Appendices

Appendix I:
CHANGE Framework for Maternal Survival Tools/Approaches

APPENDIX I: CHANGE Framework For Maternal Survival Tools/Approaches*

HOUSEHOLD		COMMUNITY				FACILITY	
		LINKS					
Increased Knowledge, Improved Timely Use of Skilled Care/EmOC		Supported by Informed, Concerned Community		Connected to Improved Services		Delivered by Skilled, Caring Providers	
Gap	**Tool/Approach**	**Gap**	**Tool/Approach**	**Gap**	**Tool/Approach**	**Gap**	**Tool/Approach**
Even in presence of danger sign recognition, and often within reach of improved services, women and families do not seek timely, skilled care	"Danger Signs Plus" Build on experience to enhance tools that identify and systematically address factors other than recognition of danger signs that contribute to careseeking delays	"Generic" behavior change strategies, approaches and messages aimed to reduce maternal deaths have not had the intended impact at family/community level to increase use of skilled care	Apply a strategic approach to planning and implementation of national behavior change interventions that include prioritized, setting-specific behaviors and interventions ("Localization"- lexicon of terms)	Perceived poor quality of care and other access factors limit timely use of skilled attendance, EmOC and early postpartum care (EPPC)	Improve "image" of skilled providers and facility-based care	Despite skills training and infrastructural improvements, maternal care providers continue to provide less than optimal EmOC and EOC services ,in some settings	"Skilled Attendance Plus" Research – based identification and continual reinforcement of the behavioral aspects of improved clinical practice
In some environments where skilled delivery attendance is feasible, women continue to prefer traditional or family birth assistance	Identify, adapt, implement and assess tool/approach that facilitates household level change toward improved use of skilled delivery assistance and early postpartum care	Sustaining community involvement in improving maternal survival remains a challenge	"Birth Preparedness Plus" Adapt, expand and assess effectiveness of existing approaches to participatory community-based behavior change interventions	The full range of behavior change methodologies, including social marketing, have not been consistently and aggressively applied to reducing maternal deaths Cultural differences in family and community birth preferences and facility childbirth care procedures limits use of care even when improved services are available	Employ proven social marketing and other techniques to "reposition" skilled childbirth attendance, increasing acceptability, desirability and demand among families Adapt, expand and apply world view and other methodologies to identify and reduce barriers between providers and communities		Develop, implement and assess a research-based package of interventions to identify and address the behavioral aspects of provider performance Strengthen team building and facilitative supervisory techniques for group problem solving adapted to a hierarchical care environment Introduce appreciative inquiry approach and other non-threatening performance assessment Widespread promotion of "socially responsible obstetrics"
Differences in "readiness to change" patterns of careseeking among individuals, family members and communities not considered when designing behavior change strategies and interventions	Develop a tool to assess and measure changes pre/post intervention in "readiness to change" skilled childbirth care use patterns Develop behavior change interventions specifically tailored to individual and household "readiness to change" (stage-of-change based interventions)						

Appendix II:
Sample Instruments English/French/Malinke

IN-DEPTH INTERVIEW WITH ELDER FEMALE FAMILY INFLUENTIALS (EFFI): GUINEA

Respondent ID:	
Name:	
Address/Location:	
Relationship to Woman (if any):	
Most recent exposure to a birth in her household:	
Distance to closest BEOC facility (1/5/far):	
Distance to closest CEOC referral facility (1/5/far):	
Closest known TBA:	

EFFI Ideal Behaviors:

- **Accept** home visit from "informed EPPV" (early postpartum visitor) for early postpartum check x 2-3.

Or

- **Support** visit to skilled provider for early postpartum care.
- **Accept referral** for additional care if advised by EPPV linkworker.
- **Recognize/refer** early postpartum maternal and newborn danger signs.
- **Provide/ Support** routine preventive EPP health behaviors for new mother and newborn.

- **Suggest/identify** appropriate "linkworker" informed early postpartum home visitor (preferred provider).

Or, if home visits found not to be acceptable,

- **Suggest/identify** preferred location for EPP linkworker.

Research Objectives:

Overall Consultative Research Objective:

To identify factors that contribute to patterns of early postpartum care seeking behavior among elder female family influentials (EFFI) of recently delivered women; and to test the concept of introducing early postpartum home visitors.

Specific Research Objectives

1. To document the content and practice of routine maternal and newborn early postpartum (EPP) caregiving at household level from EFFI perspective.

2. To document EFFI perspective of the current level of family/household/community caregiver awareness of maternal and newborn EPP danger signs; and the specific dynamics of EFFI role in family EPP careseeking decisionmaking when complications and emergencies occur,

with special focus on “triggers to action.”

3. To document factors that EFFIs think influence TBAs and other community caregivers decision to provide home care, seek traditional care, and/or seek EPP care outside the home: and identify factors in EFFI acceptance of TBA or other referral for additional EPP care.

4. To identify barriers and potential motivators to improved EFFI support for utilization of EPP care.

5. To determine the acceptability and feasibility of the concept of EPP home visits, and of informed early postpartum care visitors or “EPP linkworkers” among EFFIs.

6. To determine preferred EPP care provider or linkworker, preferred EPP care source or linkworker location, and content of EPP care/counseling among EFFIs.

7. To document the nature and extent of the social networks of EFFIs; and how these social networks might be best used to rapidly spread information about improved early postpartum care practices among their peers and the community- at- large.

This is part of a study to learn more about how we can help women be healthier in pregnancy and childbirth. We want to learn about what role elder women in your village have during childbirth and in the time right after, because we know that elder women are very important in the family and the community.

QUESTIONS PER TOPIC AREA

Birth location and birth assistance decisionmaking

Where do women in your community usually prefer to give birth? Who would attend the birth there?

Do they prefer to be attended by the TBA or a "skilled provider" (*describe for them)?* Why is that?

Where do the women in your household prefer to give birth, at home or at a facility? Why?

Do they prefer to be attended by a TBA or a "skilled provider"? Why? Do you also feel this way? Where did the last woman who gave birth in your household deliver? Why?

Which do you advise to women in your household without problems? Why? Which do you advise to women in your household with obstetric problems? Why? How is it decided if women will have skilled attendance at birth?

Why do some women continue to use TBAs in their community? Do you think more women want to get skilled care at a facility? If yes, would elder women in their households support this? Why/why not?

Do you know anyone who used a skilled birth attendant? What kind of women are they?

What are the qualities of a good elder woman who cares for the women in her household? What could elder women do to help younger women in their households and communities give birth with skilled attendance?

Do you think all women could get care from a skilled provider during birth and in the 1-2 weeks after birth? How? What are ways to get more women to use skilled care during these times, especially women with problems?

What would you say to women and families to make sure they get skilled attendance during birth and after birth?

Routine immediate/early postpartum care/ Reasons for use or non-use of EPP Care

Notes for the Interviewer
Key ideas to explore: *Current content of immediate and early **maternal** postpartum care at household level* *Self-care, use of traditional/skilled care* *Current content of immediate and early **newborn** postpartum care at household level* *Self care, use of of traditional/skilled care*

We talked about preparing for birth, and about giving birth. Now I would just like to ask you a few more questions about the time right after birth.

Even when the mother and baby are fine, do they get a check-up right after birth? Who is the best person to give the check-up?

Did anyone come in to help the last woman who gave birth in your household **right after** birth?

How soon after did they come?

Did someone call them to come?

If a woman gets problems after birth, what should she do? What would you do if a problem happens?

Who is the best person to help her? Why? How do they know there is a problem?

Who do new mothers tell if they think there is a problem after birth?

What could elder women do to help more women get skilled care 1 and 2 weeks after birth? What other things can be done? By whom?

Careseeking in EPP Emergencies

Notes for the Interviewer
Key ideas to explore: • *Recognition of danger signs, maternal and newborn decisionmaking "Triggers to action"* • *Barriers to use if EPP care in maternal routine and emergency situations* • *Motivators to use if EPP care in maternal routine and emergency situations*

Sometimes women during birth and in the time right after birth have problems. Have you heard about any illnesses or sicknesses?

Which of these problems are serious illnesses or sicknesses? Why?

What causes the illnesses or sicknesses?

What can happen to a pregnant woman with this problem?

What happens if a woman gives birth at home with a TBA, and these illnesses or sicknesses occur? What should the TBA do for each one? When should additional help be summoned? How?

Do people do anything to prepare ahead of time in case obstetric problems like these happen? What?

If there is a birth problem, why is it that some women do not get skilled care in time when they need it?
Do elder women in your community help women go for skilled care when there is a problem? Why/why not? Other community influentials? Why/why not?

When a woman goes for care of a birth problem at a facility, what happens? Are they prepared for birth emergencies there? How well do they take care of birth problems and emergencies? How do they treat women? Why do you say that?

Is the obstetric care good at facilities? Do they welcome women from your community?

TEST CONCEPT: EPP Link Care Provider

Notes for the Interviewer
Key ideas to explore: • *conditions of acceptability of EPP link care provider concept* • *preferred EPP care provider* • *preferred EPP care location* • *preferred content of EPP care maternal/newborn*

We have talked about care for new mothers and new babies after birth, about why women and families do/do not seek or expect health care during that time. Now I would like to ask a few questions about some ideas we have to try and improve the availability, access and use of early postpartum care here in your village.

Would you allow someone trained to visit a new mother in your home in the days and weeks following birth if there were no health problems for you/baby? Why/ why not? If there **are** health problems for the new mother/baby? Why/ why not?

