

Postpartum Systematic Screening in Northern Nigeria: A Practical Application of Family Planning and Maternal Newborn and Child Health Integration



Women waiting for newborn care at the nursery, Murtala Mohammad Specialist Hospital in Kano. (Photo credit: Elaine Charurat)

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EXECUTIVE SUMMARY

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. A modified systematic checklist with particular sensitivity to postpartum women is necessary as they may be amenorrheic, breastfeeding and not perceive themselves to be at risk of pregnancy. In 2009, postpartum systematic screening covering postnatal care, antenatal care, family planning (including counseling on postpartum family planning), immunization and other relevant services was piloted in Northern Nigeria and an evaluation was conducted. The objectives of the evaluation were to determine the effectiveness of postpartum systematic screening as a means to increase service use, particularly postpartum family planning.

The evaluation used pre- and post- intervention approaches and sources of data included: observations of provider-client interactions; provider interviews; client exit interviews; and service statistics.

With this postpartum systematic screening checklist, clients attending immunization, newborn care and pediatric/sick baby services were more likely to be screened for FP, postnatal care and immunization services (17% vs. 68%, 13% vs. 57% and 47% and 89%, respectively). In response to high unmet need for FP (88%), the majority (73%) of trained providers knew at least three family planning methods that are suitable for postpartum women, and all of them were providing family planning counseling to pregnant or postpartum women. While family planning referral increased dramatically, few women (15%) said they would go for referrals on the same day.

In addition to the evaluation, this report also presents recommendations for future implementation and scale-up possibilities.

I. BACKGROUND

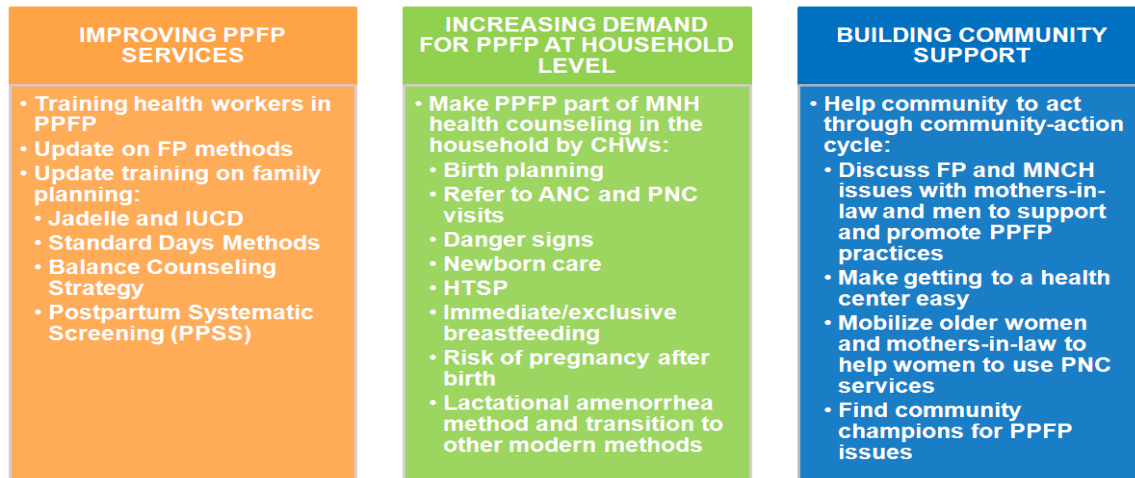
A. Systematic Screening

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. This strategy has been proven successful in operations research in Latin America, Asia and Africa¹. With a standardized checklist, health care providers can first identify each client's needs and desires for services, and then provide these services either during the same visit or referrals as needed. In this application, we developed a systematic screening checklist with particular sensitivity to postpartum women, as due to their status as amenorrheic and/or breastfeeding, they may not perceive themselves to be at risk of pregnancy and therefore do not identify themselves as in need of family planning (FP) services.

B. Maternal, Newborn and Child Health (MNCH)/FP Integration in Nigeria

In Nigeria, the ACCESS Program transitioned to Maternal and Child Health Integrated Program (MCHIP) in 2009, and has been working in selected local government areas of Kano and Zamfara states since 2006 with the main objective of increasing the use of emergency obstetric and newborn care (EmONC) services, including FP. (Work later expanded to Katsina in 2008.) The Program is based on the household-to-hospital continuum of care approach for pregnant women, mothers and newborns. (See Figure 1.1 for an integrated approach, including interventions at the facility, household and community levels.)

Figure 1.1 Approach for MNCH/FP Integration in Nigeria



¹ *Systematic Screening: A Strategy for Determining and Meeting Client Reproductive Health Needs. Global Health Technical Briefs. Foreit 2006. Population Council/Frontiers.*

C. Application of Postpartum Systematic Screening

As part of an effort to address the unmet need for FP, especially postpartum family planning (PPFP), MCHIP/Nigeria and ACCESS-FP, in collaboration with the Nigerian Ministry of Health (MOH), piloted postpartum systematic screening. Since October 2009, the postpartum systematic screening checklist has been pre-tested and finalized (see **Appendix I**). This postpartum systematic screening checklist emphasized screening for the following service(s):

- Referral or providing *postnatal care (PNC)* for women who deliver within six weeks;
- Referral for *antenatal care (ANC)* for women who are pregnant;
- Providing *Lactational Amenorrhea Method (LAM) and LAM transition counseling* for women who meet the three LAM criteria;
- Providing *PPFP (including healthy timing and spacing of pregnancy, HTSP) counseling* for women who have a child under age of two and is not using any FP method;
- Providing *general FP counseling* for women who do not want to get pregnant and is not using any FP methods;
- Referral or providing *immunization* for women who have children under five years old and who are not fully vaccinated; and
- Referral for *other services* for women who have additional service(s) need.

Service providers in immunization, newborn care and pediatric/sick baby units of the selected hospitals in urban sites in Kano and Zamfara were trained to improve their interpersonal communication, counseling skills, and use of the postpartum systematic screening checklist. The training also included a contraceptive technology update, which is essential to relevant service providers. During a three-month period (October-December 2009), the usefulness and effectiveness of the checklist in increasing FP counseling and method adoption was evaluated.

