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# GUIDELINES FOR INTRODUCING SIMPLE DELIVERY KITS AT THE COMMUNITY LEVEL

Maternal and Child Health Unit  
Division of Family Health  
World Health Organization

1987



## PREFACE

In November 1985, UNICEF, Aga Khan Foundation and WHO jointly sponsored a workshop in Sri Lanka on Primary Health Care Technologies at the family and community levels. They recommended the adoption of appropriate technologies for delivery care in the community.

This was followed by a WHO working group meeting that looked at simplified childbirth kits for primary health care. This group recommended specific contents for simple delivery kits, and the publication of guidelines to assist managers responsible for MCH/FP programmes with a major TBA component, implement the introduction of simple delivery kits as and where appropriate.

The following guidelines are intended for district level managers responsible for MCH/FP programmes - the district midwife or public health nurse, for example. Using this guide, the community programme that promotes safer delivery through appropriate technology can be tried and tested. A programme officer with responsibility for PHC/MCH programmes, could make this guide available to these district level managers, encouraging them to consider how appropriate this strategy would be in their communities, and how best to adapt the programme to suite local conditions.

The term delivery kit is used throughout the booklet, as a whole concept of clean delivery is emphasized. However, there are additional important aspects of labour and delivery that remain outside the scope of this publication.

If you have received and/or used this booklet, WHO would like to know. Please complete and send us the form found on the last page.

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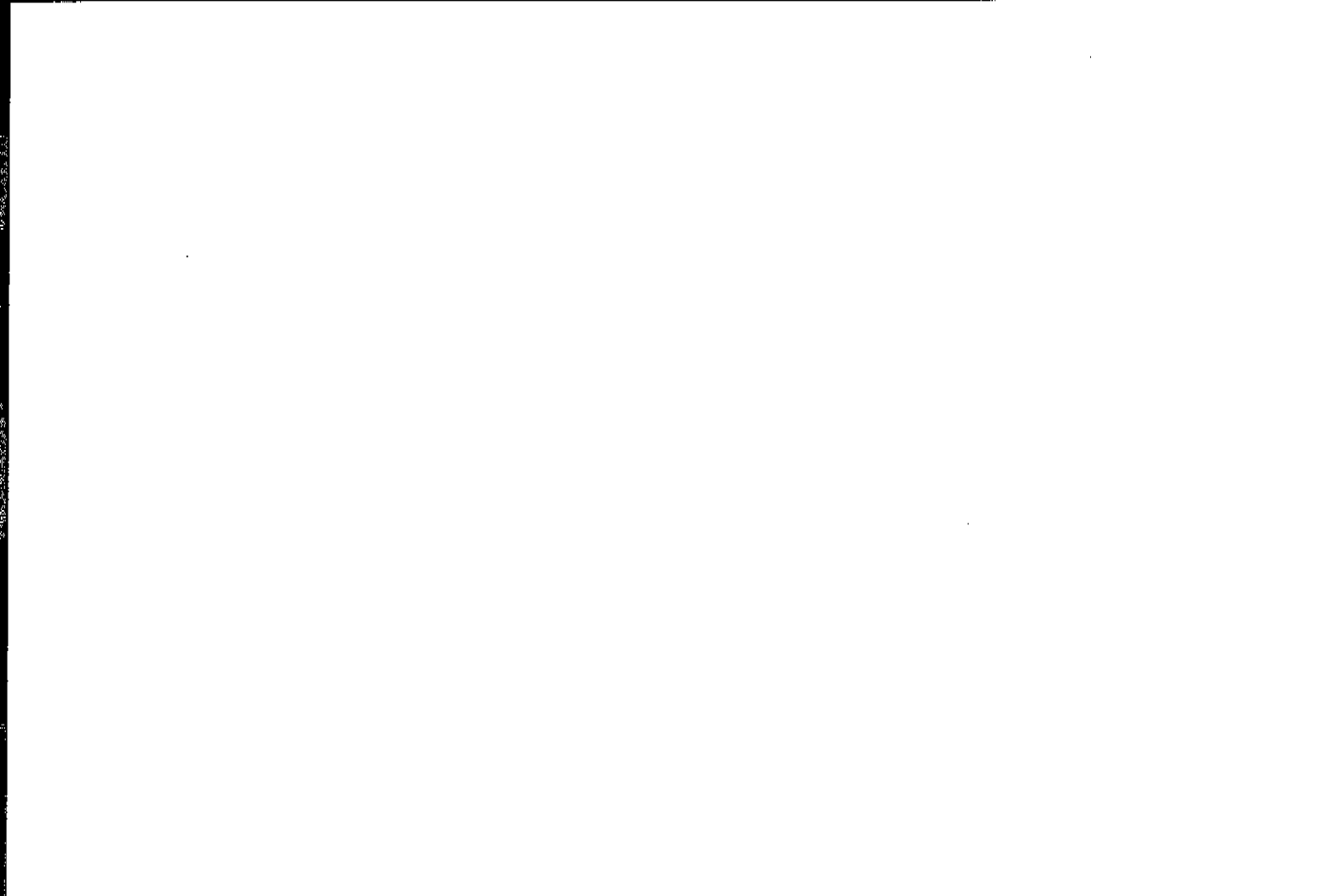
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## 1. INTRODUCTION

In the developing world, more deliveries are conducted at home than inside health facilities. For instance, in rural India 80% of all deliveries occur at home. Deliveries outside health facilities may be attended by trained health workers; by traditional birth attendants who may or may not have received some training; or, relatives of the expectant mother, who are rarely trained. They may attend from two to three such deliveries each year, or only that number in a lifetime. Some of these family members may have been expected to assist in the delivery, and others may have done so in an emergency because there was no alternative. Until now, few attempts have been made to influence the conduct of these deliveries.

For deliveries that are attended by family members, or persons without training or extensive experience, to ensure a safe delivery and the health of the mother and infant, the minimum goals that should be attained are:

1. The three cleans: clean hands of the birth attendant; clean cutting and care of the umbilical cord; and, a clean surface where the delivery is performed.
2. The use of a locally assembled or produced delivery kit which will provide the materials for the three cleans, and which can be distributed to pregnant women through social marketing or by health workers; and

3. That once born, the newborn is dried, kept warm, put to the breast, weighed to identify low birth weight, and registered and referred for follow-up care to the relevant community-based programme.