If you could have your choice and select anyone, who would YOU prefer to make this visit to your home to check on new mother and baby? If no problem/ if problem. Why?

Do you think this is also who your FAMILY would prefer to visit the new mother? Why/ why not. Friends would prefer?

Have you heard that there is any (skilled) care available routine/emergency for new mothers or new babies at any health facility near you? far from you? at ANY other (skilled) care source? Why would you use/not use these kinds of care?

What about other kinds of care (unskilled/traditional/other)? Why would you want new mothers to use/not use these kinds of care?

Would you want a new mother to **go out to visit** someone trained in the days and weeks following birth if there were no health problems for the new mother/baby for a routine check? Why/ why not? Who? Where?

Would you want a new mother to **go out to visit** someone trained if there **are** health problems for the mother/baby? Why/ why not? Who? Where?

What kind of care would you like them to provide? Why? Any kind of care you would NOT want during that time right after birth?

Do you think this is also who your FAMILY would prefer the new mother to **go out** to visit? Why/ why not. Friends would prefer?

Do you think a new mother might have any difficulty allowing an EPP visit in? What kind? Why?

Do you think a new mother might have any difficulty making an EPP check-up visit out? What kind? Why?

Social Support/Social Networks/Communication Channels

Notes for the Interviewer
Key ideas to explore: • *most influential peers role models for maternal and newborn issues, and reasons why* • *most regular social contacts female/male where, why, when*

What do younger women know about pregnancy, childbirth, and the time after birth before they give birth? Where do they get information from?

Do you think they would like to know more? What kinds of things?

Who do women your age talk with and socialize with usually? Are there groups that women your age attend? What activities are women your age involved with?

Is this what you do? How often? Where?

Could information on skilled attendance be shared through these groups and activities? How else can women like yourself get information about how to help women and their families with childbirth and skilled attendance?

Who do you think younger women talk with and socialize with usually? Are there groups that younger women attend? What activities do they do?

Who do you think TBAs talk with and socialize with usually? Are there groups that they attend? What activities do they do aside from assisting births?

Who do you think men talk with and socialize with usually? Are there group that they attend? What activities are they involved with?

Do you listen to the radio? How often? What times? What programs are your favorites? Do you ever talk with others about what you hear on the radio?

Do you read or look at any newspapers or magazines? How often? Which ones?

Thank you.

INTERVIEW EN PROFONDEUR AVEC DES FEMMES AGEES: GUINEE

Identité de la Personne interrogée	
Nom:	Age :
Adresse/Lieu:	Niveau d'Education :
Structure sanitaire la plus proche (km) :	
Comment vous êtes liées à la dernière femme qui a accouché dans votre famille :	
Est-ce qu'elle a eu une complication post-partum :	Oui ou Non
Distance au centre de référence (km) :	
L'accoucheuse de village le plus proche:	Est-elle formée : oui ou non?
Distance du domicile de l'accoucheuse au domicile de la femme (km) :	
Distance du domicile de l'accoucheuse à la structure sanitaire la plus proche (km) :	

QUESTIONS PAR SUJET

Voici la partie d'une étude pour apprendre plus comment nous pouvons aider des femmes à être toujours en bonne santé pendant la grossesse et ainsi qu'à l'accouchement de leur enfant. Nous voulons également savoir quel rôle une femme aînée joue dans votre village pendant l'accouchement et après aussi, parce que nous savons que les femmes âgées sont très importantes dans la famille ainsi que dans la communauté.

Une prise de décision sur lieu et l'assistant à l'accouchement

1. Où est ce que les femmes préfèrent habituellement accoucher dans votre communauté? Qui assiste à l'accouchement?

2. Préférent-elles d'être assistées par une AV ou par un agent de santé? Pourquoi?

3. Où les femmes de votre famille préfèrent accoucher, à la maison ou dans une formation sanitaire? Pourquoi?

4. Aiment-elles être assistées par une accoucheuse villageoise, ou avec un agent de santé? Pourquoi? Aimez-vous également cette méthode? Pourquoi?

5. La dernière femme qui a accouché dans votre famille ou avait-elle fait son accouchement? Pourquoi?

6. Quel conseil donneriez-vous aux femmes de votre famille qui n'ont pas de problèmes? Pourquoi? Quel conseil donneriez-vous aux femmes de votre famille avec des problèmes obstétricaux? Pourquoi? Comment sera décidé si des femmes dans votre famille obtiennent aide d'agent de santé pendant accouchement?

7. Pourquoi certaines femmes continuent à utiliser les accoucheuses villageoises (AV) dans leur communauté? Pensez-vous qu'assez de femmes veulent accoucher avec des agents de santé? Si oui, est-ce que les femmes âgées dans leurs familles peuvent supporter ceci? Pourquoi? Pourquoi pas?

8. Connaissez-vous quelqu'un qui a déjà utilisé un agent de santé? Quels sort des femmes?

9. Quelles sont les bonnes qualités d'une femme âgées qui veille sur des femmes?

10. Qu'est-ce qui sont les bonnes choses que les femmes âgées font pour les autres femmes dans sa famille? Qu'est-ce que les femmes âgées peuvent faire pour aider des jeunes dames dans leurs familles et communauté de s'accoucher avec des agents de santé?

11. Pensez-vous que toutes les femmes peuvent obtenir un soin avec un agent de santé pendant l'accouchement ainsi qu'une semaine après l'accouchement? Comment? Quels sont les moyens pour augmenter les nombres de femmes qui utilise les agents de santé pendant ces moments, spécialement les femmes qui ont des problèmes?

12. Quelle assurance pouvez-vous donner aux femmes et aux familles qu'elles peuvent avoir une assistance spécialisée pendant et après leur accouchement?

Les soins habituels immédiats de post-partum (SPP)

Nous avons discuté l'accouchement et la préparation d'un accouchement. Maintenant j'aimerais vous poser quelques questions au sujet du moment qui vient après l'accouchement.

13. Même quand la mère et le bébé se portent bien, est ce qu'ils obtiennent une consultation sanitaire après l'accouchement?

14. Est-ce que quelqu'un est venu apporter l'assistance sanitaire à la dernière femme qui avait accouché dans la famille dès après l'accouchement? Qui? Qu'est-ce qu'il a fait?

15. Quand la personne est venue?

16. Est-ce qu'elles ont été appelées par quelqu'un?

17. Si une femme a des problèmes après l'accouchement, que fait-elle? Que faites-vous si un problème arrivait?

18. Qui est la meilleure personne pour aider la femme qui vient d'accoucher? Pourquoi? Comment savent-elles qu'il y a un problème?

19. A qui disent les nouvelles mères si elles pensent qu'il y a un problème après la naissance?

20. Qu'est ce que les femmes plus âgées font pour aider les femmes a ce qu'elles aient un soin des semaines après l'accouchement? Quelles sont des autres choses qui peuvent être faites? Par qui?

Attentions portées en cas d'urgence de SPP

21. Pendant l'accouchement parfois des femmes ont des problèmes ainsi qu'après. Avez-vous entendu parler des maladies pendant ces moments? Lesquelles?

22. Lesquelles des maladies sont sérieuses? Pourquoi?

23. Quelles sont les causes de ces maladies?

24. Que peut-ils arriver à une femme enceinte avec ces problèmes?

25. Que va-t-il se passer si une femme accouchait à la maison dans les mains d'une accoucheuse villageoise, et que ces maladies se présenter, que fera t-elle? Qu'est ce qu'une AV pourra faire pour elle? Quand est-ce qu'une aide additionnelle peut être appréciée?

26. Est-ce que rien n'est fait auparavant dans un cas des problèmes obstétricaux comme ce qui est arrivé? Quoi par exemple?

27. S'il y a un problème d'accouchement, pourquoi certaines n'obtiennent pas le soin au bon moment, c'est-à-dire où le besoin se fait sentir?

28. Est-ce que les femmes âgées dans votre communauté aident les femmes à aller dans une formation sanitaire lorsqu'il y a un problème? Pourquoi? Pourquoi pas? Est-ce qu'ils y ont les autres dans la communauté qui aident les femmes aller dans une formation sanitaire lorsqu'il y a un problème? Pourquoi? Pourquoi pas?

29. Lorsqu'une femme va dans un centre de santé pour prendre des soins, qu'est ce qui se passe?

30. Sont-ils préparées pour la prise en charge des femmes en urgences la-bas? Comment donnent-ils de bons soins sur les problèmes d'accouchement et des secours d'urgence? Comment traitent-ils les femmes? Pourquoi dites-vous cela?

31. Est-ce que le soin obstétrique est bien administré dans les centres de santé? Est-ce que les femmes sont bien reçues dès leur retour dans votre communauté?

Concept du Teste : Les visiteurs communautaires post-partum (VCPP)

Nous avons parlés de l'attention portée à la nouvelle mère et aux nouveau-nés après la naissance, aussi pourquoi les femmes et la famille font et ne font pas ou n'attendent pas les visites sanitaires dans ce temps. Maintenant je voudrais vous poser quelques questions au des idées que nous allons essayer et améliorer la disponibilité et l'utilisation des soins post-partum ici dans votre village.

32. Avez-vous permis un fois/de fois à quelqu'un formé en santé, pour rendre visite à une nouvelle mère chez vous en famille dans les jours et semaines qui suivent après l'accouchement, même si la mère n'a pas eu des problèmes ainsi que son bébé? Pourquoi? Pourquoi pas?