D. Evaluation Purpose and Objectives

The main purpose of this evaluation was to determine the effectiveness of systematic screening as a means to increase the use of FP and PPFP services in selected MCHIP-supported sites in Northern Nigeria. Key questions to be answered were:

- 1) Did the intervention increase the frequency with which providers offered services that went beyond the main reason for the visit? For example, did providers check if women bringing their children for immunization patients also have FP needs?
- 2) To what extent did the intervention improve the quality of counseling that providers offered on FP methods, especially for postpartum women?
- 3) How did the intervention affect FP uptake?

The results of this evaluation were important to inform MOH officials, donors, and health care professionals as they make management decisions as to the design of future MNCH services, inclusive of FP interventions in areas with similar settings.

II. METHODOLOGY

A. Design

The evaluation employed pre- and post- intervention approaches in two facilities. To measure the impact of the intervention, data was compared between the pre-intervention and post-intervention periods. Sources of data included pre- and post- of observations of provider-client interactions, provider interviews (post only), client exit interviews, and service statistics.

B. Site Selection

In consultation with MOH representatives at the state level, Murtula Mohammad Specialist Hospital (MMSH) in Kano state and King Fahad General Hospital (KFGH) in Zamfara state were selected as the two pilot sites largely due to their considerable client loads. The two facilities presented similarities in terms of the immunization, newborn care (for sick newborns) and pediatric units that women with small children attend. PNC was also offered, but only attracted a small volume of clients in both facilities. The two facilities also had important differences: 1) MMSH had a much larger client loads (at least 100 clients for immunization, 40 clients for newborn care for non-life threatening conditions, and 160 for pediatric care)²; 2) in MMSH, the FP unit was across the street from the immunization, newborn care (for sick newborns), and pediatric units, and therefore required a five minute walk for women (vs. KFGH, in which the FP unit is very close to these services); 3) in MMSH, providers provided specialized services and all services were offered from Monday through Friday (vs. KFGH, in which immunization services were only offered on Mondays, and the same providers who provide immunization services also provide ANC and PNC services on days other than Monday.

C. Sample

The plan for the evaluation included observations of provider-client interviews, exit interviews with postpartum women, and interviews with providers. Based on client volume and the number of providers trained, the proposed sample size was intended to detect the differences before and after the intervention (**see Table 2.1**). Observations and client exit interviews were distributed across the three service areas (newborn care, immunization, and sick baby care) in the two facilities based on client loads. Provider interviews included providers at immunization, newborn care and pediatric units after the intervention—including those who were trained and those who were not trained in postpartum systematic screening—to capture the effect of training after the intervention.

² Pediatric outpatient department services children between 29 days and 13 years old.

Table 2.1: Sample Size for Evaluation of Systematic Screening Intervention

	Observation	Client Interview	Provider Interview
MMSH in Kano			
Pre	120	48	--
Post	120	48	18
FKGH in Zamfara			
Pre	60	24	--
Post	60	24	8

D. Data Collection Tools

Several data sources were used in this evaluation, including:

Provider Observations

Eligible clients (and their respective providers) were randomly selected during the data collection period at both pre-intervention and post-intervention for observations during consultations in selected services. Areas of observation included providers' attitudes toward clients, counseling topics, and clients' perceptions. (See **Appendix II** for the provider observation guide.)

Client Exit Interviews

Eligible clients were randomly selected during the data collection period at both pre-intervention and post-intervention. The topics for client exit interview included perceptions of FP (including preference for spacing or limiting), services needed/received, and satisfaction with the visit. (See **Appendix III** for the client exit interview questionnaire.)

Provider Interviews

At the end of three-month period, health care providers who offered essential MNCH services were invited to participate in the evaluation. These included providers who did and did not participate in the intervention at both facilities. The content of provider interviews included perspectives, practice and experience relevant to systematic screening. (See **Appendix IV** for the provider interview questionnaire.)

Service Statistics

The number of FP, ANC, newborn care and immunization visits and contraceptive methods distributed were collected as part of an ongoing MCHIP/Nigeria program monitoring effort. In addition, referrals were tracked among the newborn care, immunization and sick baby care units in the two sites.

E. Implementation

Participant Identification

Assigned ID numbers were used as participant identification for this evaluation. The confidentiality requirements were strictly set and followed to protect the identity of the participants. Also, data was analyzed and reported only in aggregate form and no identifiable information linked to individuals was recorded.

Recruitment

All eligible health care providers and clients were actively recruited during the data collection period while data collectors were onsite during the recruitment period between October and December 2009.

Informed Consent

The participants of this evaluation received both a verbal and written description of the evaluation and were invited to ask questions. Following this, they were asked if they consented to be involved in the evaluation. The consent form, which was located in the beginning of each data collection form, included a health care provider's and/or client's signature. If the participant was illiterate, verbal consent was obtained and confirmed by his or her thumb print.

Data Collection and Storage

Data collectors comprised of nurse-midwives from MMSH (not in any MNCH units where data collection was conducted) or other facilities (both Kano and Zamfara), and some were trained by ACCESS in PFP and/or other topics. For this evaluation, all eight data collectors were trained in relevant research methods (including informed consent and confidentiality) and their training was documented. Data forms or electronic information was handled by as few people as possible and was stored in locked cabinets or in password-secure environments in the MCHIP/Nigeria office.

Data Management and Analysis

Data collection forms were stored in a secured location at the MCHIP/Nigeria office in Kano and Zamfara and later transferred to Abuja. Access to data was limited to those who were part of the evaluation and no individual identification was recorded on the form. Data management and analysis was done in SPSS® version 15.0 for Windows® software.

Limitations

A few limitations should be noted with regard to this evaluation: 1) there was only a short period of implementation (three months) between pre-intervention and post-intervention data collection; 2) the two sites selected (MMSH and FKGH) may not be representative of other sites, especially for lower-level facilities; 3) convenience sampling was used for 143 client exit interviews and 360 provider observation; and 4) there was potential interviewer bias contributed by overall service improvement and interviewee bias due to the intervention.

III. RESULTS

In December 2009, data collection was completed for both states and there was no significant difference found in any areas between Kano and Zamfara after controlling for the intervention stage (pre-intervention and post-intervention). Therefore, the following results are organized by source of data, as there was no need to present findings from the two states separately.