These guidelines share the recent experiences of several countries in the use and distribution of simple delivery kits to low case load birth attendants. Ideas about possible ways to supply and market the kits are offered. Ways of planning and evaluating the programme are included. Programme managers are expected to adapt these ideas to their own local situation, as appropriate.

The outcomes, or impact, of this strategy to improve childbirth may differ. Some countries have experienced a clear reduction in infant mortality and morbidity (umbilical sepsis). Others have simply experienced and increasing demand for kits by families. Other countries, by linking the supply of kits to other health activities, have seen increased reporting of births and follow-up infant care, and better liaison with TBAs.

This booklet is written for those district level PHC managers who want to promote safer childbirth in their district. The booklet explains how the use of simple delivery kits can be one way of doing this, and how to organize and evaluate such a programme.

\* \* \*

Safe delivery practices should complement tetanus immunization of pregnant women and not be considered as a substitute

## 2. COUNTRY EXPERIENCES USING SIMPLE DELIVERY KITS

Several countries (Burma, India, Indonesia) have already conducted studies on the use and upkeep of standard delivery kits, and have come to the conclusion that many currently available standard delivery kits are difficult to keep re-supplied locally, and often contain items of equipment unnecessary for a normal home delivery. Where the birth is attended by a family member or an untrained TBA, no kit is available and the "three cleans" are frequently not observed.

As a result, several countries have already introduced the use of simple delivery kits, making them available to expectant mothers and TBAs (Bangladesh, Brazil, India, Zimbabwe). The content of the kit varies a little from country to country. The organization of the distribution of kits and the re-supply of disposable items varies also, depending upon local systems and practices. Some countries supply only trained TBAs with kits and use the kits as a co-ordinating factor in the training and continuing supervision of TBAs. Other countries emphasize the availability of kits to families through local organizations and communities, and the supply of kits assists in improving the hygiene of unsupervised home deliveries and in the reporting of births. All countries found it possible to assemble and supply the kits from locally available materials, removing the need for external supplies.

The introduction of simple delivery kits did not solve all problems in the Indian experience. Despite extensive use of local cord kits, handwashing by TBAs remained a problem, especially in water scarce areas. Sterilization of cord ties and blades continues to be an infrequent practice where fuel is scarce. Despite the practices, there has been a disappearance of neonatal tetanus directly attributed to the ready availability of the kits.

Each country that has successfully introduced simple delivery kits on a limited basis, has also recognized the importance of TBAs in the eventual improvement and extension of MCH coverage. Each country has found a way of getting TBAs to use the kits and actively promote their wider use in the community.

\* \* \*

### 3. WHAT ARE SIMPLE DELIVERY KITS?

Everything used during labour must be clean. However, standard delivery kits, the sort of kits most often available in developing countries, have proved to be difficult to supply in sufficient quantities, difficult to restock, difficult to keep clean, and often encourage the use, or misuse, of unnecessary items supplied with the kit.

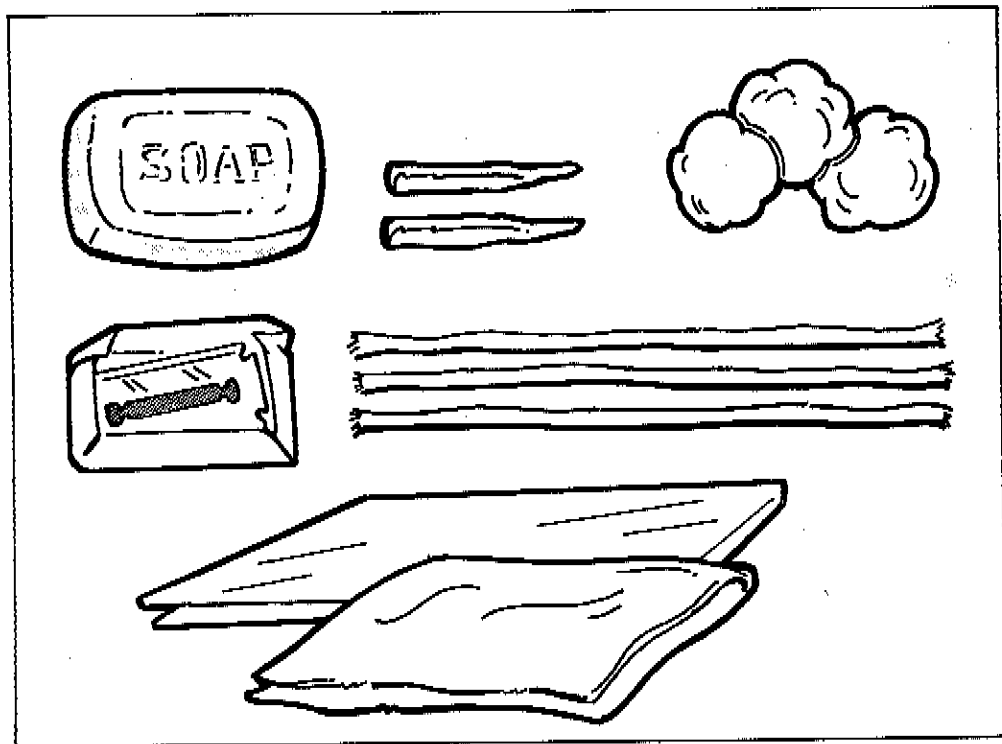
Simple delivery kits provide the minimum equipment to allow clean delivery to occur without contamination. Hygienic deliveries help to reduce the incidence of umbilical and other infections to both the mother and her baby. By this simple intervention, deliveries can become cleaner and safer in the communities where these kits are available.

Simple delivery kits provide materials for the three cleans: clean hands of the birth attendant; clean cutting and care of the umbilical cord; and, a clean surface for the delivery. The kits contains only the basic items that are essential for a clean, safe delivery. The delivery kits should contain at least the following items:

- Soap and nail sticks . . . . . for clean hands
- Razor blade, cord ties . . . . . for clean cord care  
and cotton balls
- plastic sheet (1m x 1m) . . . . . for clean delivery surface  
and towel or sheet

Some of these items are disposable and should not be used again. These include the razor blade, cord ties and cotton balls. Plastic sheets and towels can of course be washed and used again.

