7.1 **Recommendations**

**General Recommendations**

To reduce the incidence of neonatal and maternal tetanus and sepsis, maternal and child health programs should implement a multi-pronged approach that includes:

- providing adequate tetanus toxoid (TT) immunization of women of reproductive age,
- increasing community awareness and training of birth attendants in clean delivery practices, and
- introducing basic delivery kits for home deliveries.

Maternal and child health programs seeking to improve delivery practices should carefully assess the need for adding a basic delivery kit to their services—before purchasing existing kits or developing a basic delivery kit project. Basic delivery kits have numerous advantages in countries where resources are limited and births are conducted by trained or untrained attendants, or completed by pregnant women alone at home.

When designing a basic delivery kit project, program managers should review the lessons learned from organizations that have had experience in kit project implementation. Recommendations collected from a wide range of agencies are helpful to review, so that project managers learn from past mistakes and successes. Importantly, no one basic delivery kit design will be appropriate for all countries or regions.

The development, production, and distribution of kits should be based on community needs, cultural traditions, and resources. These factors should be determined through a qualitative needs assessment and should consider research from similar settings. It is helpful to involve men in basic delivery kit projects, as their involvement can improve their understanding of and concern for delivery issues and, therefore, obstetric emergencies.

Whenever possible, basic delivery kit projects should not be implemented as independent projects; rather, they should be thoroughly integrated into existing maternal and child health programs and/or clean delivery programs. Because of the wide range of factors and issues, it is important for basic delivery kit project managers to share their experiences with groups working in different countries.
In addition to these general recommendations about basic delivery kit projects, a list of specific recommendations about kit production and promotion follows.

**Kit Production**

- Qualitative research, including focus group discussions and in-depth interviews, should be used to conduct the comprehensive needs assessment; design the kit; determine kit contents; determine acceptable cost of the kit; identify market segments; and develop promotional messages, materials, activities, and channels.

- The inclusion of each item in a basic delivery kit should be based on a solid rationale taking into consideration World Health Organization (WHO) and United Nations Population Fund (UNFPA) recommendations regarding essential kit components, cost, need, program objectives, and local cultural beliefs and practices.

- The decision of whether to produce the kit centrally (to reduce costs, achieve better quality control, and ensure availability of supplies) or regionally (to increase community involvement, maximize acceptability, and ensure continuity of supply) will vary depending on the objectives of the project.

- In production by local women’s groups, issues of fair compensation and proper working conditions must be addressed.

- Quality assurance measures for production are crucial and should be built into all stages including assembly, storage, and distribution.

**Marketing and Distribution**

- The success of a social marketing approach depends on a clearly defined plan that includes short- and long-term goals.

- The price of a commercial or partially subsidized basic delivery kit should be based on market research to ensure consumer access.

- A minimum price should be charged for basic delivery kits to confer value from the consumer’s perspective.
• A variety of distribution systems should be used to maximize distribution of the kits.

**Promotional Strategies**

• Behavior change and communication activities should include various target audiences, including policymakers, traditional birth attendants (TBAs), health workers, family decision-makers, men, and pregnant women.

• Promotional costs must be included in the total kit price or be covered by subsidies.

• Collaboration with governmental agencies and nongovernmental organizations (NGOs) to promote and distribute the kit greatly expands the scope of the delivery kit project, provides partial subsidy, and increases the general awareness of clean delivery.

• Use of appropriate language and sensitivity to local, regional, and national customs are important considerations during message development. Pretesting items such as the package label and the pictorial insert is critical to ensuring that messages are well understood.

• Proper use of basic delivery kits should be included in the regular training of TBAs and other health workers.

• Evaluation of promotional messages and materials should be an ongoing process.

### 7.2 Conclusion

The *Basic Delivery Kit Guide* has provided an overview of major issues related to basic delivery kit projects. Ultimately, the Program for Appropriate Technology in Health (PATH) hopes that this resource will increase awareness and use of clean delivery techniques through the supportive technology known as the basic delivery kit.

As emphasized throughout this guide, delivery kit projects must be well integrated into maternal and child health programs. As a means to prevent tetanus, basic
delivery kit projects complement—but do not replace—tetanus toxoid immunization programs.

Clearly, the development of these kits is a complex process. The final product is a combination of what potential buyers want in a kit and what they feel is affordable, what public health managers see as appropriate medical interventions, and what is programmatically feasible, given available funding.

Agencies concerned about maternal and child health must approach this process with respect for local cultures and traditions; they must work with community leaders and local agencies and have a realistic sense of what they can accomplish. Without such precautions, their efforts may result in a kit that is not used (or used improperly) and, therefore, does not contribute to the reduction of rates of maternal and neonatal morbidity and mortality in the region.