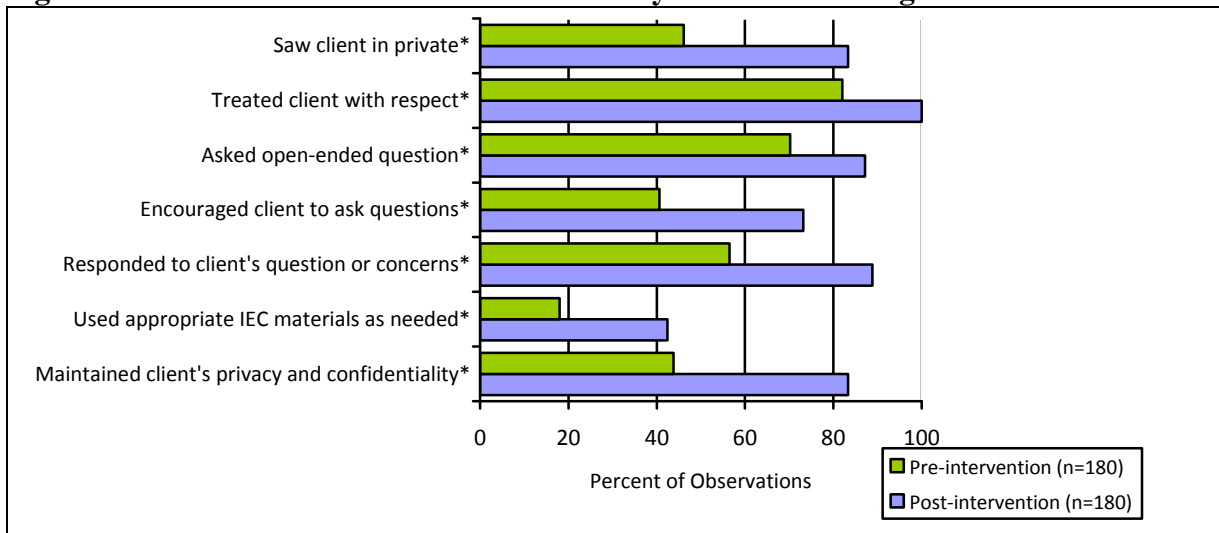
A. Observations of Provider-Client Interactions

A total of 360 provider-client consultations were observed (180 at pre-intervention and 180 at post-intervention). At pre-intervention, 56% of the children were less than six weeks old, 16% were between six weeks and six months old and the remaining 28% were above six months old. At post-intervention, 39% of the children were less than six weeks old, 29% were between six weeks and six months old and the remaining 31% were above six months old. Because the nature of observation was to minimize distraction, no additional information was collected for either provider or client.

Provider's Attitude toward Client

Overall, providers' attitudes toward clients improved significantly (p-value less than 0.05) since the intervention started. Providers were more likely to see a client in private, treat her with respect, ask open-ended questions, encourage a client to ask questions, respond to a client's questions or concerns, use appropriate information, education and communication (IEC) materials, and maintain a client's privacy and confidentiality. (The percent distribution of improvement in all areas is presented in **Figure 3.1**.)

Figure 3.1: Providers' Attitude toward Client by Intervention Stage



*p-value less than 0.05

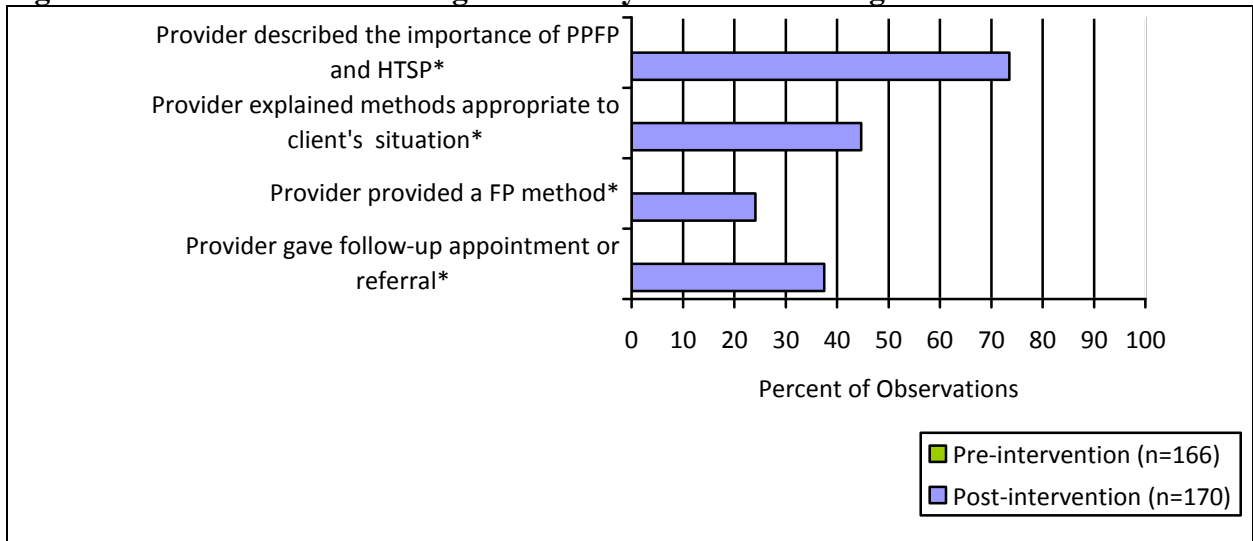
Relevant Services including PFP

Very few women were pregnant at the time of observation. There were five at pre-intervention and nine at post-intervention. Two out of the five (40%) and seven out of the nine (78%) were asked by the provider if they were receiving ANC services at pre-intervention and post-intervention, respectively. Due to the small sample size, it was difficult to determine if there was any improvement over time for screening pregnant women for ANC services.

In contrast, providers were more likely to ask women if all of their children received immunizations (73% at post-intervention vs. 18% at pre-intervention, p-value less than 0.05). If a woman's youngest child was less than six weeks, providers were more likely to ask if the infant had received PNC (70% at post-intervention and 18% at pre-intervention, p-value less than 0.05).