The contents of the kit will vary a little from country to country and even between different districts. Just remember the kit is designed to supply only the basic necessities for a clean and safe delivery. The items should be obtainable locally and reflect what is normally available in the community at a realistic price.



#### 4. WHO SHOULD BE USING SIMPLE DELIVERY KITS?

It is known that many deliveries take place in the community without a trained midwife present. So the kits are intended to be used by the woman who does the delivery. Sometimes this is a female relative, a traditional birth attendant, a traditional healer or a herbalist. The kit should be directly available to whoever attends the delivery. In Zimbabwe, mothers are given kits in their last month of pregnancy and where supplies are not well organized, mothers are asked to prepare their own delivery kits.

Where trained or experienced health workers (TBAs or midwives) are called to attend a home delivery, they could also use the simple delivery kit. During their training they can be taught how to use the kit in preference to more complex kits for home deliveries, and to encourage all women to have the kit ready at home for the expected delivery. Some countries have used the supply of these kits to trained staff as an excellent way to actively supervise the work of TBAs and to monitor pregnancies and delivery care in the community. For example, in Brazil, perishable items are re-supplied at monthly supervisory meetings.

The simple delivery kit is recommended for use by low case load birth attendants, that is, those attending less than 5 births per year. For medium (5 - 40 births per year) or high case load (more than 40 births per year) birth attendants it is probably necessary to include additional items which can be safely used by more skilled and experienced workers.

## 5. PROGRAMME MANAGEMENT

Providing simple delivery kits forms part of a primary health care programme. At the national level, it is important that policies encouraging the promotion of safer childbirth and reduction of levels of infant and maternal mortality are formulated. Some countries provide federal funding to local associations responsible for the assembly and distribution of kits.

The supply of kits can assist in achieving the following policy goals:

- increased birth reporting;
- increased coverage by maternity services without additional personnel;
- lower incidence of neonatal tetanus and umbilical and maternal sepsis;
- strengthen training and supervision of TBAs;
- decrease demand on health sector supplies by increasing supplies through the informal/community sector;
- increase community participation in health promotion.

In what situations are simple delivery kits useful? The experiences of different countries suggest that in communities where one or more of the following factors exist, the introduction of simple delivery kits, either on a long term or short basis, is an appropriate strategy. Where there is:

- a high incidence of home deliveries;
- the importance of TBAs is recognized;
- any incidence of neonatal tetanus or umbilical sepsis;
- low level of birth reporting;
- infrequent supervision of TBAs;
- a high proportion of home deliveries are by untrained or low case load birth attendants (less than 5 deliveries a year);
- supply problems in the health sector;
- incidence of maternal sepsis following delivery.

At the district level, the supply and distribution of kits is an excellent way of coordinating the training and subsequent supervision of TBAs, as well as helping the district MCH programmes monitor the numbers and follow-up of all home deliveries.

A programme to introduce the use of simple delivery kits is best planned and managed by the district PHC manager who is responsible for MCH programmes, such as the district midwife or district public health nurse. The programme manager will have to plan:

- How many kits will be needed in my district? (That is, how many expected home deliveries?)
- When should the programme start, and for how long?
- How to promote the use of the kits?
- Which system is the best one for assembling kits in this district?
- How shall we distribute the kits?
- How much is it going to cost and how shall we finance the programme?
- How shall we measure the success of the programme?

## 6. ORGANIZING THE PRODUCTION OF KITS

### 6.1 What to include:

You must first decide what your local simple delivery kit will include. The following are strongly recommended items:

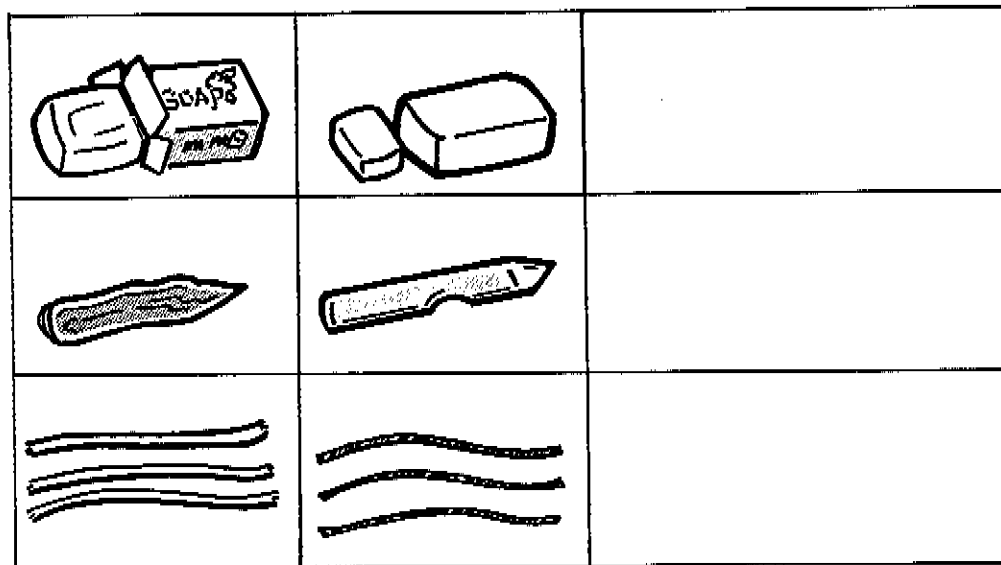
- Soap
- Nail stick or nail file
- Three (3) pieces of tape or string
- Half (1/2) razor blade or a bamboo siver
- Plastic sheet (1m x 1m) or clean meal bag, new mat, or clean newspapers.
- Clean cloth or towel
- Three (3) cotton balls or pieces of gauze or cotton.

