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Appendix A: Approval from the Human Research Ethics Committee of the North-West University



NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520
Tel: (018) 299-4900
Fax: (018) 299-4910
Web: <http://www.nwu.ac.za>

Ethics Committee

Tel +27 18 299 4850
Fax +27 18 293 5329
Email Ethics@nwu.ac.za

ETHICS APPROVAL OF PROJECT

30 January 2012

The North-West University Ethics Committee (NWU-EC) hereby approves your project as indicated below. This implies that the NWU-EC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: Strategies to Improve Postnatal care in Lesotho				
Project Leader Dr CS Minnie				
Student: MN Qheky "Strategies to promote Post natal services in Lesotho"				
Ethics number:	N	W	U	- 0 0 1 1 8 - 1 2 - A 1
	<small>Institution</small>			<small>Project Number</small>
				<small>Year</small>
				<small>Status</small>
	<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>			
Approval date: 2012/12/13			Expiry date: 2017/12/12	

Special conditions of the approval (if any): None

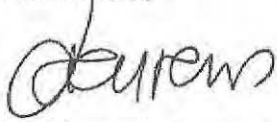
General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-EC:*
 - *annually (or as otherwise requested) on the progress of the project,*
 - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-EC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-EC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-EC retains the right to:*
 - *request access to any information or data at any time during the course or after completion of the project;*
 - *withdraw or postpone approval if:*
 - *any unethical principles or practices of the project are revealed or suspected,*
 - *it becomes apparent that any relevant information was withheld from the NWU-EC or that information has been false or misrepresented,*
 - *the required annual report and reporting of adverse events was not done timely and accurately,*
 - *new institutional rules, national legislation or international conventions deem it necessary.*

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Lourens', written in a cursive style.

Prof Amanda Lourens

(chair NWU Ethics Committee)

Appendix B: Letter requesting permission to conduct research from Ministry of Health

North-West University (Potchefstroom Campus)

Private bag X6001

POTCHEFSTROOM

South Africa

2520

The Director General of Health Services

Ministry of Health

P.O. Box 514

Maseru

Lesotho.

Re-request to conduct a research study

I am a student at the North-West University (Potchefstroom Campus) and have currently registered for M. Cur Degree in Health Science Education.

I have been granted permission to undertake the research by the Ethics Committee of the North-West University (Potchefstroom Campus).

My research topic is:

Strategies to Improve Postnatal Care in Lesotho.

The purpose of the research is to explore and describe the experiences of women regarding care provided at postnatal services and perspectives of women and health care providers of ways to improve postal care in Lesotho.

The information obtained from the study will benefit the country by assisting in the improvement of nursing care and formulation of strategies to improve postal care services.

I hope my request will be granted.

Yours Faithfully,

'Malisema Qheku

Tel: xxxxxxxxxxxxxxxx

Supervisor: Dr. DS Minnie

Tel: xxxxxxxxxxxxxxxx

Appendix C: Permission to conduct research from the Lesotho Ministry of Health

1 D 28/2013



Ministry of Health
PO Box 514
Maseru 100

18 March 2013

M.N. Qheku
Student number 2247 1332
M. Cur. In Health Science Education
North West University

Dear Ms. Qheku,

Re: Strategies to improve postnatal care in Lesotho

Thank you for resubmitting the above mentioned proposal with modifications. The Ministry of Health Research and Ethics Committee having reviewed your protocol hereby authorizes you to conduct this study among the specified population. The study is authorized with the understanding that the protocol will be followed as stated. Departure from the stipulated protocol will constitute a breach of the permission.

We are looking forward to have a progress report and final report at the end of your study.

Sincerely,

Dr. M. M. Moteetee
Chairperson Research and Ethics Committee
Director General of Health Services

Appendix D: Letter to request to conduct research at Motebang Hospital



National Health Training College

Private Bag A189

Maseru, 100

16/04/2013

The Nursing Service Manager,
Motebang Government Hospital.

Re-Request to conduct a research study

I am a student at the North-West University (Potchefstroom Campus) and registered for M. Cur Degree in Health Science Education.

I have been granted permission to undertake the research in Motebang Hospital in Leribe district by the Ethics Committee of the North-west University (Potchefstroom Campus) and Ethics Committee of the Ministry of Health - Lesotho.

