

DECIDING WHETHER TO DEVELOP A BASIC DELIVERY KIT PROJECT

2

SECTION 2

DECIDING WHETHER TO DEVELOP A BASIC DELIVERY KIT PROJECT

SUMMARY

Section 2 reviews the information program managers must consider when deciding whether to develop a basic delivery kit project, and how to determine whether a basic delivery kit project is an appropriate intervention for the identified MCH problem. It discusses:

- how to conduct a situation analysis;
- techniques of qualitative research; and
- the agency resources required to implement and sustain a basic delivery kit project, including staff, time, and financial resources.

2.1 DETERMINING NEED AND FEASIBILITY

The most fundamental step when considering development of a delivery kit project is to determine whether there is a need for a basic delivery kit. Maternal and child health (MCH) program managers should consider the specific ways in which the production and distribution of a basic delivery kit can help address the community's need and determine whether a basic delivery kit project would be appropriate and feasible.

Situation Analysis

To obtain this information, program managers should conduct a situation analysis consisting of a survey of key documents, community meetings, focus groups with traditional birth attendants (TBAs) and women who deliver at home, and in-depth interviews with key staff of nongovernmental organizations (NGOs) and ministry of health (MOH) MCH programs. It should be emphasized that this situation analysis is limited in scope. A limited number of focus groups and in-depth interviews should be conducted. These, in combination with the survey of key documents, will determine the need for a basic delivery kit project.

Survey of Key Documents

To assess the extent of maternal and neonatal problems and to determine what types of interventions have been used in the past, program managers should gather data on MCH indicators from the MOH, demographic health surveys, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), NGO reports, and other relevant sources. These data can also be used to estimate the expected number of home deliveries per year.

Photo: JHU/CCP



Community meetings can be an important activity during the situation analysis.

Examples of MCH indicators and types of information that can be gathered in a checklist format include:

- Infection incidence

Maternal Indicators:

Puerperal sepsis is a common cause of maternal deaths: Yes ☐ No ☐

Maternal tetanus is a common cause of death: Yes ☐ No ☐

Neonatal Indicators:

Neonatal tetanus incidence is high: Yes ☐ No ☐

Umbilical sepsis incidence is high: Yes ☐ No ☐

- Birth rates in the target area.

Number of births per year: _____

Number of births per month: _____

Expected number of home deliveries per year: _____

- Other indicators:

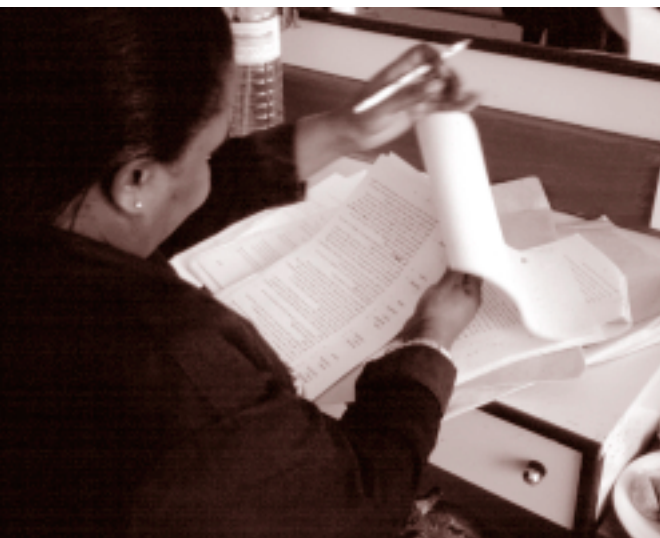
Percentage of women who have received TT immunization: _____

Percentage of deliveries that are conducted at home: _____

Many of the above indicators are significantly under-reported or not reported at all. Where this is the case, program managers should use qualitative research to substantiate the key maternal and neonatal issues.

Qualitative Research: Focus Group Discussions and In-depth Interviews

Qualitative research methods such as focus group discussions and in-depth interviews can help program managers gather data that are not available through existing documents. During this situation analysis, the focus groups and in-depth interviews should be limited in number, focusing on identifying the need for and feasibility of a delivery kit project. If the decision is made to develop a basic delivery kit project, more extensive qualitative research activities will be required



Analyzing qualitative data can be time-consuming, but it provides rich, useful information.

later during the needs assessment to gather more detailed information on kit user preferences, appropriate kit contents, and distribution channels (see Section 3). Work Tool 2.1 contains information about qualitative research techniques.