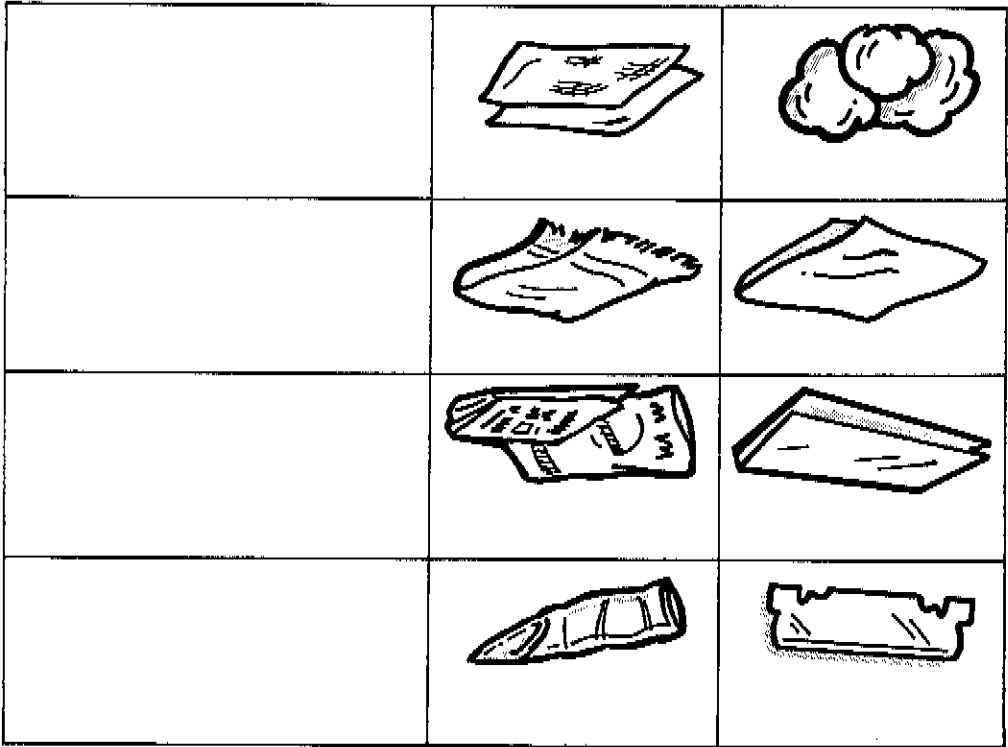
The fewer the items included, the fewer instructions necessary to ensure clean delivery, and the fewer the supply problems. Experience has shown that antiseptic for cord care is not necessary for reducing umbilical sepsis or neonatal tetanus, and delays cord drying.

Additional items included for use by medium to high case load birth attendants in some countries are:

- Scissors
- Eye drops
- Plastic apron
- Tape measure

Where additional items are considered necessary, more attention will have to be paid to necessary training and instruction in the use of these items, and additional, non-local, sources of supply may be necessary.

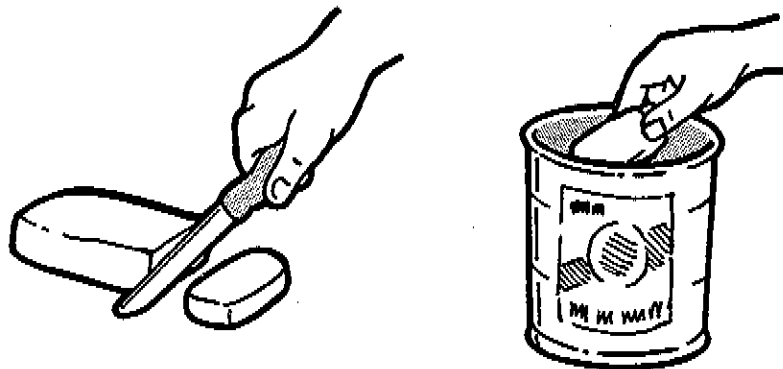




## 6.2 How to assemble the kit

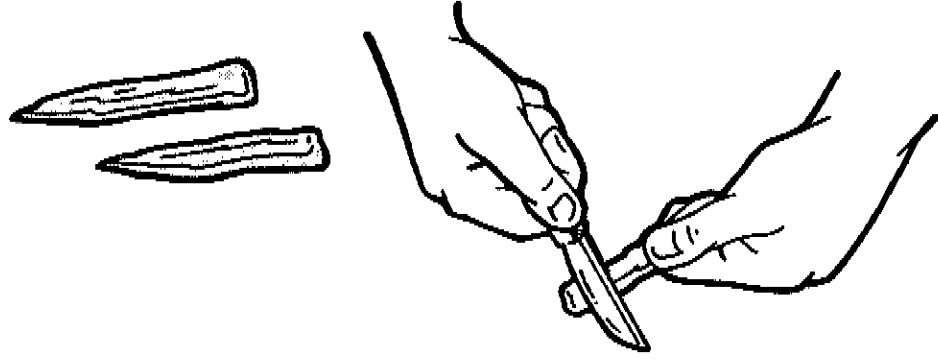
The first five items are considered as disposable. They can all conveniently be put into a plastic bag and sealed. This way they can be safely stored for a long time.

### 1. SOAP



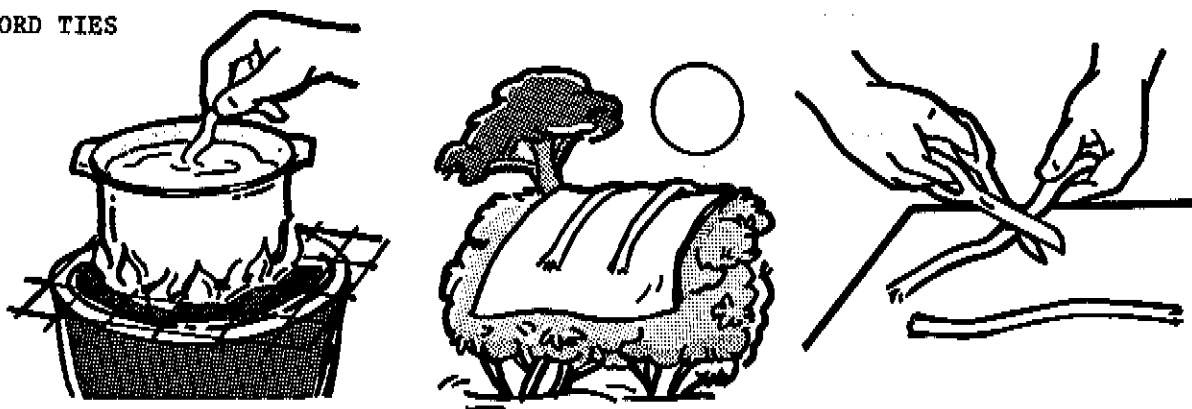
1. A piece of soap should be included - enough to wash the hands of the birth attendant and for the mother to wash herself.
2. Buy the bars locally. Cut the soap into small bars. If there is no soap it can be easily made following the instructions outlined in the World Health Organization Appropriate Technology for Health Newsletter No 17, p.14(1985).
3. Keep the soap in a clean dry place, away from rats.