33. Si vous pouvez avoir votre choix, qui préfèrez-vous à faire cette visite chez vous en famille pour consulter une nouvelle mère et son bébé? Pourquoi? Et s'il n'y a pas de problème, preferez-vous le même personne ou un autre? Pourquoi?

34. Pensez-vous que cette personne est aussi celle que votre famille préfère qu'elle rende visite pour consulter la nouvelle mère? Pourquoi? Pourquoi pas? Est-ce que vous amis préfèrent la même personne indiquée?

35. Avez-vous appris qu'il y a des formations sanitaires disponibles de soins d'urgences pour les nouvelles mère ou des nouveau-nés dans un centre de santé à cote de vous? Et loin de vous? Ou dans un autre de formation de santé? Utiliseriez vous en cas de besoins ses services? Pourquoi? Pourquoi pas?

36. Que diriez-vous des autres types de soins (personnel non médical, traditionnel et autre)? Pourquoi voudriez-vous que les nouvelles mères l'utilisent ou n'utilisent ces types de soins?

37. Voudriez-vous qu'une nouvelle mère sorte pour rendre visite à quelqu'un formé en santé dans les jours, les semaines qui suivent leur accouchement s'il n'y a pas de problème de santé pour elle et pour son nouveau-né pour une consultation de routine? Pourquoi? Pourquoi pas? Qui? Où?

38. Voudriez-vous qu'une nouvelle mère sorte pour rendre visite à quelqu'un formé en santé s'il a des problèmes de santé pour lui et pour son bébé? Pourquoi? Pourquoi pas? Qui? Où?

39. Quels types de soins aimeriez-vous qu'on les donne? Pourquoi?

40. Pensez-vous aussi que c'est celui que votre famille préfère rendiez visite au nouvelle mère et son nouveau-né? Pourquoi? Pourquoi pas? Est-ce que c'est la même personne que vos amies préférèrent?

41. Pensez-vous que vous auriez quelque difficulté en permettant un visiteur communautaire de post-partum (VCPP) de rendre visite pour consulté la nouvelle mère et son nouveau-né à la maison? Quelle sorte de difficulté? Pourquoi?

42. Pensez-vous que les nouvelles mères auraient quelque difficulté en allant rendre visite pour des consultations à un visiteur communautaire de post-partum (VCPP)? Quelles difficultés? Pourquoi?

Réseaux Sociaux/Chaînes de Communications

43. Qu'est-ce que les jeunes femmes savent à propos d'une grossesse, d'accouchement, et le moment après l'accouchement avant qu'elle-même ne donnent naissance? D'où reçoivent-elles de l'information?

44. Pensez-vous qu'elles aimeraient en savoir plus? Comme quoi?

45. Que font les femmes de votre âge en parlant avec vous certainement en vous associant habituellement à leur discussion? Y a-t-il des groupes que les femmes de votre communauté attendent? Quelles sont les activités qu'elles font ensemble?

46. C'est ce que faites-vous? Où? Comment souvent le faites-vous?

47. Est-ce que l'information sur les soins aux structures sanitaires peut être vulgariser par les groupements et les associations? Comment les femmes comme vous peuvent avoir des informations pour aider des femmes et leurs familles avec l'accouchement et l'assistance près des structures sanitaires?

48. A qui pensez-vous avec les quels les jeunes femmes causent et sont habituellement associées? Est-ce qu'il y a des groupes que les jeunes dames attendent? Quelles sont les activités qu'elles font ensemble?

49. A qui pensez-vous avec les quels les AV causent et sont habituellement associées? Est-ce qu'il y a des groupes que les attendent? Quelles sont les activités qu'elles font ensemble en hors des accouchements?

50. A qui pensez-vous avec lesquelles les hommes discutent et sont habituellement associés? Quel est le groupe qu'ils attendent? Quelles sont les activités dans les quelles sont-ils impliqués?

51. Ecoutez-vous la radio? Combien de fois? Quel sont les programmes qui sont vous préférez? Avez-vous jamais parlé avec les autres de ce que vous avez entendu à la radio?

52. Est-ce que vous lisez ou regardez les journaux ou magazine? Comment souvent le faites-vous? Lesquels?

Merci pour votre assistance!

INTERVIEW EN PROFONDEUR AVEC DES FEMMES AGEES: GUINEE

Date d'interview _____

Numéro d'interview _____

Début d'interview _____

Fin d'interview _____

Identité de la Personne interrogée	
Nom:	Age :
Adresse/Lieu:	Niveau d'Education :
Structure sanitaire la plus proche (km) :	
Comment vous êtes liées à la dernière femme qui a accouché dans votre famille :	
Est-ce qu'elle a eu une complication post-partum :	Oui ou Non
Distance au centre de référence (km) :	
L'accoucheuse de village la plus proche:	Est-elle formée : oui ou non?
Distance du domicile de l'accoucheuse au domicile de la femme (km) :	
Distance du domicile de l'accoucheuse à la structure sanitaire la plus proche (km) :	

QUESTIONS PAR SUJET

Voici la partie d'une étude pour apprendre plus comment nous pouvons aider des femmes à être toujours en bonne santé pendant la grossesse et ainsi qu'à l'accouchement de leur enfant. Nous voulons équalement savoir quel rôle une femme aînée joue dans votre village pendant l'accouchement et après aussi, parce que nous savons que les femmes âgées sont très importantes dans la famille ainsi que dans la communauté.

Une prise de décision sur lieu et l'assistant à l'accouchement

1. Ködö man moyili diya dyuman duman alu la soo moso lu nyè? dyon ye tin körö sii kèla?

2. A duman moso lu nyè tin körö sii mosolu ye alu kun na sii? ni wotè dötörö lu? Mun na?

3. yörö dyuman den södön duman alu la moso lu nyè? luma? Ni wotè dötörö so la? mun na?

4. A duman alu la moso lu nyè alu ye kun nasii tin körö sii moso lu bolo? ni wotè dötörö lu? mun na? wo duman alu fanèn nyè? mun na?

5. Moso mèn ka den södön alu la dembaya könö köönin na, a moyi da mi? mun na?

6. Alu dise lalili kan dyuman di la alu la moso lu ma mèn nu ma gbèlèya södön moyi li wati? mun na? lalili kan dyuman ne alu bolo kafö alu la dembaya könö moso lu nyè mèn nu ka gbèlèya södön könömaya dö? Mun na? Ni dötörö ka alu la soo moso do kun na sii wo kola tèè ye kèla di?

7. Mun na alu la soo moso dolu ye moyila tin körö sii moso lu bolo wati bèè? Alu ta miri dö a duman moso siyaman nyèka den södön dötörö lu bolo? **Si oui** Yala wo di bèn so moso ködö lu ma? Mun na? **Si non**?

8. Alu ka moso lön mèn bada moyi dötörö do bolo? Moso la ka su dyuman?

9. Kèwali nyuma dyuman ka kan ka kè moso ködö lu bolo ka bèn dyantoli ma dyubabatö lu dö?

10. Moso ködö lu ye Kèwali nyuma dyuman kèla dembaya könö moso tölu nyè? Moso ködö lu dise alu la soo moso misèn nu dèmèn na oi walako alu di wa moyi dötörö lu bolo?

11. Alu ta miridö, moso lu dise dandali södön na dötörölu bolo a moyi wati? ani a moyi kö kunyö kelen? Nya dyon ma? Mun dise kèla walako moso siyaman ye wa dötörö lu bada alu moyi wati ni alu moyi kö kunyö kelen, a gbengben dö moso mèn nu ye kunko södön na moyi wati la?

12. Sereya kan dyuman dise föla moso lu ni alu la dembaya lu nyè ka bèn moso lu makadan ko nyuma ma alu moyi wati ni alu moyi kö?

Les soins habituels immédiats de post-partum (SPP)

Nous avons discuté l'accouchement et la préparation d'un accouchement. Maintenant j'aimerais vous poser quelques questions au sujet du moment qui vient après l'accouchement.

13. Moso moyi ködö, hali ni tana makè ani den na, yala , alu ye wala dötörö so la mafèlèli diya?

14. Yala, moso mèn moyi da köö nin na alu la dembaya könö, möö do nada dandali kè ala a moyi san kuda? Dyon tèdè wodi? A ka mun kè?

15. Möö wo nada tuma dyuman na?

16. Yala moo le wada a wole?

17. Ni moso ka gbèlèya södön moyili köfè , a ye mun kèla? Alu ye mun kèla ni gbèlèya ko nada?

18. Moso mèn moyi san ye, möö dyön bèn ni wo madèmèn bolo ma? Mun na? Wo tii ye a lön nadi ko kunko doye yen?

19. Den bati kuda lu ye a f;ola dyon nyè ko ni alu miridö ko kunko ye södön na moyili ködö?

20. Moso ködö lu ye mun kèla ka moso lu dèmèn walako alu ye dandali södön a moyi kunyö ködö? Kobgèrè dyuman ka kan ka kè? Dyon bolo?

Attentions portées en cas d'urgence de SPP

21. Moyili wati ni a kö, moso lu ye kunko dolu södön na , alu bada dyankaro dolu komèn ka bèn wati wolu ma? Dyankarosu dyuman nu?

