card to congratulate the new mother for the arrival of her baby (it should be specifically designed to appeal to an illiterate mother).
 - ▶ A referral letter to guarantee that the woman will be welcomed at the health unit on or before the 40th day postpartum and offered quality services.
 - ▶ A reminder for the mother to visit the unit at the appropriate time by providing the date of the anticipated visit clearly marked on the card.
- Standard recording procedures should be developed for the different activities of the initiative. These should include:
 - ▶ Regular timely filling out of printed record forms at the health unit level. These records should also be the basis for derivation of regular periodic reports.
 - ▶ Regular periodic reports relying on the calculation of evaluation indicators, which have been suggested in this report. These reports can provide a basis for monitoring and evaluation of performance at the unit level, and act as a considerable source of feedback to support decision makers at the central level in making future plans.
- Further training of community outreach workers should be conducted in order to help them gain more skills, especially in handling objections. Involving women who pose objections to the use of 40th day contraception (such as those who justify non-use by exclusive breastfeeding, a completely unreliable method of contraception) could improve the outcome of visits.
- More coordination should be established between the initiative team and the other teams working in the health unit to improve the outcome.
 - ▶ The situation at the Mansheit Sanarous Unit in which a sector of the unit's catchment area was inaccessible by public means of transportation and consequently a large number of mothers could not be covered by congratulations visits, was a good example of how coordinating teams may improve the outcome. The workers suggested a solution for the problem involving coordinating with the mobile clinics team to accompany them during their visit to that area. This coordination also provides the first steps in building sustainability of the initiative.
- Antenatal care providers and birth attendants should be involved in order to gain their support for the initiative, given the role they played in the current study as an important source of information about the use of contraception on or before the 40th day postpartum.