Similar trends were observed in PFP. Providers were more likely to ask about pregnancy intent, describe the importance of PFP and HTSP, explain methods appropriate to a client's situation, provide a FP method, and give a follow-up appointment or referral. Specifically, the only FP method provided was LAM for all eligible women (meeting all three criteria). (The percent distribution of improvement in all areas is presented in **Figure 3.2.**)

Figure 3.2: Provider's Counseling on PFP by Intervention Stage

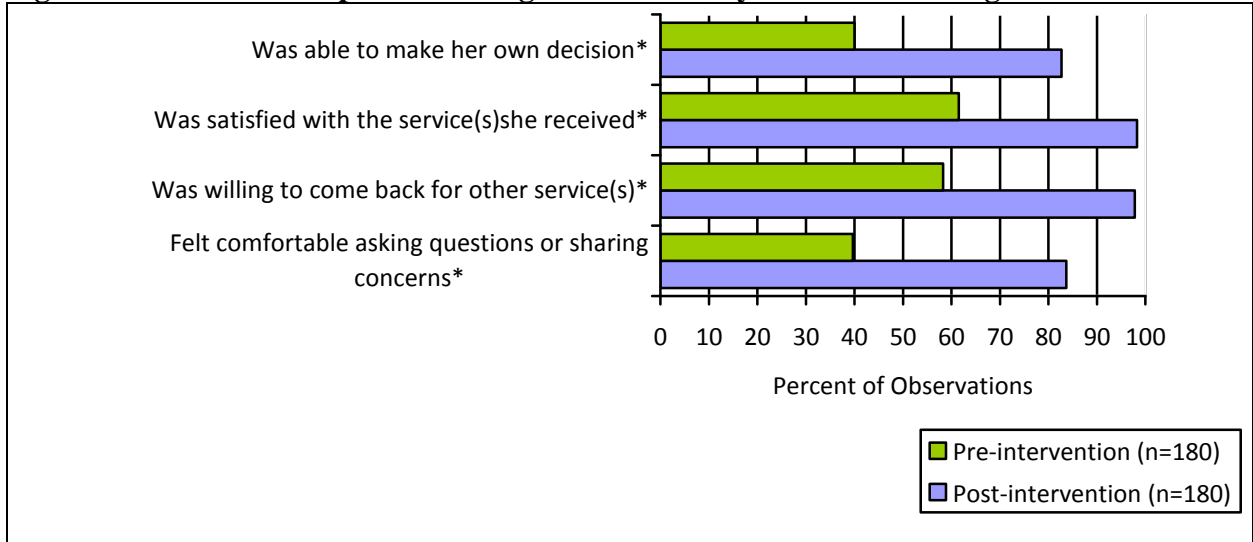


*p-value less than 0.05

Client's Perspective

As a result of the intervention, women were more likely to report being able to make their own decisions, being satisfied with the services they received, being willing to come back for other service(s), and feeling comfortable asking questions or sharing concerns. (The percent distribution of improvement in all areas is presented in **Figure 3.3.**)

Figure 3.3: Client’s Perspective during Observation by Intervention Stage



*p-value less than 0.05

B. Client Exit Interviews

A total of 123 postpartum women (72 at pre-intervention and 71 at post-intervention) participated in the evaluation. The average age was 26 years old at pre-intervention (range=18-45, SD=5.7), and 25 years old at post-intervention (range=17-40, SD= 5.5). The majority of these women were coming for sick baby visits (50% at pre-intervention and 48% at post-intervention). There was no significant difference in age, parity, the reason for the visit, the distance to the facility and other key variables between the two groups. (See **Table 3.1** following.)

Table 3.1: Client Profile by Intervention Stage

	Pre-intervention (n=72)	Post-intervention(n=71)
Age	26 ±5.7 (18-45)	25 ±5.5 (17-40)
Education	38% no education 24% primary 29% secondary 11% tertiary	24% no education 18% primary 44% secondary 14.1% tertiary
# of pregnancies	4 ±2.3 (1-10)	4 ±2.6(1-9)
# of living children	4 ±2.2 (1-9)	3 ±2.3 (1-10)

Reason for the visit	6% newborn care 44% immunization 50% sick baby	6% newborn 45% immunization 48% sick baby
Distance to the facility	28% less than 30 min 49% between 30-60 min 21% more than 1 hour	27% less than 30 min 45% between 30-60 min 27% more than 1 hour
Plan to get other service(s) before seeing a provider	13% Yes 87% No	7% Yes 93% No

Unmet Need for FP and PFP

The majority of women (90% at pre-intervention and 86% at post-intervention) either wanted to wait before getting pregnant again or did not want to have any more children. Among those with a need for FP, only 16% were counseled on FP at pre-intervention compared to 68% at post-intervention (p-value less than 0.05). There was also a dramatic increase (from 5% to 41%, p-value less than 0.05) of women referred for FP services from the baseline. However, only 15% (4/27) said they would go for referrals on the same day for the post-intervention group.

Screening for Other Relevant Services

Table 3.2 shows that a higher proportion of women in the post-intervention group were screened for other relevant service, specifically for PNC and immunization services.

Table 3.2: Screening for Other Relevant Services by Intervention Stage

	Pre-intervention	Post-intervention
PNC (women with children under six weeks old)	13% (3/23)	57% (16/28)
ANC (women who were pregnant)	17% (1/6)	Nil (0/2)
Immunization (women with children under five but not fully immunized)*	47% (7/15)	89% (8/9)

*p-value less than 0.05

Satisfaction of the Services Received

While all (100%) clients in both pre-intervention and post-intervention groups were satisfied with the service(s) they received during the visit, women in the post-intervention group were more likely to feel comfortable about asking questions during the visit (100% at post-intervention vs. 86% at pre-intervention, p-value less than 0.05). They were also

more likely to think the provider spent enough time with them (100% at post-intervention vs. 96% at pre-intervention), though this was not statistically significant.

C. Provider Interviews

A total of 26 providers were interviewed. Of these, 11 attended postpartum systematic training that was conducted in October 2009 and 15 did not attend the training. (The two groups were comparable in all variables listed in **Table 3.3**.)

Table 3.3: Provider Profile

	Attended PPSS training (n=11)	Did not attend PPSS training (n=15)
Type of professional	37% Nurse/midwife 46% CHEW 18% Medical officer	47% Nurse/midwife 27% CHEW 20% Medical officer 7% Other
Length of professional experience (in years)	13 ±10.1(2-27)	9 ±6.7(2-24)
Length of working at current facility (in years)	3 ±3.4 (1-12)	4 ±4.0 (0-14)
Providing FP services on a regular basis	100% No	7% Yes 93% No

Knowledge and Practice of PFP

With postpartum systematic screening training, providers were more likely to know at least three FP methods that are suitable for postpartum women at 73% vs. 27% (trained vs. non-trained, p-value less than 0.05). Furthermore, providers were more likely to counsel pregnant or postpartum women on FP at 100% vs. 13% (trained vs. non-trained, p-value less than 0.05).