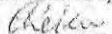
My research topic is:

Strategies to Improve Postnatal Care in Lesotho.

The purpose of the research is to explore and describe the experiences of women regarding care provided at postnatal services and perspectives of women and health care providers of ways to improve postal care in Lesotho.

The information obtained from the study will benefit the country by assisting in the improvement of nursing care and formulation of strategies to improve postal care services.

Yours Faithfully,


Maliserna Qheku (MRS)

Contact No. (00266) 58769747

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Appendix E (a): Consent Form (English version)

INFORMATION LETTER AND CONSENT FORM FOR MIDWIVES

Dear participant,

I am a master student of the North-West University (Potchefstroom Campus). You are invited to participate in a research study regarding the best practices in postnatal care.

The nature and purpose of this study

The nature and purpose of this study is to develop the best practice strategies to promote postnatal care. You are asked to participate in the phase of the study that entails interviews with mothers.

During the interview you will be asked to give your perceptions on postnatal care services. The interview will be conducted at a time and venue most suited and familiar for you. It will be done at a clinic while waiting or after your consultation in a private room. It will last about 30 minutes, your permission is also asked to record the interview to be transcribed and analyzed afterwards. The recording will be locked away in a safe place and the final reports will not be traceable back to individual participants.

Approval to do research

The protocol of this study was submitted to the Ethics committee of the faculty of health science North-West University (Potchefstroom Campus) and approval has been granted. The Ministry of Health Research Committee and the person in charge of the hospital are also aware of this research being done in this hospital.

Risk or discomfort involved.

An experienced interviewer will conduct the interview and it is not foreseen that you will experience any discomfort. If you experience any psychological discomfort professional counselling will be available after the interview.

Possible benefits of this research

Your contribution will add to the knowledge of and insight into the services provided in postnatal clinic and reasons why some mothers do not attend postnatal care clinic. This will contribute to the formulation of strategies to improve postnatal care services, the mothers and babies receive. These strategies may be of benefit to mothers, babies, health workers as well as the community as a whole.

Right to withdraw

Your participation in this research is entirely voluntary and you can refuse to participate or stop at any time without stating any reason. There will not be discrimination against you if you prefer not to participate.

Confidentiality

Any information that you supply will be kept strictly confidential. The results will be published or presented in such a fashion that all participants will remain unidentifiable.

Information

If you have any question about the research you are welcome to contact the researcher, Mrs. M.M.N. Qheku. You are also welcome to indicate on the attached document if you would like to receive a report of the study after it has been completed. All of the information is clear to me. I have been given opportunity to ask questions. I understand that if I do not participate it will not be to my disadvantage. I hereby volunteer to take part in this study

Participant's signature

Witness

Person obtaining informed consent

Date

Thank you for your kind co-operation,

'Malisema Qheku

Tel:xxxxxxxxxxxxxxxxxx

Appendix E (b): Consent Form (Sesotho version)

FOROMO EO 'ME A E TLATSANG H'A LUMELA HO NKA KAROLO LIPHUPUTSONG

'Me ea Khabane,

Mobatlisisi ke moithuti, University ea Potchefstroom-Campus, tseling tsa sepheo sa lipatlisiso tsena ke ho fumana maikutlo a batsoetse ka mofuta oa t'sebeletso eo ba e fuoang ke basebeletsi ba bophelo tliiniking kamora pelehi le mabaka a sitisang batsoetse ho ea tliiniking ea kamora pelehi.

Lipatlisiso litla thusa ho aha meralo e ka matlafatsang lit'sebeletso tsa bophelo ba ngoana le 'ma kamora pelehi. U kopuo a hoba karolo ea lipatlisiso, moo o tla botsoa maikutlo a hao ka t'sebeletso tsa bophelo ho ea kamoo o utloisisang kateng. Lipatlisiso litla etsetsoa tliiniking ha ontse o emetse ho sebeletsoa, 'me litla etsetsoa lekunutung.

Lipuisano litla nka metsotso e mashome a mararo. Kopo ke hore ho sebelisoa mochini o hatisang mantsoe. Maikutlo a hao le likhatiso tsa lentsoe litla sireletsoa ka tsela e bolokehileng, 'me likeke tsa bolelloa mang kappa mang kantle ho tumello ea hau.