Qualitative research should be conducted with public health officials as well as members of the community:

- In-depth interviews with MOH and/or NGO staff can be used to determine their perception of local MCH problems and their opinions about introducing basic delivery kits as part of a clean delivery program. Program managers should interview NGOs already using delivery kits to learn about their experiences with the kit.
- Focus group discussions or in-depth interviews with women in the community can be used to explore existing knowledge, attitudes, and practices with respect to delivery and to assess potential demand for and feasibility of introducing a kit. The assessment should include mothers, health care personnel, and TBAs.

Program managers should use the focus groups and in-depth interviews to analyze the local situation through key issues such as:

- numbers of deliveries conducted at home;
- persons helping with delivery;
- traditional delivery process;
- understanding of “cleanliness” among TBAs and pregnant women;
- types of TBAs;
- how women delivering alone prepare for the birth;
- availability of basic equipment such as cord-cutting instruments, cord ties, water, and facilities to boil water;
- traditional equipment used in delivery;
- feasibility of introducing delivery kits;
- time needed to collect and boil material and equipment;
- logistics and community involvement; and
- availability of locally assembled kits or United Nations (UN) kits.

Topic guides for conducting focus group interviews or in-depth interviews with diverse individuals or groups can be developed to explore particular issues with each audience. Work Tool 2.2 provides a sample topic guide for interviewing NGO and MOH staff, and Work Tools 2.3 and 2.4 provide topic guides for conducting focus group discussions and in-depth interviews with TBAs and mothers.

Sample Checklist of Birth-related Practices Summary

Home delivery is very common; the majority of births occur at home.

Yes ☐ No ☐

Home delivery is not common; most births occur in the nearby clinic.

Yes ☐ No ☐

Untrained TBAs, relatives, or neighbors commonly assist in deliveries.

Yes ☐ No ☐

Hands are consistently washed with soap during the delivery process.

Yes ☐ No ☐

Standards of cleanliness at the time of delivery are poor.

Yes ☐ No ☐

A clean cloth is usually placed under the woman during delivery.

Yes ☐ No ☐

Boiled or new razor blades are commonly used to cut the cord.

Yes ☐ No ☐

Substances are commonly put on the cord after cutting.

Yes ☐ No ☐

Summarizing Data

To further the situation analysis, program managers should summarize the data from the survey documents, focus groups, and/or in-depth interviews. By reviewing the community's delivery practices and determining if they negatively affect maternal and neonatal outcomes, the MCH program managers have additional information on which to base their decision. A checklist similar to the one provided on this page should be used as a tool to highlight the issues and birth practices that indicate a need for a basic delivery kit project.

Once the qualitative data are summarized, the following questions should be used to further determine the need for incorporating a basic delivery kit into the existing MCH program.

Will basic delivery kits help resolve issues related to birth practices? **Yes ☐ No ☐**

MCH program managers must determine whether the introduction of a basic delivery kit would, in combination with TT immunization programs, help resolve some of the maternal and neonatal health issues. They may decide that basic delivery kits will help decrease rates of maternal and neonatal tetanus, puerperal sepsis, and cord infections by promoting and reinforcing clean delivery practices.

Would a delivery kit project enhance the MOH's safe motherhood goals? **Yes ☐ No ☐**

Once program managers have assessed their community's needs, they should develop a corresponding set of objectives for their project. These objectives can then be used to shape the design and approach of the basic delivery kit project.

2.2 WHEN BASIC DELIVERY KITS ARE ALREADY AVAILABLE LOCALLY

Once the need for basic delivery kits has been determined, and before an agency commits to developing a basic delivery kit project, it is important to determine what types of kits, if any, are already in the community. Locally developed kits may be available from the MOH, local NGOs, or through businesses that manufacture them.

If basic delivery kits are already available, developing a new delivery kit project may not be feasible. It may be more cost-effective and efficient to purchase the local kits. Even if the kits lack an important component (for example, pictorial instructions), it might be possible to buy the local kits in bulk and insert pictorial instructions and the agency’s logo and label. This is an important, cost-effective alternative.

Assessing Appropriateness of Existing Kits

Program managers should assess the appropriateness of existing kits within the local community. They may wish to interview NGO or MOH staff to address the following questions:

	Yes	No
Do the kits fit the MCH program’s needs?	<input type="checkbox"/>	<input type="checkbox"/>

For example, if most deliveries are conducted by TBAs or take place in the home and are unattended, UNICEF’s kits for trained midwives would not meet the community’s needs.