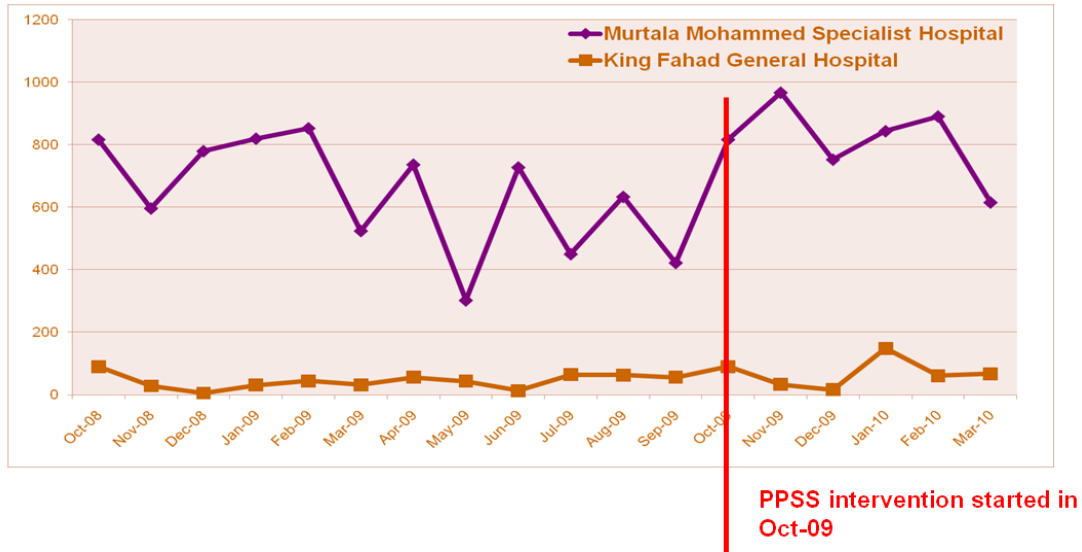
Factors Associated with Integrated Services

When asked about a client's preference for integrated services, providers (both trained and non-trained) estimated that 7 out of 10 clients would prefer receiving multiple services at the same visit. The majority (85%) of providers thought FP services could be provided with newborn and child health services. The top three barriers mentioned by providers for receiving multiple services at the same visit were: husband's permission; women's lack of knowledge; and no interest of receiving other services.

D. Service Statistics and Other Observations

Based on service statistics collected by MCHIP/Nigeria from FP registries in MMSH and KFGH, there appeared to be a slight increase in couple years of protection (CYP) for MMSH in October and November 2009. However, stockouts of FP commodities was an issue in both facilities, particular in KFGH.

Figure 3.3: CYP between October 2008 and March 2010 by Facility



In addition to findings from provider-client observations, client exit interviews, provider interviews and service statistics, there were a few observations worth noting.

Anecdotally:

- Providers who participated in the training were very positive about this initiative and were motivated.
- Clients were satisfied and did not mind the additional time spent with the provider.
- After the intervention was introduced in October 2009, an active ongoing dialogue began between hospital staff and MCHIP/Nigeria staff on how to effectively incorporate this intervention into routine practice.
- A dramatic increase in referrals and PFP counseling was documented in the monthly summary introduced by MCHIP/Nigeria.
- On the other hand, data processing appeared to be a burden as each consultation was recorded and hundreds of papers were produced on a monthly basis.

IV. CONCLUSIONS

In summary, the results from this evaluation confirmed the overwhelming unmet need for PPF and other services among women with young children, that postpartum systematic screening was indeed useful in identifying this unmet need, and that the intervention was effective in several aspects.

Screening for Additional Services

Consistent with findings from Senegal³, based on both client exit interviews and provider-client observations, postpartum systematic screening was acceptable to providers and the volume of screenings increased significantly, not only in FP but also in immunizations and PNC. In addition, the one-page postpartum systematic screening checklist appeared to be an informative job aid for the provider when seeing clients.

Quality of Counseling

The intervention had a positive effect on the overall quality of counseling and improved providers' knowledge, which had not been documented in previous studies. This may be due to the additional components during training—namely, interpersonal communication, counseling skills and a contraceptive update. The importance of PPF was also highlighted, which includes an overview of PPF, LAM and LAM transition, and a method overview. These enable providers to identify client's feelings and concerns, respond to specific needs, and clear up myths or rumors clients may share at the visit.

Uptake of FP

While a study in Bolivia⁴ showed that most identified reproductive health needs—including FP—resulted in additional services, the results from this application were somewhat disappointing in terms of FP uptake. However, several constraints must be acknowledged. Stockouts of contraceptives were a constant issue at both MMSH and KFGH. Additionally, the distance between the immunization, newborn care and pediatric/sick baby units and the FP unit in MMSH was a constraint. Finally, the majority of women apparently were simply not interested in going for referrals on the same day.

³ Using Systematic Screening to Increase Integration of Reproductive Health Services Delivery in Senegal. Population Council. Sanogo et al. 2005.

⁴ Use of Systematic Screening to Increase the Provision of Reproductive Health Services in Bolivia. Frontiers in Reproductive Health Program. Foreit et al 2005.

V. RECOMMENDATIONS

As this evaluation demonstrated the feasibility of postpartum systematic screening, there are other areas that can be considered and explored in future programming, including:

- 1. There is a great deal of potential for FP/immunization integration.** As referrals appeared to be the weakest link and most women do go for immunization services for their children, providing FP services at the immunization unit will allow women to have access to both services on the same day.
- 2. New technology may streamline screening procedure.** With the explosion of technology and development in mobile applications, there is potential for utilizing cell phones to facilitate the postpartum systematic screening procedure. If possible, providers can screen clients when browsing through cell phone screens, and data can be automatically saved while inputting clients' responses.
- 3. Service flow must be examined for effectiveness and efficiency.** Sites similar to MMSH and KFGH often have a large volume of clients who wait for hours to be seen by providers. This down time is ideal for clients to receive other service(s). Service reorganization will not only help providers better utilize their time, but also keep clients engaged.
- 4. A feedback mechanism among units is needed.** Having a uniform approach at the facility level is needed when implementing such interventions. Coordination of services among relevant units will allow easy access of services and hopefully minimize lost of referrals or follow up.
- 5. Support at all levels will assure sustainability.** Like any successful interventions, buy-in from the Ministry, district officials, hospital managers and providers is essential for long-term success. Other than trainings, service set up, supply of commodities and regular monitoring, supervision visits must be conducted on a regular basis, and a champion established to oversee the facility and smooth the integration process.