2. NAIL STICKS



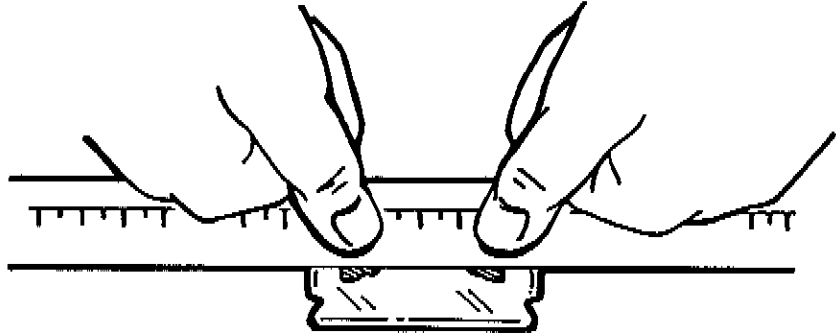
1. Cut and trim sticks suitable for cleaning under the nails.
2. Include two in the kit.

### 3. CORD TIES



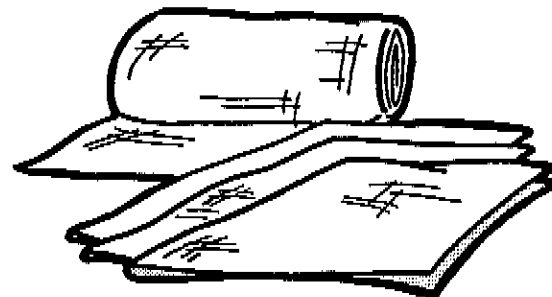
1. Buy a length of cotton tape or string
2. Wash and boil the tapes to make sure they are clean
3. Dry the tapes on a clean cloth over heat or in the sun
4. Cut the tapes to the correct length (15cm). Have a demonstration piece as a model.
5. Include three pieces of tape in each kit. (One piece is extra in case one tape is dropped or lost).

1. Buy locally available single edged razor blades.
2. If you cannot obtain single edged blades, you may want to split a regular blade in half. (This discourages other people from using the blade for other purposes). You can split the razor blade by placing a ruler along the middle of the blade and press back hard until the blade breaks in two along the ruler. Take care not to cut fingers when handling these blades.
3. Pressure cook or boil used blades for 6 minutes and dry immediately.
4. If razor blades are not available, use split bamboo for cord cut, created by heating in fire first.



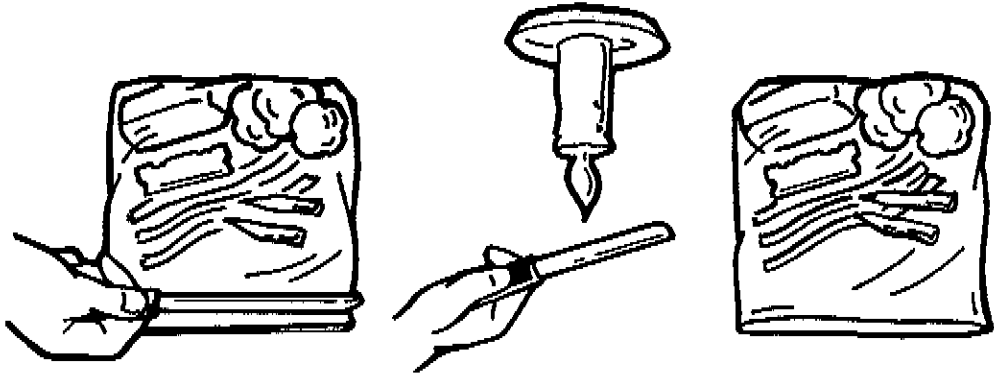
4. RAZOR BLADE

## 5. COTTON BALLS



1. Buy a roll of cotton wool or gauze, whatever is available locally.
2. Make the cotton into small balls, or the gauze into small pads if you are using gauze.
3. Put three or so of these into each kit

6. SEALING PLASTIC BAGS



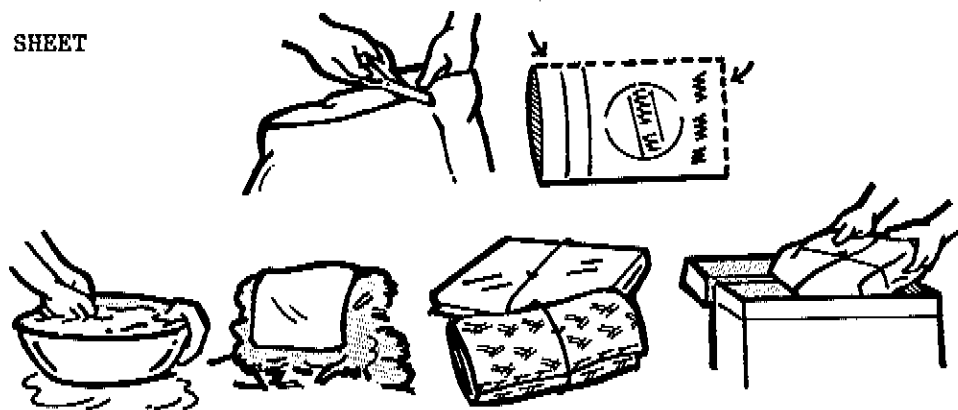
1. Buy small plastic bags from a local shop.

2. Put the items that are disposable inside the bag.

3. Heat a small piece of metal, such as a knife blade, over a candle flame or other heat source. Place the hot metal along the top (open) ends of the bag. This seals the bag.

These next items can be used again and again. They can be given to the TBA or you can ask the mother to keep them ready at home.

## 7. PLASTIC SHEET



1. Buy plastic sheeting from a store, about 1m x 1m, or obtain a used meal/grain sack and cut it open.
2. DO NOT USE FERTILIZER OR PESTICIDE BAGS AS THEY CAN CONTAMINATE THE DELIVERY AREA.
3. Wash it and dry in the sun.
4. Then fold it and store in a clean, dry place.
5. If plastic sheets are not available, you can use clean, dry newspapers, or a new mat can be woven and kept in a dry place ready for delivery.