	Yes	No
Has the available kit been designed for the community’s typical user(s) and delivery sites?	<input type="checkbox"/>	<input type="checkbox"/>

For example, if women typically give birth alone at home, is the kit easy for them to use without assistance?

	Yes	No
Do the available kits fit well with local traditional birth practices?	<input type="checkbox"/>	<input type="checkbox"/>

For example, if the available kits contain antiseptic for the cord and a nail cleaner—but the traditional practice is to put nothing on the cord and most

women do not use nail cleaners—the kit is not well-suited to local birth practices and could be modified.

	Yes	No
Do the kit contents prevent traditional practices that may be harmful?	<input type="checkbox"/>	<input type="checkbox"/>

For example, kits that contain a clean razor blade may prevent the traditional practice of cutting the cord with a sickle or piece of bamboo.

	Yes	No
Are kits affordable?	<input type="checkbox"/>	<input type="checkbox"/>

Can most people afford to buy the available kit with their limited resources?

	Yes	No
Are kits available and accessible?	<input type="checkbox"/>	<input type="checkbox"/>

Can people buy them easily from local TBAs, community organizations, or retailers? If the kits are assembled in a distant location, do poor roads or weather affect distribution?

	Yes	No
Do women use the available kits easily and recommend them to friends and relatives?	<input type="checkbox"/>	<input type="checkbox"/>

If the kit is appropriate, accessible, and affordable, women will use it repeatedly and recommend it to others.



Photo: JHU/CCP

UNFPA and UNICEF delivery kits should be considered during the situation analysis.

If Delivery Kits Are Not Available In the Community, Should UN Kits Be Introduced?

If appropriate kits are not available in local communities, consider buying simple, disposable delivery kits through UN agencies such as the United Nations Population Fund (UNFPA) or UNICEF, and adapting them to local use. Several types of UN kits can be configured during the ordering process to meet the needs of specific country programs. In some situations, NGOs and MOHs buy large volumes of

delivery kits from UNICEF or UNFPA and distribute them through their MCH programs.

Key issues related to buying kits from UN agencies are **cost**, **shipping**, and **customs**. Program managers should review the total cost of ordering and maintaining the supply of UN delivery kits and, if necessary, adapting them for local use. They also should evaluate whether introducing UN kits is financially feasible and sustainable.

Work Tool 2.5 provides detailed descriptions and ordering information for several simple, disposable UNFPA and UNICEF delivery kits intended for use by untrained attendants.

2.3 ASSESSING PROGRAM RESOURCES TO DETERMINE FEASIBILITY

If existing, local, basic delivery kits are inappropriate or are unavailable, or if buying the kits from UN agencies is not affordable, MCH program managers must carefully assess their program's resources with respect to financial and staff resources, local collaborators, local availability of raw materials, and time. An assessment of these resources can determine if the basic delivery kit project is feasible and can be sustained.

Financial Resources

MCH program managers must determine whether their agency can afford the considerable start-up costs of a basic delivery kit project. MCH program managers also must decide whether the agency has sufficient ongoing funding, and whether it is willing to commit a percentage of those funds to maintaining a basic delivery kit project locally.

Substantial funds will be required to support the project's activities. Activities requiring financial support include—but are not limited to—the following:

- purchase of raw materials for kit components,
- purchase of packaging materials,
- printing costs,
- lease of assembly and storage space,
- salaries of staff who manage the project,
- salaries of assemblers who produce the kits,

- distribution of the kits to distant villages,
- development of media and printing of promotional materials,
- training seminars to introduce the kit to TBAs, and
- research to evaluate the impact of the kit.

Staff Resources

In addition to sufficient funding, the skills of project and assembly staff are critical to the success of a basic delivery kit project. Depending upon the size of the project, both project and assembly staff skills will be needed.

Project Staff Skills

- Qualitative research skills for conducting needs assessments, manufacturer's surveys, test markets, field trials, and information, education, and communication (IEC) and behavior change communication (BCC) activities that promote kit awareness.
- Ability to design and develop the kit components and packaging.
- Procurement skills for purchasing raw materials for basic delivery kit components.
- Social marketing skills for establishing promotional activities, distribution channels, and retail/wholesale sites.
- Training skills for setting up regional training for TBAs, kit assemblers, and supervisors.
- Ability to supervise, monitor, and evaluate project activities to ensure they are completed on time and positively impact MCH issues.