Furthermore, as a result of this evaluation, MCHIP/Nigeria is planning to train health care providers on the use of postpartum systematic screening checklist in its program supported areas. MCHIP/India is also in the process of designing a similar evaluation at the community level with a focus on FP and immunization integration.

Appendix I: Postpartum Systematic Screening Checklist

ACCESS-FP Nigeria Postpartum Systematic Screening Instrument (Modified from FRONTIERS)			
Client's name or ID:		Today's Date:	Provider Name:
How old are you? _____ Only administer checklist only if woman is between 15-49. If she is not between 15-49, thank her and terminate interview.		How old is your youngest child? <input type="checkbox"/> < 6 weeks old <input type="checkbox"/> < 6 months old <input type="checkbox"/> 6 months - 2 yrs <input type="checkbox"/> > 2 yrs old	
Screening questions (be sure to include reason for visit in required services)	Follow-up instruction or question	Discuss and circle requested service	Service Outcome
What is the reason for today's visit?			<input type="checkbox"/> Provided <input type="checkbox"/> Referral
If youngest child is less than 6 weeks old, start with question 1; If youngest child is older than 6 weeks old, start with question 2.			
1. Are you attending postnatal care (PNC) services? <i>No</i> → Yes: go to 3		PNC and go to 3	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
2. Are you pregnant? <i>Yes</i> → No: go to 3	Are you attending ANC services? <i>No or don't know</i> → Yes: go to 8	ANC and go to 8	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
3. Are you trying to get pregnant? <i>No</i> → Yes: a) youngest child < 6 months, go to 6 b) youngest child 6 months - 2 yrs, go to 6 c) youngest child > 2 years old, go to 8	Are you using a contraceptive method? <i>No:</i> a) youngest child < 6 months, go to 4 b) youngest child 6 months - 2 yrs, go to 5 c) youngest child > 2 years old, go to 5 Yes: What method? _____, go to 7		
4. Have you been exclusive breastfeeding your youngest child since he or she was born? <i>Yes</i> → No: go to 5	Has your menses returned? <i>No or don't know</i> → Yes: go to 5	LAM counseling & transition and go to 5	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
5. <i>Provider counsel on the importance of FP methods and ask:</i> Would you be interested in getting a contraceptive method? <i>Yes</i> → No: go to 8		Family planning and go to 8	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
6. <i>Provider counsel on the importance of postpartum family planning including healthy timing and spacing of pregnancy and ask:</i> Would you be interested in getting a contraceptive method? Yes: a) youngest child < 6 months, go to 4 b) youngest child ≥ 6 months → No: go to 8		Family planning and go to 8	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
7. Are you happy with your contraceptive method? <i>No</i> → Yes: go to 8	Would you like to use another contraceptive method? Yes → No: go to 8	Family planning and go to 8	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
8. Have all your children under 5 been fully vaccinated/immunized? <i>No or don't know</i> → Yes: go to 9	Would you like to schedule immunization for your child (ren)? <i>Yes</i> → No: go to 9	Child immunization and go to 9	<input type="checkbox"/> Provided <input type="checkbox"/> Referral
9. Is there any other service you would like to receive today, or would like to be referred for? <i>Yes</i> → No: end of screening	List service(s):		<input type="checkbox"/> Provided <input type="checkbox"/> Referral
Observations: After completing the screening, present to form to the service provider or put it in the designated folder.			Observations:

Appendix II: Provider-Client Observation Guide

ACCESS-FP Nigeria Postpartum Systematic Screening Observation Guide

Facility Name:	Observer's Name:
Location (District/Province):	Date of Observation:(date)/(month)/(year)
<p>INTERVIEWER:</p> <ol style="list-style-type: none"> 1) Explain purposes of the observation and obtain permission from the provider to observe the session. 2) When a client arrives for newborn care, immunization or sick baby care at the health facility, approach her and introduce yourself: <i>My name is xxxx and I represent the ACCESS Program. We are observing provider and client interaction for maternal, newborn and child health services to learn about their experience which can help improving the services.</i> 3) Ask the client if s is willing to be observed during her visit. 4) Explain that you are interested in learning about interactions between her and her provider. Everything discussed during this visit will be kept CONFIDENTIAL and will in no way affect her services at this facility. <p>Does the provider agree to participate in the interview? <input type="checkbox"/> Agree <input type="checkbox"/> Does not agree, record reason(s): _____ (End and stop recording)</p> <p>Is the client – mother of the children? <input type="checkbox"/> Yes <input type="checkbox"/> No (End and stop recording)</p> <p>Does the client agree to participate in the interview? <input type="checkbox"/> Agree <input type="checkbox"/> Does not agree, record reason(s): _____ (End and stop recording)</p> <p>Signature of Observer: _____</p> <p>Record age of client's youngest child: _____ weeks/months/years old Is client pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	
SECTION FOR REVIEW AND DATA ENTRY	
Data reviewed by:	Data entry:
Date of Review:(date)/(month)/(year)	[STAMP WHEN COMPLETED]

Purpose of the Visit:						
<input type="checkbox"/> Newborn care <input type="checkbox"/> Immunization <input type="checkbox"/> Sick baby care <input type="checkbox"/> Other, specify:						
No.	Task	Observation				Comment
		Yes	No	DK	NA	
I. Overall Observation: Did the provider...						
1.	See client in private					
2.	Treat client with respect					
3.	Ask open-ended question					
4.	Encourage client to ask questions					
5.	Respond to client's questions or concerns					
6.	Use appropriate IEC materials as needed					
7.	Maintain client's privacy and confidentiality					
II. For youngest child less than 6 weeks old: Postnatal care: Did the provider...						
8.	Ask the client if she is receiving postnatal care (PNC)					
9.	Give follow-up appointment or referral as needed					
III. Antenatal care: Did the provider...						
10.	Ask the client if she is pregnant					
11.	Ask the client if she is receiving ANC					
12.	Give follow-up appointment or referral as needed					
IV. Postpartum Family Planning: Did the provider...						
13.	Ask the client about pregnancy intent					
14.	Describe the importance of postpartum family planning or healthy timing and spacing of pregnancy					
15.	Explain methods appropriate to client's situation, what methods: _____					
16.	Provide a method, what method: _____					
17.	Give follow-up appointment or referral as needed					
V. Child immunization: Did the provider...						
18.	Ask the client if all her children received immunization					
19.	Give follow-up appointment or referral as needed					
VI. Client Perspectives: Was the client...						
20.	Able to make her own decision					
21.	Satisfied with the service(s) she received					
22.	Willing to come back for other service(s)					
23.	Felt comfortable asking questions or sharing concerns					
Observer comments:						