Moithuti o lumelletsoe ka molao ke komiti ea lipatlisiso e lekaleng la bophelo- Lesotho le North-West University (Potchefstroom Campus) ho tsoela pele ka lipatlisiso le bookameli ba sepetelele sa Motebang ba tseba ka lipatlisiso tsena.

Bafuputsi ba nang le tsebo e phethehileng batla etsa lipuisano le uena, lipatlisiso ha lina hoba le kotsi ho uena le ba lelapa la hao. Haeba hoka etsahala hore obe le t'sisinyeho ea maikutlo nakong ea lipuisano, o tla fumana tlhabollo e lokelang.

Tlatsetso ea hao ea hoba karolo ea lipatlisiso etla fana ka tsebo, ponaletso ea lit'sebeletso tsa bophelotse fanoang tliiniking kamora pelehi le mabaka a etsang hore bo-mme ba bang ba setle tlhahlobong, tliiniking kamora pelehi. Tlatsetso ena etla etsa hore ho thehoe meralo eka ntlafatsang lit'sebeletso tsa bophelo tse fumanoang ke lesea le ma kamora pelehi.

Ua ikhethela ho nka karolo lipatlisisong tsena, ha u qobelloe, ke tokelo ea hau, hao u sa rate ho tsoaela pele u ka ikhula ntle le kotlo ea letho.

Moo o hlokang tlhakisetsa u ka botsa mobatlisisi, 'Malisema Qheku.

Ke balile 'me ke utloisisitse tokomane ena, ka hona ke nka karolo lipatlisisong tsena

.....

.....

Tekeno (ea fanang ka tumello)

Letsatsi.....

.....

Mobatlisi.....

Letsatsi.....

Appendix F (a): Biographical data collection instrument for mothers (English version)

Biographical Data (ice breaker that will apply to all mothers)

Age

Y	M
---	---

Occupation

Factory worker	
Domestic worker	
Student	
Other (Specify)	

Date of delivery

Y	M
---	---

Place of delivery

Home	
Hospital	
Clinic	

Appendix F (b): Data collection instrument (Sesotho version)

Biographical Data (ice breaker that will apply to all mothers)

U lilemo li kae?

--	--

U sebetsa eng ?

Ke sebetsa lifemeng	
Ke sebetsa malapeng	
Ngoana sekolo	
Ho hong (hlakisa	

Ke nako e kae o pepile ?

O pepetse hokae?

Hae	
Sepetlele	
tlilinking	

Appendix G: Transcript of individual interview about experiences of postnatal care

Participant no.1=P1

Interviewer = (1)

1: Please can you explain to us about the experiences you had while attending postnatal clinic

What are your suggested solutions of problems you encountered?

P 1: Ache..... I had a problem, as my first delivery, I did not have much knowledge about delivered mothers and baby.

1: mmmh.....(agree)

P 1:"you see at 7th day after delivery I was not examined, I was just asked like how is it in there (vaginal area) but never examined."

"My relative (sister) realized that I had something, because now you see (pause) there was pus oozing from my private part"

I: Mmmh..... (pause)

P 1:"Yes, it was sutured, now I am healed" (with a grin on her face)

1: What do you think could be a solution this problem?

P 1: I think the woman should not just be asked by midwife, she must be examined well

1: Mmmh.....

P 1: mmmm.... I think nurses must educate the mothers about problems that may happen after delivery

I: mmm..... is there anything else that you can explain to us?

P 1: No 'me

I: I want to thank you for participating in this study

Participant 3

I: "We are nurses doing research on services that are given to you here after delivery. All what you are going to tell us, no one is going to know, even your names they will not know them, you should feel free and open, if you agree to participate sign the consent form."

I: Tell me in full about the services you receive here after delivery, how do you see them?

P 3" They (nurses) are not the same, sometimes they talk roughly to us, at times you find that on that day you are served by a good nurse"

I: "mmm.... Sometime they are not the same, sometimes they talk roughly to you!"

P 3"Yees..., sometimes you find that this month you are served by a good (skilled) nurse, the other month when I come you will be served by another one."