Kit Assembly Staff Skills

- For assemblers, the ability to assemble the kits according to quality assurance guidelines.
- For storeroom managers, the ability to maintain inventories and manage supplies.
- For supervisors and training staff, the ability to train, supervise, and monitor the assembly staff effectively.

If existing staff do not have these skills, it will be necessary to use consultants (such as market researchers) or to bring in technical assistance to train staff. In addition to having the required skills, staff or consultants must be free of other agency responsibilities and able to make a sizeable time commitment to this project.

Local Health Collaborators

The involvement of local agencies and the community is key to a program's success. MCH program managers should assess the level of available local support that can contribute to basic delivery kit project success and sustainability. The following questions help determine the level of local agency support:

- Are local NGOs or MOH district offices willing to collaborate on the introduction, promotion, and distribution of basic delivery kits?
- Do the local NGOs or MOH district offices provide training for TBAs and community health workers through which the basic delivery kits could be introduced and promoted?
- Are the local NGOs or MOH district offices willing to collaborate by providing their trained TBAs with the basic delivery kits and training them in correct use?

For larger or national delivery kit programs run by MOH or international agencies, program managers may want to establish a technical advisory committee to facilitate collaboration and project implementation. A technical advisory committee is an effective way to make sure that all key stakeholders are included in the planning process, allocate resources, share ideas and responsibilities, and advise project implementation.

Local Availability of Raw Materials

Buying raw materials to produce the kit components can be a costly and complex process. In local areas where raw materials (such as soap, razor blades, and thread) are not available, it may be necessary to transport the items from major cities or import them from other countries. Such activities may place the cost of the kit beyond the program's budget.

Time Resources

Before beginning a basic delivery kit project, the MCH program managers must determine whether they can commit a significant period of time to basic delivery kit project activities. A national project may require one year—and, possibly, two years—to develop, and this commitment will need to be sustained for several years thereafter. Small local projects may require less time.

2.4 MAKING THE DECISION

As previously outlined, there are many issues to consider when deciding whether it is feasible to develop a local basic delivery kit project. Conducting the situation analysis is critical, as the resulting data will provide the MCH program managers with the information they need to make an appropriate decision.

As an additional aid to decision-making, program managers should consider the following advantages and disadvantages of developing and sustaining a local basic delivery kit project:

Advantages of Locally Produced Basic Delivery Kits

- Establish local production, distribution, and promotion of kits to pregnant women.
- Distribution of basic delivery kits directly to families can help alleviate the problem of inadequately trained TBAs in rural areas.
- Kit contents can be designed to reinforce positive local or traditional practices.
 - Kits complement and strengthen the impact of TT immunization programs.
 - Kits can also:
 - increase awareness and implementation of clean delivery practices in the community;
 - make delivery supplies accessible to large numbers of people;
 - help decrease the financial burden on NGOs and governmental services through cost recovery;
 - reinforce TBA, midwife, and community health worker training on clean delivery practices;
 - strengthen women's income-generating organizations;
 - strengthen community involvement in health care;
 - encourage people to take responsibility for their own health care; and
 - support sustainability due to the personal commitment and economic incentives of local groups.

Local Development Issues

The use and effectiveness of basic delivery kits depend on their acceptability and appropriateness within their cultural environment. For this reason, local design, development, and production of the kits—whether commercial or fully subsidized—should be seriously considered. When designing a kit locally, kit developers should use qualitative research to understand traditional birth practices and attitudes toward birth, as well as decision-making processes regarding health care. It is critical to make the kit a part of the traditional delivery process.

Disadvantages of Locally Produced Basic Delivery Kits

- Initiating a basic delivery kit project requires a substantial level of funding for both initial and ongoing costs. Such a project also:
 - requires new skills that some project staff may not have or are not interested in learning;
 - results in expanded program activity that requires additional staff and the program manager's focused attention;
 - requires a serious, long-term financial commitment from the agency;
 - requires a long-term program commitment;
 - requires ongoing time commitment on the part of numerous staff in order to sustain the project; and
 - may direct resources or attention from the safe motherhood program agenda such as encouraging births with a skilled attendant.