22. Dyankaro dyuman nu gbèlèman ba ye wolu dö? Mun na?

23. Dyankaro wolu sabu ye mun di?

24. Mun dise moso könöma masödön na dyankaro wolu dö?

25. Ni moso moyi da luma tinködö moso bolo, a ye bèn dyankaro wolu do kun bö ma, mun ye kèla? Tinködösi moso dise mun kèla moso nyè? Ma dèmèn ni gbèdè dise kèla tuma dyuman?

26. Yala alu bada ko kè ködö man ka bèn den södön ni könömaya la gbèlèyama? Alu dise wolu do ko f öla?

27. Ni kun ko tèda den sörön wati, mun na moso dolu tè dandali södön na i ködö wo tuma?

28. Yala, alu bada yan, moso ködö lu ye moso lu dèmèn na ka lu lawa dötörö so la ni kunko tèda? Mun na? ni wotè don? Yala, möö gbèdè lu ye so könö mèn ye moso lu dèmèn na ka lu lawa dötörö so la ni a bènda kunko ma? Mun na? Ni wotè don?

29. Ni moso wada dötörö so la dandalidiya, mun ye tami na yen?

30. Bolo dö bèn kèni yen (Dötörö so) ka bèn moso könöma makadan ma gbèya dö? Alu ye dandali konyuma kèla di ka bèn moyili la gbèlèyama? Alu ye moso lu dankun na di? Mun na i ye wo föla?

31. Yala könöma lu ni dyubabatö lu yedandali konyuma södön na dötörö so lu la? Yala moso lu ba alu köseyi ka bö dötörö so la, alu ye labèn na a nyuma la so lu könö?

Concept du Teste : Les visiteurs communautaires post-partum (VCPP)

Nous avons parlés de l'attention portée à la nouvelle mère et aux nouveau-nés après la naissance, aussi pourquoi les femmes et la famille font et ne font pas ou n'attendent pas les visites sanitaires dans ce temps. Maintenant je voudrais vous poser quelques questions au des idées que nous allons essayer et améliorer la disponibilité et l'utilisation des soins post-partum ici dans votre village.

32. Alu bada dinyè wati dolu la son ka to möö mèn ka dötörö ya karan kè woye na bö dyubabatö ma lu könö a moyi kunyö ködö hali ni ko tè den bati kudani a den na? Mun na? ni wotè? Muna?

33. Alu ta sugandi bolo ma, a duman alu nyè dyon ye waden bati kouda ni a den mafèlè lu könö? Mun na? Ni kunko makè yen, möö kelen wole duman alu nyè baa möö gbèdè? Mun na?

34. Alu ta miridö, alu la dembaya bèè di bèn möö kelen wo ma den bati kuda mafèlè ko dö? Mun na? ni wo t`e don? Yala möö kelen wo di diya i dinyö lu nyè?

35. Alu ye a kalama ko a kè da alu dafè la di ni wotè wulala, ko dötörö so ye moso dyubabatö lu ni alu den nu la gbèlèyalu dandala? Ni wotè dötörö so gbèdèla? Yala alu di son wala yörö wolu dö ni alu mako seda alu ma? Mun na? ni wotè?

36. Miri dyon ye alu la ka bèn dandalila tö lu ma, fadafin fida ni wotè dogbèdè? Mun na a duman alu nyè den bati kuda lu ye wa wolu bada ni wotè alu kana wa?

37. Yala alu ye a fè den bati kuda ye wa mafèlèlila dötörö do bada a moyi kunyö ködö hali ni kunko ma kè a ni a den na walako ka a mafèlè? Mun na? Dyön? Min? Ni wotè don?

38. Alu ye a fè den bati kuda ye wa mafèlèlila dötörö do bada ni kèndèyako ka kè a ni a den na? Mun na? Dyön? Min? Ni wotè don?

39. Dandali su dyuman duman alu nyè ka wo kè alu la? Mun na?

40. Aluu la miridö denbaya bèn nin möö mèn ma a luu fanan bèn nin woma, wo tiiye na bö denbatii ni a den ma luma? munna? Sii nyön fanan bèn ni möö kelen woma

41. Aluu miriyadö, aluu di gbèlèya dala södön dyubabatö dögbèlalu la bönbadalidö denbatii ni aden ma luma? gbèlèya könödöfili su dyön? mun na?

42. Aluu miridö dyubabatö di gbèlèya södön na wara dyubabatö ma fènèn na bada? gbèlèya dyön? mun na?

Réseaux Sociaux/Chaînes de Communications

43. Mosonin misèn nu ka mun lön könömaya kodö, ani moyi ko kan, ani dyubabatöya, dyan ni alu dyèdè ye den södön? Aluu ye lihala wo södön na min?
44. Aluu ta miridö, alu ye a fè ka do la lön ni wo kan? yo mun?
45. Ködöman, I sikasabi nyöluu ba nyön Nadèn, baro boloma aluu ye bèn na mun ma ko ka dè? Dèkuru gbèrè luu ye yen, alu sikasabi nyö luu di se mèn kafo la aluu kan? Aluu bara nyuman kèla kelen di?
46. I ye tèrè worö? min? nya dyön?
47. I yala, lihala mèn nu ye dandali kokan dötörö soo luu könö, wolu dise la wankala dèkuru luu bolo? Aluu si kasabi nyö luu ye lihala wo sörön na di, walako alu di se muso dolu ni alu la denbaya lu dènèn na moyi wati ani magbènin boloma dötörö soo lu la?
48. Aluu ta miriyadö, mosonin misèn nu ni dyönti lu ye badola kuru kelendö ködönman? I yala mosonin misèn nu ye dèkuru gbèdè lala alu kan? a lu ye baara nyuman kèla nyönfè?
49. Aluu ta miraya dö tin körösi musolu ni dyönnu darini barokèla ködöman? I yala, dè kuru lu yen alu ye mèn nu kafola alu la sön? Ani wolu ye baara gbèdè nyuman kèla nyön fè mèn ni tinkörösi tè kelendi?
50. Aluu ta miriya dö, kè lu nin dyön nu darini badonyöya kèla? Aluu ye dè kuru nyuman kafola alu kan? Aluu tèrè da bara nyuman dö alu fè?
51. Aluu ye radio la mènna? Sunya dyeli? Ko nyafö nyuman duman aluu ye wodö? Aluu ni do lu ma badonyöya kè radio kan wo kan?
52. I yala alu ye lihala sèbè dolu karan na sön? Sèbè sudyuman?

Merci pour votre assistance!

Appendix III:
Generic BCI Strategy Formulation Grid

Behavior Change Intervention (BCI) Strategy

Target Group: _____

Behavioral Analysis					**Behavior Change Interventions and Activities**				
Ideal Behaviors	*Current Behaviors*	*Barriers*	*Motivators*	*Conditions of Acceptability*	***Communication***	***Training (IPCC, skills, behavior change)***	*Changes in Policies, Norms or Standards*	***Service, System or Infrastructure Changes***	*Product Improve-ment*

Appendix IV:
Lexicon of Terms

Lexicon of Terms-Guinea

English	French	Malinké
General Health		
Persistent fever	Fièvre persistante	Nènè gbèlèn
Dizziness	Vertige	Nyala minin
Icterus/Jaundice	Ictère	
Rapid breathing	Respiration rapide	Nilakili kaliman
Fever	Fièvre	
Bleeding from umbilical cord	Saignement de l'ombilic	Dyeli böla den buda la
Congenital malformation	Malformation congénitale	
Refuse to breastfeed	Refus de tété	
Premature	Prématurité	
Septicemia/pyemia	Septicémie	
Mother's Health		
Infection	infection	Gnaman
Syphilis	syphilis, l'enfant mange le placenta	Donso damu
Hemorrhage	hémorragie	Basi wara ma
Head ache	maux de tête	Kundimin
Mastitis	mastite	Sin dimin
Edema	oedèmes	Fadilafa
Stomach Ache	maux de ventre	Könö dimin
After pains	Tranchée utérines	Kudu yèlèman
Prolonged labor	travail prolongé	Tin gbèlèn
Newborn's Health		
Marasmus	marasme	fasa
Hydrocephalus/ Macrocephalia	hydrocephalie/macrocephalie	Sala/kun
Malformation	malformation	Den fèma
Fever	fièvre	Fadi kalaya
Malformation of head	frontannelle deprimée ou bomée	Wunè
Ulceration	ulcération buccale	Nalön
Candiose buccale	candiose buccale	Dyaro
Infection	infection	Nyaman

English	French	Malinké
General Terms		
Postpartum visitor/ link worker	Visiteur communitaire de postpartum	Dyubaba tö lu mafènèn na so könö :
Problem	problème	gbèlèya
Care from a traditional birth attendant or family member	Soins : (Accoucheuse/famille),	ma bèn ni
Care from a skilled provider	Soins: (Agent de Santé)	dandali
Consideration	consideration	asiyanmandö
New mother	femmes accouchee	Dyubabatö
Home visit	visite à domicile	Bönmali
Health care visit	viste au centre de santé	Ma fèlèli
Referral	référence	
Is it/is there/ is that?	est ce que?	I yala ?
Why?	pour quoi ?	Muna?
Why not?	pourquoi pas ?	Mna wotè kèla?
How?	comment ?	Nya nyuman?
Why is that?	pourquoi ça ?	Muna wodö ?
Decision by the woman	decision par la femme	bö yèrè dö li
Decision by the husband and family	par le mari et la femille	kolatè

Appendix V:
Early Postpartum Behaviors Related to EPPV

Recommended Behaviors for Improved Early Postpartum Care – EPPC (First two weeks after birth)