I: "When you say they talk roughly to you, can you explain well there."

P 3 When I come I find another person (nurse) and do not talk to us politely. Sometimes a person (woman) may not remember the vaccine her baby should get.... (anger displayed on the participant's face)(no continuity of services by midwives)

I: Mmh.....

P 3"Then she would scold, and say why she has forgotten the vaccine that is written in the booklet."

I: "In other words you are expected to know the vaccine and their use, but now written in English?"

P 3"Yees 'me, really this issue of injection (vaccine) does not treat me well at all, they (nurses) have to teach us about what to expect after delivery, yes..'me"

I: "Mmh... in other words, when you say they must teach you, you expect that when you are here, you should be given a health education?"

P 3"Yes we should be given a teaching on our self and babies after delivery "

I: "Your concern is that of nurses not talking to you politely and nothing else?"

P 3: No there is nothing else,the nurses must be trained to communicate politely and give themselves time to talk with the mothers about their individual health and that of baby after delivering"

I: We want to thank you, and all that you've given us is going to be combined with others to make a big document

Participant 4

I: As we have explained to you about the research and you have signed the concern to participate in research, Can you explain to us in full and freely on the services that are provided to you and let us know if you went through any situations that were a challenge to you

P 4 "Aaache.....(recalling) I have seen that we are served well, except that some of us, we wake up to come to the clinic, when you arrive here, I have to weigh the baby, and then wait for those who will come at 12 noon".

I: Mmmh.....

P 4 "The reason being pause (mother's voice shake- unhappy) I do not disagree that education done in the morning is very important, those who come early in the morning should be given education, and be given services then can go home. Not that we should wait for those people who come late then we are given education together, whereas we came early, that is what causes dissatisfaction to me "

I: "But what makes you uneasy?"

P 4 "Yes, is the people (mothers) who come in late, even vaccinations are given at the same time with us, those mothers who came early., if in the morning they (nurse) provide service to us who came early, you see when you wake up to come at 8 a.m.... then wait for those (mothers) who came at 12 midday (her voice shaking) only to be given health talk together then after wards the babies will be given the vaccinations. This will cause them to come early like others"

I: "Is there anything else that you want to say?"

P 4 "Nopause otherwise I think services are ok"

I: "Ok, thank you for your participation in this research."

Participant 9

I: "Please just explain to us the experiences that you had after delivery, about the services you received at postnatal clinic and tell us how you think challenges or problems can be solved if any".

P 9: Services that we get are very important but some of them, there are areas that give us problems because we do not have a full knowledge. I: When you say you do not have a full knowledge, what do you mean?

P 9: I mean that when I came for 7 days check-up, my child seem to be having a problem but 'me nurse did not see that till I made her aware that the baby has yellowish discoloration of the eyes and after that she mentioned the name of illness.....

I: Mmmh.....

P 9: It is only that she examined her, when she looked at her, ouch..... Then I heard her say, saying the name of the sickness that the baby has.

She said should you put her on the sun at home?. In fact she said why not put her outside every morning (nurse's hesitation).

I: Was the baby admitted to the hospital?

P 9: The baby was admitted to the hospital, because of that yellowish in the eyes.

I: That means if you had not talked, 'me nurse would not say anything?

P 9: Achee.....(exclamation, showing it with her hands open)I would have gone home without her saying anything!"

I: Is it not that the nurse had examined, did you say she had finished to examine?"

P 9: Yes, she had finished to examine me and the baby"

I: "How did she examine, she did not look inside the eyes?"

P 9: "Achee I just saw her as for weighing we (mothers) the one who weigh them (babies)" (woman not satisfied that she weighs their babies)

I: "Are you the one, who weigh them?

P 9: Yes, because the small weighing scale that is placed on the table is not there, we are to weigh them there (Pointing)

I: "Mmm..... is not the nurse who weigh the babies"

P 9: "No we do it for our self"

I: "Will you know if the scale is balanced, do you know how to read the scale?"

P 9: "It is said that we look for our self, this one that is hanged on the wall(pointing at a wall) we should look (check) for our self because the small one for babies is completely out of order"

I: mmm..... Now the nurse has examined and finished after you weigh her, she takes her only, without examining anything"

P 9: "It was only then that she examined how she is in the eye."