2.5 FINAL CHECKLIST

The Final Four Questions

After carefully assessing the program's financial, community, organization, and staff resources, program managers should answer the four questions below:

	Yes	No
Would local production of basic delivery kits fit within the MOH's or NGO's policy to eliminate maternal and neonatal tetanus by promoting clean delivery?	<input type="checkbox"/>	<input type="checkbox"/>
Is the local community supportive of and involved in the local development of the basic delivery kit?	<input type="checkbox"/>	<input type="checkbox"/>
Are there sufficient resources within the agency to support development of a basic delivery kit project?	<input type="checkbox"/>	<input type="checkbox"/>
Are basic delivery kits currently unavailable either locally or through UN agencies?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to all four questions is **yes**, consider developing a local basic delivery kit project.

Once the decision to develop a basic delivery kit project is made, the MCH program managers must designate a capable, available staff person to serve as the basic delivery kit project manager.

DECIDING WHETHER TO DEVELOP A BASIC DELIVERY KIT PROJECT

Work Tools

2

Adapt as needed for local circumstances.

2.1 QUALITATIVE RESEARCH: A BRIEF EXPLANATION

Qualitative research explores people's attitudes, thoughts, feelings, and traditional behavior toward a particular issue, and provides insight into the motivations for their behavior. Knowledge of these local beliefs and practices is essential to developing culturally appropriate, effectively promoted, and properly used basic delivery kits.

Staff experience in qualitative research skills is critical. Staff or consultants must be adept at conducting focus groups and in-depth interviews, analyzing data, and applying data outcomes to their program. If staff members want to conduct the research themselves and do not have these skills, they will require training and supervision.

Research techniques include focus group discussions, in-depth interviews, pretesting, and participant observation.

Focus Group Discussions

A focus group discussion is an in-depth discussion, guided by a facilitator, in which a small number of people (generally eight to ten) discuss their opinions, ideas, beliefs, and practices regarding a particular issue. These discussions seek to identify how and why people behave as they do.

In-depth Interviews

In-depth interviews are direct, face-to-face interviews with one to three people concurrently. They gather information from individuals, using open-ended and probing questions.

Pre-testing

Pre-testing involves testing a product (such as a basic delivery kit package) with a group of potential users to make sure the product is comprehensible, culturally appropriate, and acceptable. Pre-testing identifies characteristics that need to be revised or improved. Either focus groups or in-depth interviews can be used to pretest a product.

Participant Observation

Researchers observe, over time, the behavior and practices of a specific group of people for whom they are designing a health intervention.

2.2 INTERVIEW TOPIC GUIDE FOR NGO OR MOH STAFF WHO HAVE ALREADY DEVELOPED A LOCAL DELIVERY KIT

SITUATION ANALYSIS

Objectives

1. To gather information about delivery kit projects already developed by an NGO or MOH program staff.
2. To gather information on their experiences in developing the kit, its distribution, promotion, cost, use, and evaluation.

Contact Information

Name of NGO/MOH: _____

Address: _____

Telephone: _____

E-mail: _____

Person(s) interviewed: _____

Title: _____

Introduction

Introduce yourself and your agency. Explain that your agency is considering developing a basic delivery kit project and, because this is such a successful program, you are gathering information from many agencies before making your decision. Their experiences will help you in pursuing your own project. Be sure to note that you appreciate their time and willingness to discuss delivery kit projects.

Delivery Kit Design and Development

Questions can include the following:

- What is the name of your kit?

- Why did your agency decide to develop a delivery kit?
- What type of kit was developed?
- Who are the intended users?
- What are the primary and secondary sites for kit use?
- Is the kit fully subsidized, partially subsidized, or commercial?
 - If the kit is fully subsidized, who subsidized it? For what period of time?
 - If the kit is not fully subsidized, was it completely commercial or partially subsidized?
 - Where did the program managers obtain the funds to start the program?
 - Approximately how much did it cost to start the program?
 - What were the largest costs?

Kit Contents

- Please describe the contents of your kit.
- How did you decide on the contents of your kit?
- What is the source of each item and unit cost?
- Do you include pictorial instructions? If so, how were they designed?
- What is the cost per unit?
- How do you ensure the quality of the items in the kit?
- What type of packaging is used?
- Why did you decide to use this packaging?
- What are the advantages and disadvantages of different types of packaging (such as plastic, cardboard)?

Kit Development

- What type of research was conducted to design the kit?
- From which manufacturers do you purchase supplies?
- Do the manufacturers provide any subsidy for their products? If so, what motivates them?