Households/ New Mothers	Community	Informed EPPV - Early Postpartum Visitor	Provider/ Facility
Accept home visit from "informed EPPV" (early postpartum visitor) for early postpartum check x 2-3 Or In situations where leaving household during the first weeks after birth is found to be acceptable**, visit** health facility, community-based skilled provider, or linkworker (early postpartum visitor) for early postpartum check **Accept referral** for additional care if advised by EPPV linkworker **Practice/ Provide/ Support** routine preventive EPP health behaviors for new mother and newborn	**Accept** home visit from "informed EPPV" (early postpartum visitor) for early postpartum check x 2-3 Or **support** visit to skilled provider for early postpartum care **Accept referral** for additional care if advised by EPPV linkworker **Recognize/refer** early postpartum maternal and newborn danger signs **Provide/ Support** routine preventive EPP health behaviors for new mother and newborn	**Deliver** informed early postpartum care, with focus on recognition of maternal and newborn danger signs, through home visits or at preferred "EPP link location" during first week x 2-3 **Provide/ Support** routine preventive EPP health behaviors for new mother and newborn	**Accept/ support** concept and practice of home visit by "informed EPPV" (early postpartum visitor) for early postpartum check x 2-3 **Willingly Accept** referrals from informed EPPV **Provide** quality early postpartum care for those women and families who do present for care **Recognize** and **treat/refer if necessary** early postpartum maternal and newborn danger signs **Inform/Provide/ Support** routine preventive EPP health behaviors for new mother and newborn
Suggest/identify appropriate "linkworker" informed early postpartum home visitor (preferred provider) Or, if home visits found not to be acceptable, suggest/identify preferred location for EPP linkworker	**Suggest/identify** appropriate "linkworker" informed early postpartum home visitor (preferred provider) Or, if home visits found not to be acceptable, suggest/identify preferred location for EPP linkworker	**Suggest/identify** appropriate "linkworker" informed early postpartum home visitor (preferred provider) Or, if home visits found not to be acceptable, suggest/identify preferred location for EPP linkworker	**Suggest/identify** appropriate "linkworker" informed early postpartum home visitor (preferred provider) Or, if home visits found not to be acceptable, suggest/identify preferred location for EPP linkworker

Appendix VI:
Study Schedule of Activities

Guinea Qualitative Study

Schedule of Activities

Activity	Time period
Initial CHANGE field visit	July 2001
Design of model qualitative research plan and instruments	Aug-Sept
Planning	Sept-Oct
Recruitment and orientation of interviewers	Dec 2001-Jan 6 2002
Translation of instruments from English to French	Jan. 7-14
Translation of instruments from French to Malinke	Jan. 15-17
Training of interviewers	Jan. 15-18
Pre-test instruments and make necessary changes	Jan. 18
Data collection in Koundian	Jan. 19-21
Data collection in Mandiana Center	Jan. 22-24
Transcription of recordings	Jan. 25-30
Preliminary analysis	Jan. 31- Feb. 2
Prepare for presentation	Feb. 3
Present preliminary results to community	Feb. 4
Draft preliminary report	Feb. 5-10