I: In other words she saw this problem because you observed it? That means many conditions pass without being noticed?"

P 9: "yes, 'me, I thought I was taking part, because we are told to be responsible to our own children"

P 9: Eee.....(she agrees)really we request the management that more, willing, skilled nurses to be increased here at the clinic

I: mmmh...."Is there anything else that you can talk about or you have experienced?"

I:"I thank you very much, know that all the information you gave us is very important really, because you also provided solutions to a problem as to what should be done"

Participant 13

I: Just like I have told you that we are doing some research, can you explain to us in full without fear, the experiences and challenges that you went through after your delivery your baby

P13: Ooh I delivered, after delivery really, after delivery, when I came to the clinic I told the nurse my problem that I was bleeding and it is with clots, even though I delivered two weeks ago

I: Mmmhh.....

P13: She did not respond well and she answered me like, you do not know it is the right of the woman to bleed when she has delivered? Do you not know! (she showed how the midwife was rude)

I: Mmmh.....

P13: I said to her 'me I was just asking, I do not know, but she said "yes it right for the woman to bleed (angrily)

so go out you are wasting other woman's time"

I went out without knowing, whether it is still normal or not to bleed! Especially this was my first baby

And then afterwards we had to come to the clinic, oooh.... we were really afraid, it was not just me and other women I was with

I: Mmmh.....

P13: When we were served by that nurse, we were in trouble, she will shout at us

At times you do not know, which thigh the baby is going to be injected

The anger that she (nurse midwife) will display she can even clap you! (Display of fear on the mother's face)

If you (pause) have placed the baby for vaccination, she will shout at you saying: hey... you do not know how to place the baby, move so that mothers who know can show you, You will stand up and sit on the side, you are in trouble and humiliated

I: Mmmh.....

P13: Oooh (exclamation).....'me I did not know?

I: Mmmh.....

P13: That lack of my knowledge is a pain to the nurse, because I will say m' really I do not know the vaccines!

When I explain to her again like telling her that I observed the baby has a problem

She will say: 'me is it not that the baby goes to see the doctor when she is like that or...

I: Mmmh.....

P13:'me really, I do not know, but since I deliver I feel pain here at the back bone, I cannot sit down properly, and can you help me

She will say: mother why do you not go and see the doctor if you really have a problem? You can go to the doctor, this is the clinic

I: So.....'me do you mean according to the nurse in the clinic you cannot express your problems

P13: According to her in the clinic she is dealing with the babies only, I cannot tell her that I am sick, have this or that health problem (the participant was still young however she expressed her feeling boldly and strongly)

I: Mmmh.....

According to you with this situation that occurred to you, how do you think this can be solved?

P13: The nurses should be trained on how to do their work and talk to people

I: And what else?

I: All this information is very important, we appreciate, it is just that the arrangement to deal with this situation may take a longer time. Thank you.

Appendix H: Transcript of focus group interview with midwives

I: As has been explained to you can you please explain to us your perceptions about the care given at postnatal clinic and give us opinions on how postnatal care can be improved.

P2: According to me postnatal care..... (Pause) is in between, but now..... (pause) right now when a person have delivered she comes here, there are two clinics, that of 7 days and of 6 weeks

This one of 7 days, it is true that the person who did the research felt that it was necessary but according to me (pause) there is something called fundul care do we call it that? (She asked her colleques)

P3: Fundal height

P2:"Yeees, if we do that perfectly, 7 days postnatal check is not very much essential because when you check the mother whether the episiotomy is healed or not within 7days, I do not think there is that much progress.....(pause)

She still has many things that she had that she carried forward from her pregnancy that usually we know that at 6 weeks everything is ok (no ailments)

But at 7th day there is not much change that you can say, you see she still comes with some ailments, those that were there when she deliver.

Yees According to me, 7 days, I feel it is not necessary if when we do fundal height (after a woman has delivered) we do a perfect job"

I: What do other nurses say? I hear you say if ever we do our work in a perfect manner, I take it from there

In other words you say in actual fact we do not do our work well?

P2: Yes...