Kit Assembly

- How many kits do you assemble? Over what time period?
- How and where are the kits assembled?
- Whom did you hire to assemble the kits?
- What is the cost of assembly and storage?
- What type of training and supervision do you provide to the assemblers?
- Where are the kits stored?
- Have you had any problems with storage? How you have solved those problems?
- How many kits do you normally have in stock?

Kit Distribution

- Who distributes the kits?
- Which geographical areas do they cover?
- To whom do they distribute the kits?
- How many kits are distributed each month?
- How are the kits distributed (e.g., on trucks, carts, buses)?

- Are the kits distributed free of charge, or is the distributor paid a commission?
- If the distributor is paid, how much is their commission?
- What types of wholesalers and retailers are supplied?
- Which health agencies are supplied?
- Do you sell kits to other agencies? If so, which agencies?
- How many kits do you sell to each agency?

Kit Cost

- What is the price of your kit (for example, wholesale, retail, to TBAs, and to health agencies)?
- How did you determine the price of your kit?
- Do different agencies pay different prices?
- Is the kit sold at the same price throughout the area? If not, what determines the different prices?

Kit Promotion

- How do you promote the kit (for example, at community meetings, orientations for TBAs, radio, or flyers)?
- Who is primarily responsible for kit promotion?
- Where does most of the promotion occur?
- How much does promotion cost? What are the major activities that increase costs?
- What are the key messages in your promotional activities?

Evaluation

- Have you evaluated the kit? If so, what type of evaluation was done?
- Please tell us about the evaluation results.
- What would you do differently, based on the evaluation results and your overall experiences with this program?

Thank you!

Your experience and help will be beneficial in developing the basic delivery kit.

2.3 FOCUS GROUP DISCUSSION TOPIC GUIDE FOR TBAs

SITUATION ANALYSIS

Target Audience

Traditional birth attendants (TBAs)

Objectives

- To identify the delivery experiences and clean delivery practices of TBAs.
- To determine the birth supplies and equipment commonly used by TBAs.
- To gather information about TBAs' opinions of delivery kits and their suggestions for kit packaging.

Site

Rural____ Urban____

Introduction

Introduce yourselves and your agency. Describe the objectives of the discussion.

Conduct a warm-up session. Informally, talk about children, pregnant women, agriculture, and other familiar matters.

Request that participants talk openly about their delivery experiences. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Ask permission to record them on a tape recorder. Explain that participants' answers will be kept confidential.

Have participants introduce themselves. At that time, take note of their names, ages, and number of infants delivered.

Delivery Experiences

Encourage all the participants to share their delivery experiences. Sample questions include the following:

- How many deliveries have you been involved with during the past two years?
- Whom have you assisted or advised during deliveries?
- What have been your roles and responsibilities during preparation for the deliveries?
- What do you charge, if anything, for your delivery services?

Clean Delivery Practices

- Please describe how you prepare for the delivery.
- Please tell us about the process you use during delivery.
 - What do you do to the cord?
 - What do you use to cut and tie the cord?
 - What do you use as a cord-cutting surface?
 - What do you do to the cord, if anything, after cutting?
- What does the expression “clean delivery practices” mean to you? What do you think clean delivery practices are? Please explain.
- If you prepare the delivery supplies for the delivery, what exactly do you do?

Delivery Supplies and Equipment

- We talked about the equipment used for cord cutting. What other supplies do you use during and after delivery?
- What do you consider the most important supplies for delivery?
- If soap is used during delivery, how is it used?
- Who decides what supplies should be purchased for delivery?
 - Who decides to buy them?

- Who actually buys them?
- Where are these supplies purchased?
- How difficult or easy is it to get them?
- How much is actually spent on these supplies?
- What do you think about putting all the essential supplies in one kit?

Feedback on Sample Delivery Kits

Present three different delivery kit samples to the participants. Start a discussion about the kits based on the following questions:

- Which of the three kits do you prefer?
- What do you like and dislike about each of them?
- Which items are necessary? Which are not necessary?
- Is there anything you do not understand about the kit components? If so, please explain.
- Is there anything you would add to the kits? If so, why?
- Which item is most useful? Why?

General Opinions About Delivery Kits

- What is your opinion about buying a delivery kit?
- Do you think people would buy one?
- How much would they be willing to pay for one?
- From whom would they prefer to buy it?
- How could we motivate women who might not be interested in buying a kit?
- What are the best ways to inform people about the kit?