Design of model qualitative research plan and instruments

Appendix VII:
Behavior Change Implications Grid

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
Cultural practices recognize special maternal needs during the early postpartum period. Behavior during the first week postpartum women is particularly guided by cultural traditions.	During the first week after delivery special customs are observed. Give them special expenses and buy clothes for the new baby. The name given for this period is "Dyubabatoya wait" which means "time of the new mother." (Partners) Eat honey, kanin, chicken, beef stomach, fish and foniom. (Partners) In the household during the two weeks after birth new mothers rest at home. (Partners) Men help lighten their burden of work. (Partners) Especially during the first week after birth other members of the family or a co-wife do housework such as cooking. (Women) Trained TBAs, mother-in-laws and other older women in the family, also look after the new baby. (TBA)	Build on existing positive behaviors and practices. Reinforce positive aspects of the special "Dyubabatoya wait" period. Incorporate specific terms used by the community to develop expanded definition of the "protection" of new mother and baby to include early postpartum health checks.	
Use of traditional home remedies (herbal) during EPP is still very common.	The elder women reported that they recognized the necessity of some uses of traditional medicine for a certain illness, however they believe that new mothers and their babies should as a priority use modem treatments. (EFFI)		
	The elder women reported that in order to help more women get skilled care the elder woman can help women use leaves for traditional treatments. (EFFI)		
More common in remote rural location than in urban area.	Elder women said that they would like them to receive modem treatments and that they address the health problems at hand. (EFFI)		
Reasons for use include lower cost and belief in efficiency of traditional herbs.	Mandiana, the women interviewed did not have much to say about traditional types of medicine because they rarely used it, especially for pregnancy or delivery related health problems. (Women)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
	In Koundian reported they occasionally use traditional medicine because it is less expensive than modem medicine and that certain illnesses are better treated traditionally. (Women) Skilled provider interviewed recognize that women use some traditional medicines. (SP)		
After 7th day, maternal seclusion is less observed.	Can't leave their house during the first days after birth 1 for example, the wind is not good for her health. (VHC) After 7th day after birth of the baby, other family members come and visit the new mother and baby and see that they are well. TBAs reported that they stay with the new mothers after birth.	Recognize that potential conflict exists and between culturally accepted isolation of mother and newborn and need for vigilance to detect danger signs during 1st week. The importance of timing of the visits on the first week must be clear to EPP link worker and household alike. They can be in-home to mesh with tradition.	
Some superstitions influence movement of new mothers and newborns.	Typically stay at home during this time so not to risk seeing people of a lower class, which would mean bad luck or even death for the mother and her new baby. This is called "Dyubabto tana." (Women) "Dyubabto tana" because it can bring bad luck or even harm to them. (Partners) There are people of a certain caste that are not allowed to visit the mother during the first week after delivery because it would bring bad health and even death to her and her baby. (Women)		
	A banana leaf branch is placed by the door of a household with new mother to indicate need to observe cultural practices/labors.	Build on traditional "signage" to add other signage -EPPV home/site can have a banana leaf insignia sticker.	
	A new mother can't leave the house until after the baptism of the baby, which occurs on the 7th day after birth.		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
	Most of the women reported that new mothers couldn't leave until the 7th day after delivery because of "Dyubabto tana."	Highlight need to allow routine check for all new mothers and newborns by appropriate person who does not something "dt"	
Even within the context of tradition limiting movement of new mothers, there are conditions and acceptable mechanisms to overcome this constraint. Most "exceptions" involve problem with baby, not mother herself getting EPP.	Most of the women reported that they could leave the house during the postpartum period to seek care if their baby were ill. If there is a birth-related problem with the mother during that time or with the newborn she can leave the house to seek medical care. (Partners) It isn't good for their health unless there is a health emergency. (SP) Mother can't leave the house, the baby is given to the trained TBA or a member of the family who can bring the baby to a health facility for care. (Partners) There were some that reported that new mothers should not leave the house even if the baby has a problem but rather give the baby to a TBA or other family member to bring to a health facility. Other providers reported that the new mother could leave the home to bring the baby herself to the health center. (SP) There is a problem with the new baby during the first week after delivery, the mother won't take the baby to the health facility because of "Dyubabjto tana she will ask a trained TBA or another member of the family to take the baby to the health facility for treatment. (VHC) But if there is a health related problem she can leave to go to a health facility. (Women) A friend could bring the baby to a health facility for care. (Women)	Reinforce duel purpose of EPPC- mother and newborn. Allow an EPP care option that incorporates this stated preference. Routine EPPV can come into check all mothers.	
Contradiction between what respondents said they should do vs. what they actually do.	All the elder women interviewed stated that whenever a problem arises with a woman who has just given birth the only option is to bring her to a health facility. (EFFI)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
Widespread stated awareness of need for EPP care among TBAs	Most women in this study believed that it is important to have a health consultation. (Women) TBAs interviewed stated that all new mothers should get a check-up after birth. (TBA) They are aware that routine and emergency care is available to them. (Women) That it is necessary to have a consultation after problem. Very few women do. (Women)	Reinforce the idea that EPP checks should be made if even there are no problems.	
	In Koundian, the skilled providers reported that when a woman has a problem related to delivery and she can't leave the house, a skilled provider is summoned to the home by a TBA to check on the mother and new baby. (SP)	Mothers and newborns with danger signs can be brought to EPPC post by appropriate family member.	
Especially among skilled providers and VHC members.	All the skilled providers stated baby get a check-up right after birth even if they are in good health. (SP) With or without obstetric complications must receive care immediate at least two or three times after delivery. (SP) The skilled providers reported that new mothers and their babies should have consultation. (SP) The TBAs reported that they don't think many women seeking care are being missed today. (TBA) Care at least three times during the postpartum period beginning right after delivery, one week. (VHC) End of the 40 days (VHC)		
	Few women reported that someone had told them of the importance of a health consultation right after delivery for them and their baby. (Women)	Develop strategy to increase demand for EPPC.	
Some respondents, including men and women themselves, contradicted -stating that very few women actually were aware of need for EPPC.	Men interviewed reported that only a few new mothers recognize the importance of postpartum consultations and get check-ups right after birth. (Partners)	Emphasize need for and benefits of routine EPP for both mother and newborn.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
Currently many women do receive a 1 st week EPP visit, usually from the TBA who delivered them.	Most of the women interviewed had received a visit from a trained TBA. (Women) Many interviewed reported that the only qualified person that came to visit them after delivery was a trained TBA. (Women)	Expand role of other recognized community health workers (VHC members, health agents, etc.) to include monitoring of mother in EPP period.	
	These visits usually took place during the first week after delivery. Trained TBAs make home visits to check on new mothers and their babies during the seven days after delivery to see if there are any problems. (VHC)	Stressed need for 2 visits before day 7.	
TBAs mostly give routine preventive advice on MNC.	Even if the new mother and baby are in good health they receive a visit from the trained TBA who gives advice on exclusive breastfeeding and a nutritional diet for the mother. (VHC) Some TBAs reported that they visit the new mothers regularly during the week after the birth and others come back to visit the mother after the first week. (TBA) But unlike the TBAs in Koundian, the TBAs in Mandiana aren't allowed to administer care to women. (TBA) Some of the men interviewed had received home visits from trained TBAs and member of the VHC. (Partners) They check to see that the baby is breastfeeding. (Partners)	Expand role of trained TBA to include routine checks/care of mother in EPP period. Review policy to explore implication of this policy discrepancy.	Policy barrier.
No one had received EPPC home visit from a skilled provider.	The men interviewed reported that they have never received a visit from a skilled provider at their home. (Partners)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EARLY POSTPARTUM CARE			
Some women still receive no EPPC, not even from TBA.	Didn't receive any visits by health professional during that first week even a trained TBA. None of the women reported knowing anyone else who had delivered in their village who had received a visit from a health agent or from a health facility. (Women) Once their wives leave the health facility after the delivery, the skilled providers are finished with them. (Partners) The only care providers who make home visits are trained TBAs and members of the VHC. (Partners) Of the elder women reported that the last women to have a baby did not receive any assistance at home after childbirth. (EFFI) Some women do receive check-ups but not all. (TBA)	Expand the role of trained TBAs, health agents, VHCs and neighborhood associations to include EPP care.	
There appears to be a gap between stated perceptions of EPPC received, with VHC members, skilled providers overestimating EPP services received by women.	The TBAs reported that they don't think many women seeking care are being missed today. According to the VHC, postpartum care is taking place in their community. (VHC)	Validate/document EPP care gaps and explore alternatives with VHC to meet unmet need.	
	Postpartum care is taking place in their community. (VHC) Some skilled providers admitted that some women are being missed. (SF) On the contrary in the urban areas, skilled providers don't make home visits unless it is an extreme emergency. (SP)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
	Occur during the first week after delivery. (Woman)	Increase the ability of TBAs, women and families to recognize EPP danger signs of most common causes of maternal death (hemorrhage, sepsis and PIH).	
Some of each C/R could name EPP maternal danger signs.	Most women know there is a problem when there is a fever or fatigue. (EFFI)		
	Men reported that the women usually recognize that there is a problem if she has a fever, dizziness, or bleeding. (Partners)	Build on existing awareness of dizziness, bleeding, and fever to improve awareness/prevention/ recognition and response at household level.	
	Problems such as bleeding or dizziness, the trained TBA refers the new mother to a health facility. (VHC)		
"Dizziness" was most commonly named.	Malaria or dizziness. (Women)	Further explore local term for "dizziness" to get precise parameters, associated signs and symptoms, and western medical equivalent OB condition.	
Fever, bleeding, and pain next most frequently mentioned.	Most of the women interviewed had heard of problems related to delivery and postpartum such as bleeding, fever, dizziness, malaria, kidney pains, and anemia. (Women)		
	Then there is dizziness. (Women)		
	Heard of the following problems women have during : and after childbirth: bleeding, dizziness, fever, headaches, and stomachaches. (Partners)		
	Families recognize that there is a problem by the presentation of certain symptoms such as pain, bleeding and a fever. (SP)		
No advance preparation for potential occurrence of EPP complication is made.	Nothing is done in advance to prepare for problems such as these although some women do put money aside in case something happens so they can pay for medical services. (Women)	Promote birth preparedness plans that include EPP period.	
Some respondents mentioned the need to put money aside.	Care by making sure they have the financial means. (Partners)	Build on existing tradition of saving.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
Most C/R stated that husbands are informed first when EPP complications occur.	New mothers usually tell their husbands or an elder woman. (EFFI) New mothers usually tell their husbands. (Partners) New mothers most often tell them (TBAs) when they have a birth related problem because they have spent a lot of time with the woman. (TBA) In Mandiana, most of the women interviewed tell their husbands flTst when they have a problem because it's the husbands who take charge of the family especially in times of crises. (Women)	EPP strategy must incorporate 11 categories of relatives who attend many of the deliveries. Build on concept of husband/partner responsibility to provide for birth.	
In rural areas, women told other women in the homestead or their TBA.	In Koundian, women reported that it's their mother-in-laws or their friends that they talk to if they have a problem because they are the ones who spend the most time with the new mothers. (Women)		
The reason why VHC/SP thought TBAs were called first included:	When the woman first believes that she might have a problem she calls for a trained TBA to check on her health because she knows the TBA and in most cases it's the TBA who has been following the woman since the beginning of her pregnancy. (VHC) Women generally explain their problems to the TBA because they are the ones that have been following the women from the beginning of their pregnancy until delivery and because they are the intermediary between the family and the health facility. (SP)	Encourage continuation of calling TBAs as link but not care source.	
A TBA was widely recognized as the best"link" person to accompany new mothers with EPP complication to skilled care.	A trained TBA is best person to bring the baby to the health center. (SP) If women have a problem after delivery they go to the health facility to be examined and treated if they have the money to pay for the services and medicine. (TBA)	Build on concept that TBAs are a link to skilled care, but they are not a substitute for skilled care. Emphasize need to first seek skilled care for complications, whenever feasible.	
	TBAs educate women at facilities and accompany women to the health facilities. (TBA)		
	TBAs in counseling, providing support and referring women to health facilities. (TBA)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
But even someone not "qualified" can accompany if necessary.	Someone not qualified can help to accompany women. (TBA)		
Again, once complications are detected by TBAs, care by skilled provider stated as preferred care options.	According to the elder women the best person to help a woman with complications is a skilled provider and if there isn't a problem then parents or family members. The elder women listed skilled providers, trained TBAs, and elder women as people new mothers typically tell when there is a complication or problem after delivery. (EFFI) Most TBAs agreed that skilled providers are the best person to help a new mother with complications. (TBA) Skilled providers have a lot of experience in treating postpartum complications. (TBA) Of obstetric complications most seen by the skilled providers. (SP) Hemorrhage, eclampsia, and ruptured uterus. (SP)	Reinforce positive characteristics of skilled providers as perceived by women and their families.	
Recognition and Complications	Cause of stillbirth and infant death most cited were infection of amniotic liquid and prolonged labor. (SP) The cause of the death is researched. (SP) For all the women interviewed in this category, labor began at home. (Women)		
	Most of the women reported that a family member (mother-in-law) or trained TBA was there to help at the start of the delivery at home but that a trained TBA and/or qualified personnel (doctor or midwife) was with them at the time of the birth.		
	Also present in some cases were other members of the family. (Women)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
Who recognizes	Women reported that the problems were first recognized at home by the women themselves, family members or trained TBA and were confirmed by qualified personnel at a health facility. (Women) Women reported that in most cases it was the husband, trained TBA or other family members that decided that they needed help once they realized there was a problem.		
Time needed for decision to seek skilled care to be actualized.	Most women interviewed don't remember how long it took to decide what to do. (Women) In Koundian, this time ranged from 10 hours to 3 days. (Women) The problems reported were first recognized when labor was prolonged (more than 12 hours) or there was excessive bleeding during and after delivery. Health facility the same day that the decision to offer extra care. They did not specify how many hours. (Women) In Mandiana, the time ranged from 6 to 12 hours from the time they recognized that it wasn't a normal delivery until action was taken to get them help at a health facility. (Women)		
What was done?	In Koundian, some of the women were taken to the health center while others continued the delivery at home. (Women) In Koundian, when a woman goes to the health center with a complication she is either treated there or referred to the hospital in Mandiana. (Partners)		
	They were brought to the health facility by family members and trained TBA. (Women)		
Where access to skilled care is greater, care is more widely utilized.	In Mandiana, after the labor began they were taken to the hospital to give birth. (Women)		
	In Mandiana, the TBA and other family members must fmd a way to help transport the new mother and baby to the hospital. (SP)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
	In Mandiana, when women have an obstetric emergency they are often operated (cesarean). Both groups of men reported that the health facility staff are well prepared for emergencies and do the best that they can do to help their patients. (Partners)		
For the most part women themselves were satisfied with satisfied with care they received for obstetric complications.	The health center (Koundian) they were the care that they received. Care received was good although they suffered due to their condition but did not report and negative things about the care they received. (Women) Said they received care that they needed and that either a doctor, midwife or trained TBA had treated them right away. (Women) They received the care that they needed at the hospital. (Mandiana) (Women) In most cases, the women stated that the health staff received them immediately. (Women)		
Some women and their husbands stated that ability to pay strongly influenced timing and quality of care received.	Other women reported going back to the facility if the problem persisted and other said that they stayed at home and endured the pain. (Women) Was not taken care of until her husband could pay for the services up front. (Women) Wait until the husband or other family members could find money. (Women)	Explore these claims of financial pressures and overcharging and resolve.	