I: Ok, others..... (Pause)

How do we view it, our perceptions and experiences..... (Pause)

P3: I support my co- worker that care is not very good for immediate postnatal care, I observed that it is due to staff shortage, the staff is very few in maternity. At times a nurse midwife is alone; she works with juniors who may not observe what she could observe on that woman after she delivered

Immediate care must be emphasized to replace 7 day visit.....we would meet this woman on 6th week

I: In other words, your suggestion is to increase the staff?

P2: Yes I suggest an increase of midwives and maternity staff

I: Placement should be done well, like you said about one midwife who is alone

P2: Yes again people are not given in - service training

Sometimes you meet women on field for 7 days, some meet them like that because in the past years this 7 days was for those HIV+ mothers and ultimately it ended up being for everyone (mother)

Some (nurse midwives) do not know why it is done, we may not check (woman) in the same Way because we do not have the same understanding

I: They are not the same, and others (nurses) do not have understanding at all

P3: We do not have understanding at all because you have to examine this woman, because when she left the hospital there may be some things left inside her I: What can we say, about our experiences and perceptions about postnatal care?

P6: Again to add on that, there should be continuing education, should still be there because about 7th day, most of us still do not understand why it should be there

Eee..... and if we could all be equipped with information, truly we share information although you find that it is not done all the times , because of the reason that we get to work, in a hurry, already doing work

I am working at (MCH) maternal child health services now, I do 7day check-ups but I still do not understand exact reason for 7th day postnatal.

I: That means at times when we give information , we provide it just showing that, it is said that the woman should attend 7 day postnatal care services, as to how the decision for 7 days have been reached we need more explanation

Therefore those who did not attend such workshops or courses we will be left without knowledge .i am trying to clarify if I heard you well

P3: Yes....'me

I: What else can you say?

P4: This 7th day is confusing, we know that somebody would say we know when we come day..... that day one delivery is day 2, tomorrow day 1

Someone will count as if the baby will come to the clinic on the 6th day the other one on the 7th day

Again these babies are born at weekend. Cheee..... talking about our case, in our case we are on duty, it is not always that during the weekend the qualified midwife is on duty.

A nurse assistant or a ward attendant maybe on duty, so we will not ask the woman to come for a 7 day check up on such a weekend! We will schedule her at a time we will be there that means she will come on the 8th or 9th day for postnatal.

I: This goes back to the shortage of the staff, that if there was enough staff, the woman would come on the 7th day after delivery

P6: Again we observed that the activities are being increased, those one of midwives, those of postnatal services but there is nothing that motivates us as midwives

We have done midwifery but we are not employed as midwives, the country does nothing makes us feel like disliking this (midwifery)

I: In other words you need some motivation to do work in a perfect way?

P6: Yes if someone with general nursing will be in the same position with me, I do not feel that will make me feel I can do something more than she can do what she does.

All participants: Ha..Ha...ha.hooo (they laughed) all agree....it is like that

I: You want to support her there?

P1: To provide a quality nursing care indeed you need that motivation and if you do not get motivated, really our services will not be perfect because if you have done well..... The bad thing that was done long time ago will be dominating every time, when one has done well no body will say well done!

We need that motivation really

I: You need motivation not in terms of money but also.....(interruption by participant)

P6: Yes, we should be recognized, so that we do a good job. Yeess

I: In fact money, I do understand as 'me is whispering, we need it but at the same time we also need to be motivated

Encouragement to see that people appreciate, to acknowledge that our work is essential, am I interpreting you well?

P6: yes..... it is like that, moneywise.....

I: Is there anything else on our experiences and perception on this issue,

Can you go on now, how can we improve the services.....(pause)

P2: For the staff number to be increased.....

P2: Maternity ward and Maternal Child Health should be staffed with competent, interested, and experienced midwives...., I can be a midwife but may have no interest, so she should be a midwife who is competent and have willingness to work in maternity

I: It (scheduling pattern) should be done looking at the health care needs in each department

P5: More attention at the staffing, another issue is about this introduction of so many registers, and at time some would have many patients, you will attend to them well but when you work on register, there is so much work, it even causes stress on us registers have increased the work in the department – mother child health (MCH)

I: But at the same time documentation when required it needs more manpower as well

P6: Because this work on registers composes the quality nursing that is supposed to be provided to the patient

That work is intensive; I wonder whether the people who made them are able to check them, because the one child's information fills about 3 pages

When they are all recorded then there is also a tally sheet that must you must do for only one child..... Really it is too much work

I: Mmmh.....