1. There should be one clean cloth for the baby and one to wipe the perineum clean after delivery.
2. Find an old towel or used sari (sarong).
3. Wash them, and dry them in the sun.
4. Fold them and store in a clean, dry place ready for the delivery.
5. Cleaned and boiled strips of cloth can also be included for the mother to wear after delivery.



### 6.3 Who should assemble the kits?

There are several possible ways to assemble the simple delivery kits. Select the method(s) most likely to succeed in your community.

#### (a) Use women's groups

By participating in the making of simple delivery kits, women themselves will learn about the importance and availability of delivery kits. The women this way will be very likely become active marketers of the scheme. Zimbabwe have had success using mothers to assemble kits. In Brazil, community associations supply the perishable items.

#### (b) Use health centre staff

If health centre staff participate in the assembly and distribution of delivery kits, they will become active promoters of the scheme. In Zimbabwe, if supplies permit, district hospitals make up sufficient kits for local needs. Bangladesh experienced problems using health centre staff - eventually they employed a full-time worker to assemble kits.

(c) Use traditional birth attendants

During their training and supervised activities, TBAs can be shown how to assemble the delivery kits for use in their own communities. In Brazil, TBAs learn to use the items of their kit during training and are regularly re-supplied during supervisory meetings.

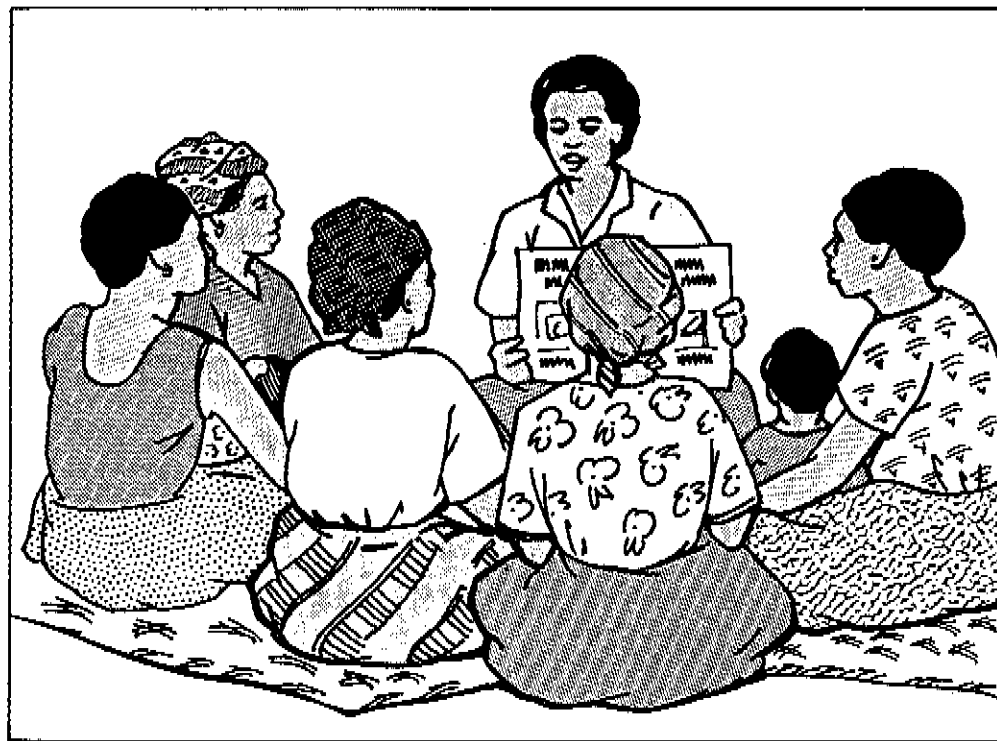
(d) Use commercial groups

Where there is a local industrial or commercial development, commercial groups can assemble and market delivery kits. By adding a small profit to the cost of the kit, local industry can be supported and developed.

6.4 Storing the delivery kits

A delivery kit can safely be stored for several months, if it is kept in a clean, dry place. Kits can be stored at health centres, pharmacies and at health worker's homes for easy access.

Mothers can also keep the clean cloth and mat, together with the disposable kit items, in a safe place at home, ready for delivery.