	Most of the women reported that if there were a similar problem in their family or wit someone they knew, they would tell them to seek care at a health facility as soon as possible so that they won't suffer like they did. (Women) Paid for the services. (Women)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
CARE SEEKING IN EPP			
	The cost for the care needed at the health facility was reported by women in Mandiana to be between 13,000 and 200,000 GF (IUS $ = 2000 GF). (Women) In Koundian 9,000 to 50,000 GF (1 US $ = 2000 GF). Women)		
Financial concerns were repeatedly shared by husbands who bear the costs of treatment of OB emergencies.	Mandiana reported that the lack of money often delays treatment at the hospital by skilled attendants even if it's an emergency. (Partners) In Mandiana, the men reported that the women are charged so much at the time of delivery that they are afraid to go back to the hospital for postpartum care especially if they don't have a problem because they will get charged a high fee again. (Partners) Do not believe that some men keep women from skilled care in times when there is a problem. In fact, it is the responsibility of men to do everything possible to get the money necessary to pay for services needed. Partners)	Promote contributions to community revolving fund as part of safer birth. Test use of the revolving fund for births, not just emergencies. Reducing the fine if the birth is reported within the first 4-6 hours might be another option.	
Other barriers included: Barriers in rural:	In Koundian the barriers that keep women from seeking skilled attendance at birth when there are no problems are that women are embarrassed to go to the health facilities and therefore give birth at home. Also, lack of information on the importance of skilled care during and after delivery. (Partners) In Koundian, the lack of information about the importance of postpartum care by skilled providers keep women from seeking care. (Partners)	Address "shame" embarrassment.	
	In Koundian, delays in treatment are often related to the limited obstetric care available at the health center and transportation problems including cost and availability of vehicles getting to the referred hospital in Mandiana. (Partners)		
Barriers in urban:	In Mandiana, the barriers were somewhat different. Men in the Mandiana discussion group stated that women prefer the trained TBAs to skilled providers because they do their jobs well and it is less expensive. (Partners)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
ACCEPTABILITY OF PROPOSED EPPV CONCEPT			
TBA was overwhelming choice of a/cr to become the EPPV in community.	Most women in this study felt that the best person to check-up on the mother and the baby were skilled providers in a health facility. A few felt that trained TBAs and others could also check-up on them if they were properly trained. (Women) All the elder women interviewed believe that a trained provider should check women after birth. (EFFI) The TBAs reported that they are the best person to give the checkup but if not them than a skilled provider. (TBA)	Build intervention around respondents clear stated perceptions.	
Many VHC/SP expressed different opinions that skilled providers should attend.	Trained TBAs or member of the village health communities are the best person to check-up on the mothers and their babies. (Partners) In Mandiana, reported the best person to check on the health of the new mother and baby is trained TBA. (VHC) Koundian the VHC reported that a skilled provider is best placed to do so one week after delivery at a health facility to vaccinate the In Koundian, the VHC reported that when a woman delivers at the health center the health agent who I assisted the birth will visit the mother and baby once they returned home to make sure they are in good health. (VHC) From a medical point of view, it's the midwife and the TBAs that go to see the new mothers and baby during the week or two after birth. (SP)	"Trained" is a very important qualifier here.	
Belief that it is the mother's responsibility to seek EPP care.	In Mandiana, the VHC reported that a skilled provider rarely makes a home visit; it is up to the mother to go to the facility for a consultation. (VHC)	Work with skilled providers and reinforce that EPPC is a shared responsibility.	
Reasons to seek EPPC included:	Make sure the baby is getting breastfed by the mother and vaccinated. (TBA) To get their babies vaccinated. (SP)		
Condition of acceptability.	To offer quality services because they all have the necessary training, equipment. (SP)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
ACCEPTABILITY OF PROPOSED EPPV CONCEPT			
	Skilled providers include a friendly reception, routine care and support. (SP)		
Skilled providers expressed ideas about how EPPC coverage could be improved.	Women could be encouraged to go to health facilities for quality care through IEC sessions and by other women. (SP) Using skilled care during and after childbirth by participating with TBA and VHC in the IEC sessions and by assuring that the care that they provide is the best quality possible. In addition skilled providers reported that family and the community could improve the dissemination of such information by using the media and community associations. (SP) By a system of training and placing TBA in the periphery as well as the skilled providers who work in the health posts and health centers. (SP) One skilled provider goes so far as to keep women's health card so that she has to come back for a consultation in order to retrieve her card. (SP)	Build these suggestions into strategy whenever possible.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
EFFIs and TBAs felt that EPPC was available if it was needed.	Most of the women in their community could get care from a skilled provider during birth and the weeks that follow at the health facility. (TBAs) The elder women interviewed were aware of the existence of health facilities. (EFFI)		
Acceptance of an EPPV coming into the home was high among a/cr. "Conditions of acceptability" for EPPV were clearly expressed. They include:	All the women interviewed said they would accept a postpartum visit from a qualified person at any time after delivery regardless whether there was a problem or not to see that the mother and baby were in good health. (Women) Would not have any difficulty with allowing an EPP visitor in their home as long as they were well trained for such a visit and were chosen and supported by the community to do so. Skilled providers, trained TBA or members of the village health committee as their choice to check on the new mother and baby at home because they are the ones who are with the women. (EFFI) All the elder women interviewed would accept a visit from a trained health worker at home to check on the health of the new mother and baby after delivery whether there was a problem or not. (EFFI) Skilled providers would also accept TBAs as a home visitor/link worker because the Ministry of Health and Save the Children have trained the TBAs, the TBAs already work closely with the skilled providers. (TBAs) . Reported that they did not foresee any difficulties with someone who was trained to visit the new mother/baby in their home in the days and weeks following the birth or whether there was a health problem with the new mother/baby or not to assure that they were in good health. (Partners) Would prefer to have trained TBAs visit their homes to check on. (VHC)	Incorporate into strategy all conditions of acceptability where feasible. Incorporate into the strategy the different preferences of women and their families as to place and person to do the EPP checks.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
Strong existing practice of mother or family taking healthy newborn to facility for vaccination after 7th day PP.	In general women don't go out to a health facility for a routine postpartum consultation in the days and weeks following birth even though they think "it is very important". After the 7th day many women go to the health facility to get their babies vaccinated. (SP) It's very rare, "once they realize that it over it's over" because they think that there isn't a problem so to go doesn't make sense. They need to be counseled. (SP)	Build on the isting practice of taking healthy newborns for vaccination on 8th postpartum. Incorporate specific terms used by communities into promotion of early postpartum care for the new mother emphasizing equal importance to that of vaccinating newborn.	
EPPV outside of the home was also an acceptable concept, even for normal mother and newborn. A/CR accepted concept.	In addition; they did not foresee any difficulty with them making an EPP check-up visit outside of their home. (Women) Could go out and visit a trained health care worker after delivery and the weeks that followed to seek postpartum care whether there was a problem or not. They also stated that their family and friends would also prefer them to go out and seek care from a trained health care worker. (Women) Women would go out to visit someone who was trained in the days and weeks following birth regardless of whether there was a health problem. (VHC)	Design strategy that allows clear "options" for EP for home visits or EPP "care station" in community.	
	All the elder women interviewed were in favor of new mothers leaving home to seek medical care or have a consultation at a health facility with skilled providers or trained TBAs in the days and weeks following birth or not there is a problem in order to check on ; their health status. (EFFI)		
	Elder women reported that they believe women could use the facilities if they needed them even if the distance were considerable, as long as it would help the woman to regain their health. (EFFI)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
	New mothers could also go out for such a visit. (Partners) Would encourage their wives to do so. (Partners)		
TBA was most widely preferred EPPV.	Women and their families would accept TBAs as a home visitor/link worker because it would help to improve their health and that of their family. All the women interviewed think that their family and friends would also prefer a trained TBA. (Women) If the person were trained to make the postpartum visit. (Women) Some women specifically reported that they would prefer the trained TBAs who are members of the village health committee to make these visits because they are the ones who are with them and help them during their pregnancies. (Women)		
TBAs were enthusiastic about being EPPV visitors.	That they and other TBAs that they know could help women and newborns get basic care after birth at their level as well as guide women to health facilities where they can get skilled care if needed. (TBAs) TBAs to be the link care providers. (TBAs) “That would make us very happy.” (TBAs) Who is well qualified such as a trained TBA. (Partners) Elder women also reported that their families and friends would also prefer the same people. (EFFI)		
	The VHC reported that people from the community could serve as a laision between the community and skilled care in the early postpartum period. They believe that trained TBAs would be the best link care providers. (VHC) All of the skilled providers interviewed were excited by the process of putting into place a community link care provider. (SP)		
	Most of them agreed that TBA and other older family members would be the best for this position. (EFFI)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
VHC members and SP's made it very clear that the EPPV s must be supervised and agreed to do so. (SP)	The skilled providers would also accept trained TBAs because they train them and work closely with them. EPPV ok with the assistance of skilled providers. (SP) Supervised by skilled providers. (VHC)		
"Conditions of acceptability" for EPPV were stated.	Would not have any difficulties allowing a EPP visitor into the home or allowing a new mother and baby to make an EPP visit outside the home for a health consultation because the health worker would be someone who was chosen by the community and trained to conduct the consultations. (EFFI) Suggested that link care providers should be well trained and have the material necessary, if so they would be accepted in the community. Should also be kind, patient, welcoming/friendly, available and a good communicator. (VHC) The criteria for choosing a link worker should be defined and respected and meetings should be organized to present the link worker to the whole community to explain their role and activities. (SP)	Incorporated stated conditions of acceptability into promotion of EPPV.	
	Thought that women and their families would accept a link care worker because this person would be chosen by the community, trained and also the community is used to seeing and benefiting from other health volunteers in the community such as the VHC. Women would go to a health facility to consult with a skilled provider in order to get the necessary care. The VHC believed that women would prefer modem treatment with a skilled provider or with a trained TBA at a lower cost. (VHC)		
	Skilled attendants felt that what women would not like is traditional treatment. (SP)		
Stated barriers to EPPC included:	In Mandiana, the VHC reported that it was difficult for new mothers to make postpartum care visits to facilities in the first and second weeks after birth. (VHC)	Promote EPPV concept here.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
	In Koundian, the VHC reported that postpartum visits could be difficult because the women are not aware of the importance of health consultations after childbirth. (VHC) TBAs reported that they need better lighting such as a flashlight or lamp, umbrellas for when they make visits during the rainy season, transportation so that they can visit women in the outer districts who are in need of their services, and medicine kits (Boites phannaceutiques). (TBAs) They would like the postpartum care offered by qualified personnel but that they don't want to be given.	Increase awareness of need for EPPC for mothers and newborns. Address these barriers. Provide these stated needs "enabling environment".	
A/CR thought that although TBA was best EPPV for routine EPPI care and early detection of complications, once a problem arises. A/CR expressed preference for skilled care, especially SPs themselves.	All of the respondents reported that they think women and their families would prefer skilled providers to make a home visit to check on their health if there was a complication and TBA or other trained people for this purpose if there wasn't a problem. (SP) Be detected by a skilled provider. (EFFI)	Reinforce positive belief of the necessity of seeking skilled care for problems at any time, emphasizing especially during special early postpartum period.	
	Improve postpartum care during and after childbirth. (SP) They themselves are better trained, have the necessary equipment, material, medication and financial motivation. (SP) Skilled providers can improve the quality of care. The manner in which to improve care firstly, women have to get it in their head the necessity of obstetric care after birth, women themselves have to find the necessity to come to a skilled provider.		
	It is necessary that when a woman goes to a skilled provider that he will be able to take care of her, that is to say the skilled provider has the technical competence necessary through training, the materials, and the medicine to take care of her. If they have all this the quality of care would be improved. (SP)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
EPP LINK CARE PROVIDER			
TBAs, VHC members, and SPs all shared ideas on how they could increase EPPC coverage.	TBA can help motivate women by organizing and conducting discussion groups. (TBAs)	Develop strategy to increase demand/use of skilled delivery care among non-users of SPs and trained TBAs.	
	Women can be encouraged to get skilled care during and after childbirth through education, counseling, and promotion of postpartum services at health facilities by the VHC. (VHC) Have to help communities to get skilled care during and after childbirth, they reported that communities should reinforce the information and counseling given to women by the communities themselves and through other sources such as associations and the TBAs.	Incorporate these ideas into strategy.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS			
Who discuss with?	In Koundian reported that they rarely talked to anyone when they were pregnant about their pregnancy or delivery. (Women)		
Rural/urban differences noted, in rural areas women rarely talked to anyone.	In Mandiana, the women interviewed reported that when they were pregnant they talked to their friends and to trained TBAs about their pregnancy and delivery. (Women)		
When they did, it was another woman or TBA.	Often the first person they would talk with was either a friend or a trained TBA. Women currently travel anywhere from I to 7 km to get advice from the TBAs. (TBA)		
Some C/R expressed an awareness of"formal" information on pregnancy but these do not appear to be widely accessed by women themselves.	That the health center, different organizations, elder women and the village health committee are sources of information for younger women on such health topics. (EFFIs) Also play an important role in providing information to groups and organizations about how to link women and their families with skilled attendance at childbirth and early postpartum care. (VHC)		
When/Why?	They first talked to someone when they realized that they were having a problem.		
What is discussed?	They usually talk about the health problems that the women were having and how best to cope. (Women) Most of the women interviewed said they were told by friends and trained TBAs during their pregnancy to go to the health facility to have their baby because they would have fewer problems and a lower risk of them or their baby dying. (Women)		
	Most women reported that they were comfortable discussing such topics with health care workers, trained TBAs, their mothers and friends. (Women)		
Women mostly prefer to talk to other women about pregnancy/birth.	Very few women interviewed were comfortable discussing birth-related to topics with their husbands.		
A/CR expressed that they did not have enough information about pregnancy/birth.	Almost all of the women responded that they did not have enough information about pregnancy and childbirth.		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS			
	Most of the women in the study reported that they were curious to know more about problems that can arise during pregnancy, delivery and after the delivery. Often those that they talked to were not able to answer their questions or give them necessary information. (Women)		
AICR wanted to know more.	Elder women reported that not only would the younger women want to know more information about women's health, pregnancy, and childbearing but they and others in their community would as well. (EFFIs)	Take advantage of expressed willingness of AC/R to learn more about pregnancy, birth, and post partum.	
	Most of the men reported that they found out about women's health issues such as pregnancy and childbirth from the trained TBA and their wives. That they would like to learn more about these issues. (Partners)		
	Elder women reported that they are not aware of what the younger generation of women know about pregnancy, childbirth and the time after birth. Many did know some of the signs of certain illness that manifest during pregnancy and delivery.		
Social activities and common gathering places for each category of respondent were clearly identified. These include: Women:	Women often go out several times a day to go to the market and to visit family, friends, and neighbors. (Women) Gardening, embroidery, sewing and commerce. (Women) Expressed changes in the attendance of these groups when they were pregnant especially those that included physical labor like the gardening groups. (Women)		