Appendix III: Client Exit Interview

ACCESS-FP Nigeria Postpartum Systematic Screening Client Exit Interview

Facility Name:	Woman's Assigned ID:
Location (District/Province):	Date of Interview:(date)/(month)/(year)
Interviewer's Name:	
<p>INTERVIEWER:</p> <ol style="list-style-type: none"> 5) Approach the woman and introduce yourself: <i>My name is xxxx and I represent the ACCESS Program. We are speaking with women with regards of their experience in maternal, newborn and child health services which can help in improving the services.</i> 6) Ensure there is privacy and that the woman is comfortably seated. 7) Ask if she is willing to answer some questions anonymously. 8) Explain that you are interested in improving health programs for women and that her comments will be used only for that purpose. 9) Assure the woman that her answers will be CONFIDENTIAL and will in no way reflect the outcome of services she receives at the health facility. <p>Does the woman agree to participate in the interview?</p> <p>[] Agree</p> <p>[] Does not agree, record reason(s): _____ (End of interview now)</p> <p>Signature of Interviewer:</p> <p>_____</p>	
SECTION FOR REVIEW AND DATA ENTRY	
Date reviewed by:	Data entry:
Date of Review:(date)/(month)/(year)	[STAMP WHEN COMPLETED]

No.	Question	Response	Skip pattern
I. Information about Today's Visit			
1.	What is the reason(s) of your visit for your baby today?	Newborn care...1 Immunization...2 Sick baby care...3 Other, specify: ..95	
2.	How long did it take you to reach this facility today?	[] [] in minutes [] [] in hours	
3.	Before seeing a provider, did you plan to get other service(s) such as family planning?	Yes...1 No...2	→ go to question 5
4.	What service(s)? MULTIPLE RESPONSES ALLOWED	ANC...1 FP...2 PNC...3 Postabortion care...4 Immunization...5 Other, specify: ..95	
II. Information about Respondent			
5.	What is your date of birth? When were you born? OR How old are you?	___/___/19___ (Day/Month/Year) Age in years[___,___]	
6.	Have you ever attended formal school?	Yes...1 No...2	→ go to question 8
7.	What is the highest level of school you attended?	Primary...1 Secondary...2 Higher...3	
8.	How many pregnancies have you had in your life time?		
9.	How many living children do you have now?		
10.	How old is your youngest child?	[] [] in weeks [] [] in months [] [] in years	If youngest child is NOT less than 6 weeks old, go to question 16
III. Postnatal Care			
11.	During today's visit, did your provider talk to you about postnatal care (PNC)? A zuwanki na yau, mai aikin lafiya ya yi miki magana akan zuwa asbiti kafin/lokacin arba'in?	Yes...1 No...2	→ go to question 16
12.	If yes, what were you told?		

13.	Were you referred for PNC services?	Yes...1 No...2	→ go to question 16
14.	If yes, are you planning to go to PNC clinic today, another day or you will not go for PNC services?	Will go today...1 Will go on another day...2 Will not go...3 Don't know...99 Other, specify: ..95	
15.	What are your reasons of making above decision?		
IV. Antenatal Care			
16.	Are you pregnant now?	Yes...1 No...2	→ go to question 22
17.	During today's visit, did your provider talk to you about antenatal care (ANC)?	Yes...1 No...2	→ go to question 22
18.	If yes, what were you told?		
19.	Were you referred for ANC services?	Yes...1 No...2	→ go to question 22
20.	If yes, are you planning to go to ANC clinic today, another day or you will not go for ANC services?	Will go today...1 Will go on another day...2 Will not go...3 Don't know...99 Other, specify: ..95	
21.	What are your reasons of making above decision?		
V. Family Planning			
22.	Do you want to have any more children?	Yes...1 No...2 Don't know...99	→ go to question 24
23.	How long from now do you want to wait before getting pregnant again?	[] [] in weeks [] [] in months [] [] in years Don't know...99 Other, specify: ..95	

24.	During today's visit, did your provider talk to you about family planning?	Yes...1 No...2	→ go to question 32
25.	What were you told?		
26.	Are you using any family planning method(s) now?	Yes...1 No...2	→ go to question 28
27.	What family planning method you are using now?	Female sterilization...1 Male sterilization...2 IUD...4 Implants...6	} → go to question 32
		Pill...3 Injectables...5 Condom...7 Female condom...8 Diaphragm...9 Foam/jelly...10 Other, specify: ...95	
28.	Did you get any family planning method during today's visit?	Yes, method: _____...1 No...2	→ go to question 32
29.	If no, were you referred for FP services?	Yes...1 No...2	→ go to question 32
30.	If yes, are you planning to go to FP clinic today, another day or you will not go for FP services?	Will go today...1 Will go on another day...2 Will not go...3 Don't know...99 Other, specify: ..95	
31.	What are your reasons of making above decision?		
VI. Child immunization			
32.	Have all your children under 5 have been fully immunized? An yi wa duk yaran ki 'yan kasa da shekara biyar rigakafinsu gaba daya?	I don't have children under 5...95 Yes...1	} → go to question 38
		No...2 Don't know...99	

33.	Did your provider talk to you about having your children immunizations? Mai aikin lafiya ya/ta yi miki magana akan rigakafin sauran yaranki ‘yan kasa da shekara biyar?	Yes...1 No...2	→ go to question 38
34.	If yes, what were you told?		
35.	Were any of your children referred for immunization services?	Yes...1 No...2	→ go to question 38
36.	If yes, are you planning to bring your children for immunization services today, another day or you will not bring your children for immunization services at all?	Will go today...1 Will go on another day...2 Will not go...3 Don't know...99 Other, specify: ..95	
37.	What are your reasons of making above decision?		
VII. Overall Satisfaction			
38.	Do you feel you were treated well by your provider today? Kina ganin cewa mai aikin lafiya ya/ta kula dake yadda ya kamata a yau?	Yes...1 No...2	→ go to question 40
39.	If no, what are the reasons?		
40.	Did you feel comfortable asking questions during the visit? Kin saki jikin ki kinyi tambayoyin da kike so ga mai aikin lafiya a yau?	Yes...1 No...2	→ go to question 42
41.	If no, what can be done to make you feel more comfortable?		