- How would you describe the kit to other users?
- How much money do people usually spend on supplies, birthing rituals, and special gifts for the mother and baby from delivery to six weeks post partum?

Kit Packaging

- What would be a good name for the kit?
- What type of picture would you like to see on the outside of the kit?
- What color would you prefer for the kit?
- What do you do with the components after using the kit?

Thank you!

Your experience and help will be beneficial in developing the basic delivery kit.

2.4 FOCUS GROUP DISCUSSION TOPIC GUIDE FOR MOTHERS

SITUATION ANALYSIS

Target Audience

Mothers with at least two children who have delivered within the last two years.

Objectives

- To determine women's knowledge and experiences regarding clean delivery.
- To determine women's access to and use of clean delivery supplies.
- To gather information about women's opinions of sample delivery kits and their ideas for kit packaging.

Site

Rural___ Urban___

Introduction

Introduce yourselves and your agency. Describe the objectives of the discussion.

Conduct a warm-up session. Informally talk about children, pregnant women, agriculture, and other simple matters of interest to the mothers.

Request that they talk openly about their delivery experiences. Emphasize that there are no right or wrong answers. All their beliefs, experiences, and opinions are valuable.

Ask permission to record them on a tape recorder. Explain that participants' answers will be kept confidential.

Have participants introduce themselves. At that time, take note of their names, ages, number of babies delivered, and number of children currently living.

Delivery Experiences

Encourage all the participants to share their delivery experiences. Sample questions include the following:

- How many children have you had?
- Did you deliver alone at home, at home with the assistance of someone, or at a medical site?
- If you depended on an assistant, what type of assistant—relative, friend, untrained TBA, or trained TBA?

Clean Delivery Practices

- If you or any other family member prepares for the delivery, please describe how you prepare.
- Please tell us about the techniques you use during delivery.
- If you prepare the delivery supplies for the delivery, what exactly do you do?
- What do you do to the cord?
- What do you use to cut and tie the cord?
- What do you use as a cord-cutting surface?
- What do you do to the cord, if anything, after cutting?
- What does the expression “clean delivery practices” mean to you? What clean delivery practices do you know of? Please explain.

Delivery Supplies and Equipment

- We talked about the equipment used for cord cutting. What other supplies do you use during and after delivery?
- What do you consider to be the most important supplies for delivery?
- Do you use soap? If so, when? Why or why not?

- Who decides what supplies should be purchased for delivery?
 - Who decides to buy them?
 - Who actually buys them?
 - Where are these supplies purchased?
- How difficult or easy is it to get them?
- How much is spent on these supplies?
- What do you think about putting all the essential supplies in one kit?

Feedback on Sample Delivery Kits

Present three different delivery kit samples to the participants. Show the contents of each kit, and ask mothers to say why and how each item would be used. Start a discussion about the kits:

- Which of the three kits do you prefer?
- What do you like and dislike about each of them?
- Which items are necessary/not necessary?
- Is there anything you do not understand about the kit components? If so, please explain.
- Is there anything you would add to the kits? If yes, what? Why?
- Which item is the most useful? Why?

General Opinions About Delivery Kits

- What is your opinion about buying a delivery kit? Would you buy one if it were available? If not, why?
- Do you think other women like you would buy one?
- How much would they be willing to pay for one?
- Where or from whom would they prefer to buy it?

- How could we motivate other women who might not be interested in buying a kit?
- What are the best ways to inform families about the kit?
- How would you describe the kit to your husband or mother-in-law?
- How much money do people usually spend on supplies, birthing rituals, and special gifts for the mother and baby from delivery to six weeks postpartum?

Kit Packaging

- What would be a good name for the kit?
- What type of picture would you like to see on the outside of the kit?
- What color would you prefer for the kit?
- What kind of instructions would be more useful for mothers like you?
- What should you do with the components after using the kit?

Thank you!

Your experience and help will be beneficial in developing the basic delivery kit.

2.5 ORDERING UNITED NATIONS KITS

UNFPA

UNFPA provides the following delivery kits for use in reproductive health services in the initial, acute phase of emergency relief situations and for reproductive health services in “normal” situations.

Clean Delivery Subkit 2

This particular kit is designed for deliveries at home and/or health institutions where there are inadequate medical facilities to perform deliveries. The clean delivery subkit 2 consists of two components (Part A for women in their sixth month of pregnancy, and Part B for use by birth attendants). The entire kit will cover a population of 10,000 for a three month period.