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS			
EFFIs:	Younger women talk and socialize mainly with friends their own age. They also belong to groups that do activities together such as gardening. (EFFIs) Talk and socialize among themselves and they counsel the young girls. They often belong to organizations such as gardening groups and tontines. (EFFIs) Educating families about contributing to the community bank. (EFFIs)	Expand on tontine tradition to incorporate use of funds for EPP.	
TBAs:	Activities such as gardening and tontines. (TBA) What's a tontine? A tontine is a group of women who have joined together and contribute a certain sum of money every month. (I guess it could be any amount of time) into the "pot". Each month it's a different women's turn to take home the "pot" of money. This allows them to make big purchases without having to save up the money on their own where they risk spending it on day to day things. The women who belong to the tontine often socialize together and help one another with their gardens or household chores, especially if a member is sick. Reported that they spend time with other TBAs. (TBAs) They often help each other during a delivery. (TBA) Also associate with the VHC to organize sessions to educate the community. (TBA There is a head TBA. (TBA) The TBAs reported that they listen well to their head TBA as well as to the skilled providers. The chief TBA is named based on her experience and motivation and because she is often responsible for education the younger less experienced. (TBAs)	Exploit social networks of a/cr to disseminate EPP information.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS			
Men:	Typically meet and socialize with other men in cafes, at the mosque, and other public places. (Partners) Be passed along to men through the Imam at the Mosque and village elders. (Partners) Men usually talk and socialize amongst themselves and around plantations and working in the fields. (EFFI)		
VHC:	Convokes meetings four times a week. (VHC)		
Skilled Providers:	The skilled providers reported that they have two meetings each year (conseil technique prefectoral de sante) at the prefectoral level. At the health facility level, there are daily meetings in the mornings (compte rendu de garde) at the hospital and one monthly meeting at the health centers. Other than sharing information among their colleagues, the skilled providers also like to share information and talk with TBAs, the VHCs, and others in the community.		
Radio listening is very common among A/CR. Women stated they did not discuss what they heard on radio with others.	Listen to the radio, especially the rural radio station, generally themes about health and education.	Do not rely on radio for women.	
EFFIs and men listen and discuss.	However, very few women reported that they discuss these programs with other people. (Women) Most of the elder women report that they listen often to the radio. They prefer programs about gardening, maternal and child health, and the education of young girls. They often discuss programs that they heard on the radio. (EFFIs) Listen to the radio everyday, especially the rural radio programs on health such as mother/child health, family planning, and nutrition. (Partners) They often talk about the programs they hear on the radio with others with the VHC. (Partners)	Use radio and suggest topics for discussion for EFFIs and men.	

Summary Research Results	Specific Findings	Behavior Change Implications	Strategy / Activity
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS			
Each category of respondent offered suggestions about how to increase awareness of need for and family use of EPPI.	Getting more information about pregnancy and childbirth from health agents, trained TBA or from the village health committee as well as from older women who have a lot of experience. (EFFI)	Incorporate these wherever possible.	
	Most of the elder women agreed that information on skilled attendance could be shared through these groups and activities, as well as through the village health committee and neighborhood associations. (EFFIs)		
	Most of the women interviewed said that it could be easier for women to talk to key people such as husbands, friends, TBAs, health agents, other community members. Groups and meetings were held in the community on topics such as pregnancy. (Women)		
	TBAs felt that these groups and activities would constitute a good channel for sharing information on skilled attendance and referrals for obstetric emergencies. (TBA)		
	VHC believe that organizing meetings around events such as baptisms, marriages, etc. could disseminate information about link care providers, implicating groups and associations in the diffusion of information and also by theatre groups. (VHC)		
	They confirmed that information about linking with "unskilled providers" or improved obstetric practices could be shared through these opportunities as mentioned by the other groups interviewed. . In addition, special emphasis should be placed on establishing dynamic meetings between the link care providers and the skilled providers. (SP)		