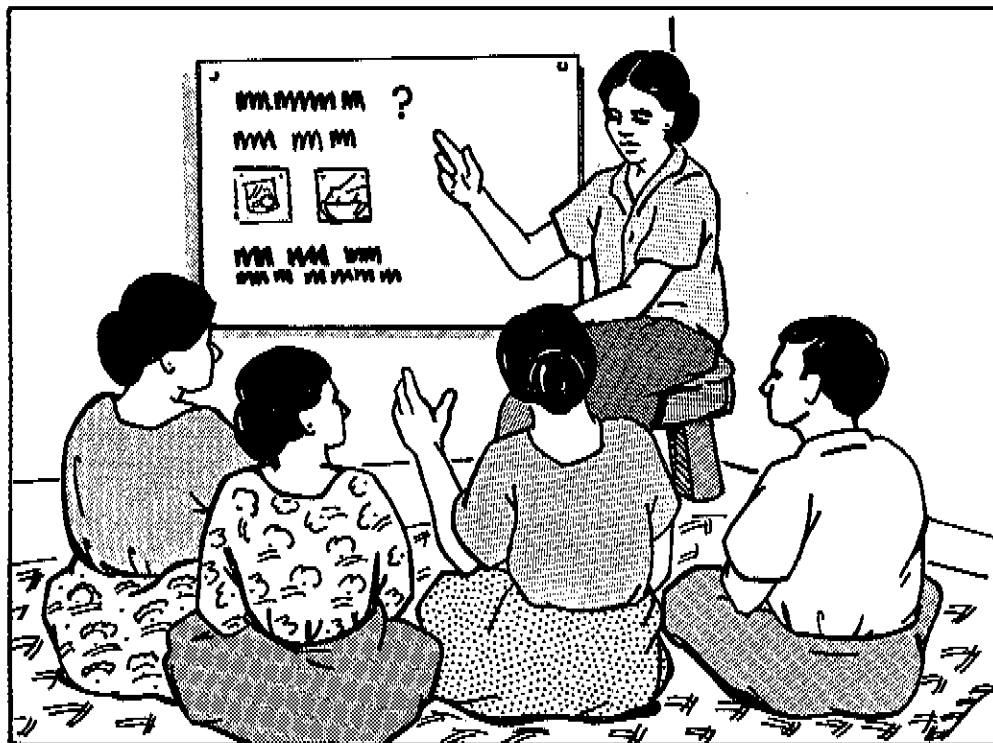


## 7. INSTRUCTIONS ON HOW TO USE THE KIT

The purpose of supplying simple delivery kits is to make birch cleaner for both mother and baby. Mothers and birch attendants should be shown how to use the kit. Hand washing before delivery or examination of the woman needs to be emphasised in all delivery instructions. You can use the women's groups to show expectant mothers how to use the kit, or ask the health centre staff to have a demonstration kit to show mothers and birch attendants what each item is used for. There is very little reason for mothers or birch attendants to misuse the kits, but clear instructions will help them to keep everything clean for delivery.

In India, verbal instructions were given each time a kit was supplied. Bangladesh provided 2 illustrated leaflets with each kit, one sealed inside the kit, one clipped outside the kit so it could be studied without disturbing the rest of the kit, before the woman went into labour. Zimbabwe used practical demonstrations to mothers.

Each method of providing instructions has problems and limitations. Demonstrations require that mothers regularly attend antenatal clinics. Written leaflets require high levels of literacy in the community, and additional cost. Non-literate instructions require careful local development and testing, and the skills are not always available. Verbal instructions are not always clearly remembered. It may be necessary to try out more than one form of instructions, before selecting the most useful ones for your community.



## 8. HOW TO ORGANIZE THE SUPPLY OF KITS

### 1. Estimate demand first

Each supply method requires that you estimate how many deliveries you expect in a given period. The programme cannot succeed if there are not enough kits to satisfy community demands. You can calculate this either using statistics from the previous year, or you can calculate the number of expected births in any community, by multiplying the birth rate by the population. For example, if the birth rate is 30 per 1000, and the population of the district is 12,000, then  $30 \times 12 = 360$  expected births. Out of the expected births calculate how many home deliveries can you expect.

### 2. Select community outlets

Expectant mothers and birth attendants can use a variety of outlets to obtain their supplies. Mothers who attend antenatal clinics could obtain their kit from the health centre or clinic. Others may prefer to use a village pharmacy. TBAs' and women's groups are both excellent outlets for the supply of simple delivery kits. (Bangladesh, Zimbabwe and India supply women at antenatal clinics in the last month of pregnancy). Brazil, Bangladesh and India use TBAs as a major outlet. In Bangladesh and India, mothers can buy kits directly. It is probably important that multiple outlets provide the best coverage.

### 3. Re-supply

(a) Regular replacement of a fixed quantity - You can make sure that the community outlets receive a regular quantity every month or every three months, depending on how easy it is to supply them. The quantity they receive should be close to the number of expected births in that community.

(b) Replacing as kits are used - It may help the supervision of TBAs and health centres if supplies are replaced as they are used. If 20 kits were used one month, then you re-supply 20 kits the next month. This way the stock stays high enough to cover demand. Brazil re-supplies TBAs monthly on the basis of used number of kits. TBAs in India collected a new delivery care kit when they reported the information on a delivery.

(c) On demand - You can supply just the number that a pharmacy, TBA, or women's group requests, and then wait for them to order more. This system is most difficult for the programme manager to control, and it is difficult to monitor the progress of the scheme. India (Hyderabad) supplied mothers, TBAs and any interested community member upon request with a kit.

### 4. Marketing the Idea

Introducing simple delivery kits often means changing habits of generations. The idea must be actively promoted and encouraged in the community if it is to be widely adopted.

## 9. HOW TO PROMOTE THE USE OF SIMPLE DELIVERY KITS

All women want a safe delivery, but not all women realize that a clean delivery means a safer delivery. So the idea needs to be sold or promoted among women, as well as to health centre staff and TBAs. There are several ways that simple delivery kits can be promoted, and different countries have experienced success using these different methods. Select the methods that most suit your district.

### 1. Use women's groups

Include women's groups as active promoters in the community. You can easily identify the active groups and leaders who will help to make this project a success. Give the groups the responsibility for making and selling the kits as well as promoting the idea. Community associations in Brazil are active sponsors of the scheme.

### 2. TBA training

Include the assembly and use of simple delivery kits in any TBA training that is done in the district. If TBAs use the kits, and can get regular re-supply, they will rapidly promote the idea. TBAs in Zimbabwe use songs to promote antenatal and delivery care. In Bangladesh, trained TBAs are active suppliers and users of kits.

### 3. Health education

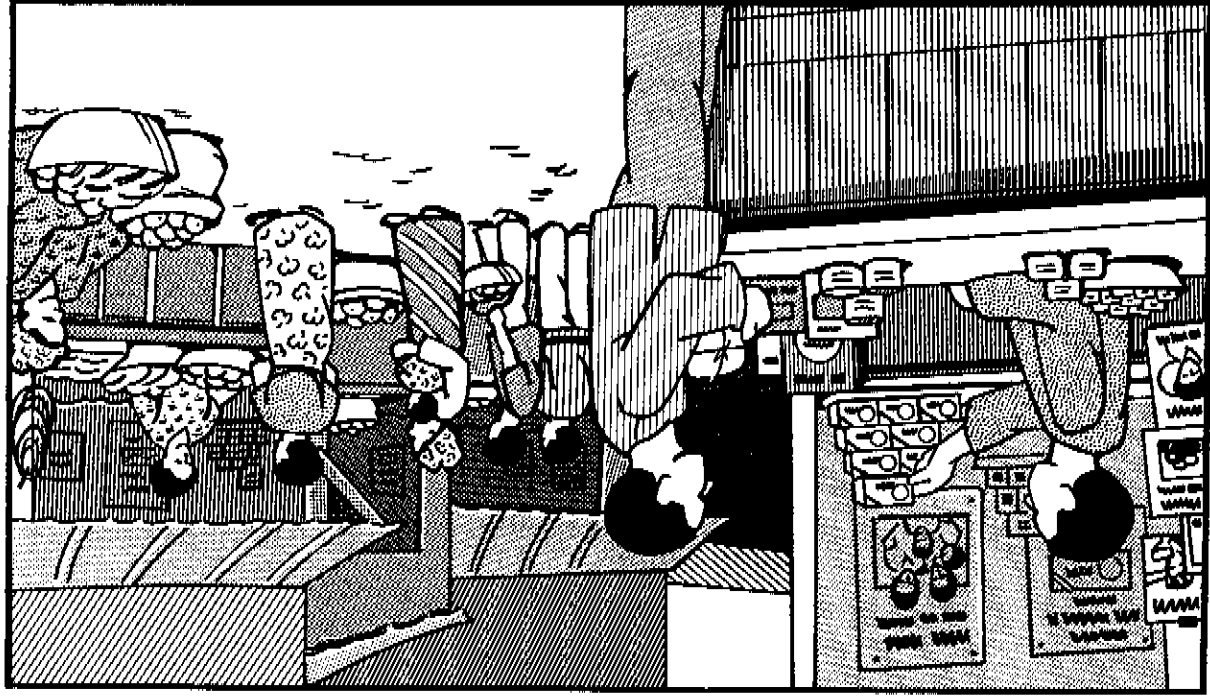
Include information on simple delivery kits in the health education programme of the health centre or district. Women can be shown how to use the kit. Songs, stories and dances can be used to encourage acceptance and familiarity about the kits.