42.	Do you feel your provider spent enough time with you? Kina ga mai aikin lafiya ya/ta baki isashshen lokaci a yau?	Yes...1 No...2	→ go to question 44
43.	If not, why not?		
44.	Are you very satisfied, satisfied or not satisfied with the service(s) you received today? Kin gamsu matuka, ko ba laifi ko kuma baki ji dadin zuwan ki asibiti ba a yau?	Very satisfied...1 Satisfied...2 Not satisfied...3	→ go to question 46
45.	If you are not satisfied, why not?		
46.	Would you like your provider to talk about any other services that you could potentially receive during today's visit? Za ki so ace ma aikacin lafiya ya tattauna dake akan wasu fannonin asibiti da zaki iya zuwa a yau don a kula da lafiyarki?	Yes, list service(s): _____ _____ _...1 No...2	
47.	Do you have any suggestions for the service(s) you received today? Kina da wata shawara da zaki bayar don kara inganta irin kulawar da kika samu a yau?	Yes...1 No...2	→ end interview
48.	What are your suggestions?		
<p>INTERVIEWER: Thank the respondent for her time and responses! Give her the study contact (Dr. Nasir in Kano or Dr. Shittu in Zamfara) so that she can talk to someone if she has further questions regarding this interview.</p> <p>Interviewer comments:</p>			

Appendix VI: Provider Interview

ACCESS-FP Nigeria Postpartum Systematic Screening Provider Interview

Facility Name:	Provider's Assigned ID:
Location (District/Province):	Date of Interview:(date)/(month)/(year)
Interviewer's Name:	
<p>INTERVIEWER:</p> <p>10) Approach the provider and introduce yourself: <i>My name is xxxx and I represent the XXX Program. We are speaking with providers who are providing maternal, newborn and child health services to learn about their experience which can help improving the services.</i></p> <p>11) Ensure there is privacy and that the provider is comfortably seated.</p> <p>12) Ask the provider if s/he is willing to answer some questions anonymously.</p> <p>13) Explain that you are interested in learning about her/his experience and the responses s/he provides will be kept CONFIDENTIAL and will in no way affect her/his work at this facility.</p> <p>Does the provider agree to participate in the interview?</p> <p>[] Agree</p> <p>[] Does not agree, record reason(s): _____ (End of interview now)</p> <p>Signature of Interviewer: _____</p>	
SECTION FOR REVIEW AND DATA ENTRY	
Data reviewed by:	Data entry:
Date of Review:(date)/(month)/(year)	[STAMP WHEN COMPLETED]

No.	Question	Response	Skip pattern
I. Background Information			
1.	What type of health professional are you?	Nurse...1 Midwife...2 Nurse/midwife...3 CHO or CHEW...4 Obstetrician...5 Medical Officer...6 Intern...7 Other, specify: _____...95	
2.	In what year did you complete your basic training?	[, , ,]	
3.	How long have you been stationed in this facility?	[,] in weeks [,] in months [,] in years	
4.	What service(s) do you provide on a regular basis? MULTIPLE RESPONSES ALLOWED	ANC...1 FP...2 PNC...3 Vaccination...4 Well baby care...5 Newborn care...6 Vaccination...7 Well baby care...8 Sick baby care...9 Postabortion care...10 Other, specify: _____...95	
5.	Did you attend training on systematic screening that was conducted by ACCESS in October 2009?	Yes...1 No...2	
II. Knowledge about Postpartum Family Planning			
6.	If a postpartum woman is not breastfeeding, how soon can she become pregnant after delivery if she is sexually active?	Right away...1 Within 1 week...2 Within 2 weeks...3 Within 6 weeks...4 Within 6 months...5 Other, specify: _____...95 Don't know...98	
7.	If a postpartum woman's menses is not yet returned, can she become pregnant if she is sexually active?	Yes...1 No...2 Don't know...98	
8.	In your opinion, when should a pregnant or postpartum woman be counseled on family planning? MULTIPLE RESPONSES ALLOWED	During pregnancy...1 Right after delivery...2 Within 1 week postpartum...3 Within 2 week postpartum...4 Within 6 week postpartum...5 Within 6 month postpartum...6 Other, specify: _____...95 Don't know...98	

9.	<p>In your opinion, what family planning methods are suitable for postpartum women who are breastfeeding?</p> <p>MULTIPLE RESPONSES ALLOWED</p>	<p>Female sterilization...1 Male sterilization...2 Pill, specify (progesterone only or combined): _____3 IUCD...4 Injectables...5 Implants...6 Male condom...7 Female condom...8 Diaphragm...9 Foam/jelly...10 LAM...11 Other, specify: _____95</p>	<p>If respondent mentioned LAM, go to question 9;</p> <p>If respondent didn't mention LAM, go to question 10.</p>
10.	<p>What are the three criteria for LAM?</p> <p>DO NOT READ RESPONSE. UNPROMPTED</p>	<p>Menses not returned...1 Baby less than 6 months old...2 Exclusive/fully breastfeeding...3 Don't know...98 Other, specify: _____95</p>	
III. Client Perspectives			
11.	<p>On a regular basis, when you see clients during newborn care, immunization or sick baby care, do you talk to them about family planning?</p>	<p>Yes...1 No...2</p>	<p>→ go to question 13</p>
12.	<p>If yes, what do you tell them?</p>		
13.	<p>Can you estimate: out of 10 newborn care, immunization or sick baby care visits, how many do you counsel women on family planning?</p>	<p>[_,_]/10</p>	
14.	<p>Do you think you can counsel women on family planning more often in those newborn care, immunization or sick baby care visits?</p> <p>Why or why not?</p>	<p>Yes...1 No...2</p> <p>Reason(s):</p>	
15.	<p>Can you estimate: out of 10 clients coming for newborn care, immunization or sick baby care visits, how many of them are interested in receiving multiple services at the same time and how many of them are not interested?</p>	<p>[_,_]/10 are interested [_,_]/10 are not interested</p>	<p>ENSURE ANSWERS TOTAL TO 10</p>

16.	What are some reasons for these clients to be interested in receiving multiple services at the same time?		
17.	What are some reasons for other clients to be not interested in receiving multiple services at the same time?		
18.	<p>Do you think those providers who are providing newborn and child health services should also provide family planning services at the same time?</p> <p>Why or why not?</p>	<p>Yes...1 No...2</p> <p>Reason(s):</p>	
<p>INTERVIEWER: Thank the respondent for her time and responses! Invite her to contact us at XXX-XXXX if she has further questions regarding this interview.</p> <p>Interviewer comments:</p>			