Part A:

Each subkit consists of the following items:

- 1 bar of soap
- 1 square meter of plastic sheet
- 1 razor blade (single-edge)
- 1 string for umbilical cord (3 x 15 cm)
- 1 cotton cloth (2 m x 1 m)
- 1 pictorial instruction sheet (clean delivery)
- sealed bag for packaging

Part B:

Two hundred of the above subkits are packaged in one container. Every container is packaged with the following additional supplies:

- 5 shoulder bags (with UNFPA logo)
- 4 boxes latex examination gloves (each box contains 100 gloves)

- 5 flash lights (with D, 1.5 volt batteries)
- 5 plastic aprons
- 5 plastic rain ponchos

To illustrate possible use, five TBAs can be given one shoulder bag with 40 clean delivery subkits, plus one each of additional supplies listed above.

The above kits can be supplied either in full or separately (Part A or Part B). The approximate cost of a kit (Part A and B) is US\$350; the approximate cost of Part A is US\$250; and the approximate cost of Part B is US\$100.

UNFPA Single Use, Disposable Delivery Kits

This small kit is based upon “three cleans” (clean hands, clean surface, and clean cord cut) and is designed to include an affordable package of essential supplies needed for clean delivery.

Each kit contains the following items:

- 1 bar of soap
- 1 stainless steel razor blade (double-edge)
- 1 string for umbilical cord (3 x 15 cm)
- 1 plastic sheet (1 m x 1 m)
- 1 instruction sheet

To Order UNFPA Delivery Kits

Additional kits are available for use by trained midwives, nurses, and doctors. To order, contact UNFPA’s procurement department at: UNFPA Procurement Services Section, 220 East 42nd Street, New York, NY 10017, U.S.A., or at www.unfpa.org.

UNICEF Clean Birth Kits

The UNICEF Clean Birth Kits are disposable kits designed for use in the home. Each kit is packed in a plastic bag with a self-sealing enclosure and contains the following:

- pictorial brochure, double-sided, one page
- 1 bar of soap
- 1 plastic sheet, approximately 0.05 mm thick, clear or opaque, 1 m x 1 m
- 2 lengths of tape for tying the umbilical cord, 0.5 m long, non-sterile, in plastic bag

- 1 pack of 5 double-edged razor blades, or 1 single-edged razor blade
- 2 wooden sticks to clean nails
- 1 small, plastic handbrush for scrubbing
- 20 pieces of sterile gauze pads, or 1 small pack

The Brochure

The brochure is placed near the top to ensure that the user does not remove anything from the bag before following the pictorial instructions in the brochure. The brochure illustrates the sequence of steps leading to a clean delivery using the supplies provided in the kit:

1. Cleaning hands—using the soap, brush, and wooden sticks for nails.
2. Preparing the delivery area and arranging supplies.
3. Tying the cord with tape.
4. Cutting the umbilical cord.
5. Disposing of the placenta and used supplies.
6. Breastfeeding the newborn.

Variety in Users and Usage

The Clean Birth Kit can be used for home births by TBAs, relatives, and pregnant women. It also can be used by professional attendants (doctors, midwives) attending home or institutional deliveries in small maternity homes, health centers, and district hospitals. The professional attendant can supplement the Clean Birth Kit with other supplies, as appropriate. The kit also may be appropriate for use in emergency situations, in refugee camps, and in areas that are unstable due to civil unrest.

UNICEF encourages countries to assemble Clean Birth Kits locally and will support such activities, provided that quality assurance measures are implemented. Interested countries should use the Clean Birth Kit as a standard and adapt the pictorial brochure to reflect local clothing, customs, and birthing procedures.

UNICEF continues to supply the three standard delivery kits (Traditional Birth Attendant Kit, Auxiliary Midwife Kit, and the Professional Midwife Kit) through the UNICEF Supply Division in Copenhagen, Denmark. However, new, pre-assembled kits are being developed and will replace these standard delivery kits in the near future.

To Order UNICEF Clean Birth Kits

UNICEF country offices in each country should be contacted to determine availability of the UNICEF Clean Birth Kit. For additional information on other delivery kits, contact the UNICEF Supply Division, UNICEF PLADS, Freeport, DK 2100 Copenhagen, DENMARK, or at www.unicef.org.