### 4. Ensure availability

Make sure that kits are always available. If they are not available as and when needed, the programme will never succeed.

### 5. Orientation of health workers

Properly orient all grades of health personnel. Health personnel are often oriented towards using unnecessarily complex equipment and techniques, and this can hinder the promotion of appropriate technology.



## 6. Non-governmental organizations

Some of the most successful trials of simple delivery kits have been implemented by non-governmental organizations. These organizations are often more flexible and smaller than government structures and are often in a better position to try out new ideas.

## 7. Commercial groups

If commercial groups are involved in the commercial marketing of any product, they are active social marketers of the scheme as well, and are able to use mass media and commercial advertising channels most effectively.

10. HOW TO PAY FOR SIMPLE DELIVERY KITS

One of the commonest dangers of delivery at home, and in health facilities, is the lack of supplies to ensure clean deliveries. By supplying simple delivery kits, women can have safer deliveries at only a small cost. Even simple delivery kits will cost someone some money. Most families already pay some amount for a home delivery.

These are several ways to cover the costs of this programme.

1. Families can buy the kit directly from the pharmacy, women's group or health centre, and the funds used to buy more supplies. This method has been used successfully in Bangladesh.

2. TBAs can buy the kits from the supervisor or health centre and include the cost in any fees she charges the family for the delivery.

3. Community groups can buy the kits, or make the kits themselves, using their own funds, and distribute the kits free to TBAs and/or expectant mothers. This method has been used successfully in several countries.

4. Health centres might be able to supply the kits to expectant mothers, using the supplies of the health facility. This method depends on the government/community policies that are in operation, and on a properly functioning health supply system. This method often is only partially successful and we recommend the use of an additional supply source.

Discuss with the village health committees, women's groups and church groups what might be the best way to fund the programme in their own village.

Keeping a record of cash flow

If you are responsible for buying supplies or selling kits, you must make sure that there is a clear account of how the money has been obtained and spent. This is especially important if you are using community or government funds.

There should be a record of all cash you have received or spent. See this example of a cash flow:

PROJECT : SIMPLE DELIVERY KITS

DATE	ITEM	CASH IN	CASH OUT	BALANCE
	Cash in hand	50		50
10 April	Dilkon women's group	200		250
11 April	200 plastic bags		50	
	10m tape		5	
	4 bars of soap		75	120

11. HOW TO TELL IF THE PROGRAMME SUCCEEDS

You will need to know at some stage, whether to continue the supply and distribution of kits or not. To know the answer to that, you must make sure that you know how well and why each part of the programme succeeds or fails. You will need to answer such questions as:

- Has the introduction of the kits made childbirth safer?
- Do the number of home deliveries justify this kind of programme?
- How do most women obtain the kits?
- Is the programme cost effective?
- Are the kits being used, and if not, why not?

## EVALUATION FORMAT (example)

QUESTIONS TO ASK	TYPE OF INFORMATION NEEDED
1. What is the need for the programme?	
How many births are expected	Number of expected births
How many home deliveries	Number of home deliveries
What percentage of home deliveries use simple delivery kits?	Number of home deliveries using kits
More or less than before?	Compare yearly/quarterly figures
Has there been any change in safety of births?	Neonatal tetanus incidence Maternal infections Infant infections

TYPE OF INFORMATION NEEDED	QUESTIONS TO ASK
<p>Ratio of stocks to expected births at home</p> <p>Number of kits supplied from each outlet</p> <p>Percentage of supply through each outlet</p>	<p>2. What is the supply situation?</p> <p>Are there sufficient supplies of ready made up kits?</p> <p>Which outlets are the women using to obtain kits?</p> <p>Are some outlets more active/ accessible than others?</p>



TYPE OF INFORMATION NEEDED	QUESTIONS TO ASK
<p>Review method of instructions for usefulness</p> <p>Observe some home deliveries</p> <p>Spot check with outlets and homes</p> <p>Observe some deliveries</p>	<p>3. Are the kits being properly used?</p> <p>Are instructions given in the use of kits?</p> <p>Are all the items used correctly?</p> <p>Are the kits all complete?</p> <p>Are the disposable items thrown away after use?</p>
<p>Number of women familiar</p> <p>Percentage of third trimester women with kit</p> <p>Compare quarterly figures</p> <p>Main sources of information</p>	<p>4. Can our promotion activities be improved?</p> <p>Do women know about the kits?</p> <p>Do pregnant women have a kit at home</p> <p>Is this number increasing</p> <p>How did they find out about kits?</p>

QUESTIONS TO ASK	TYPE OF INFORMATION NEEDED
5. Does this programme justify its costs?	
Is cost reasonable to family	Price of kits compared to total birth costs
Which sector of community funds this project?	Main sources of income calculated as percentage
Does this need alteration?	Possible different source
6. Are there any unexpected outcomes from this programme?	
Are these generally beneficial?	Gather observations from birth attendants, health personnel, community leaders

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