P5: We acknowledge that this organizations assists us by supporting the ministry of health, however they have introduced so many registers..... (pause),

They bring more registers but do not provide their staff, so our work is getting poor because we do more work to the patients paper than the quality care that we have to provide

I: Is there anything else that you improve the services that we render

P4: Talking about these 7th day postnatal care, this 7th day Postnatal care should be looked into very carefully, because it is not applicable, at times..... (pause)

For example a woman who had caesarean section, they are discharged on the 4th day nowadays, but on the 7th day she is supposed to be here for check up

I: Mmmh.....

P5: But has just left the hospital on the 4th day, I feel like day 7 check-up can be abolished or it can be extended, I think 7 days is really no applicable

P4: I suggest that the 7 the day should be abolished at all. Staff should be increased in maternity ward, where this woman has been referred from, the staff will see to it that this woman is fully examined to see that tampons are not left, and then she will come for six weeks

I: Does that mean, really one of the points that you add on is that which you say, it seem that our work after the woman has delivered, if we do it well even 7th day is not necessary?

Now you are suggesting after delivery the midwife should examine the woman properly by ensuring that she has done everything/examination so that this 7th day post delivery check-up can be stopped?

All participants: Yes... 'me

P2: Another point is that this 7th day check up was done for Prevention of Mother to Child Services (PMTCT) services, at the beginning when ARV were taken at 7th day

But now things have changed every child , Ministry of Health do not make some review as when things change, they do.....

They are still there, we are still continuing now, babies are not doing that now, and they take ARV's until they suckle

When they change thing (policies) they have to review all that were connected to them

I: Mmmhh.....

P6: I think 7 days was connected to Niverapine in the older days, now when it has changed, they do not change, but still increasing more workload.....actually that 7th day postnatal care was introduced because women who were positive, should bring their babies for check''

P2: It was AZT

I: Was it AZT, it is the one that was taken for 7 days?

P6: mmm..Yes

I: Is there something else

P5: I can talk about the infrastructure , it was said the clinics are being upgraded for them to be up to required standards but now we think that the standards are even lower, they have..... (Pause) they have made very small cubicles

So everything is, this mothers wherever they are sited, all over they are flocking , talking about infection control is now totally absent, we can no more do it because everywhere the mothers are flocking, the rooms, the windows are very small, the issues about infection control is absent

I: Mmmh.....

P 6: Neither more waiting room area, nor halls everything is partitioned and small, small, small

I: Mmmh.....

P 5: Because if we talk about infection control we will be saying, if there are 150 patients outside, one may say 50 should get inside 100 will stay outside, when it rains we do not know what we are going to do

Really these building are of low standards than those old buildings

I: mmmhh.....

P2: we do not give health education well, because of these severed infrastructure, to provide 100 people education in such a small cubicle like that, they do not even listen to what you are saying, we end up being reluctant to provide health education because if one resort to another alternative, will be to divide the mothers, some will go inside, some will remain outside, then the whole lot that is outside, when are you going to give them health education?

You as a person you get tired, you will not always provide health education one after another, you have to capture them all at the same time, now..... infrastructure (midwife seem to be frustrated)

I: Mmmh.....at that time you want to attend the next group, you do not do it the same way, to repeat the same thing again is not easy

P5: Yes 'me

And privacy cannot be maintained to the people that we serve.....attending to patients and other such as those of the registers do not allow privacy, you cannot maintain privacy

You see in the register, you are going to record a baby whose mother's status is positive, asking her questions, next there is a tally sheet, that tally you are going to record if this baby is 9 months, whether baby had a rapid test?

How are the results?

I do..... Privacy cannot be maintained at all, nurses should maintain patient's (mothers and babies) privacy

I: Mmmh.....

P4: The register causes disorder, you cannot talk among 100 mothers, and say you can consult one by one saying come in 'me

you will end up (bitter) calling out and saying, " how is your CD4, those who have come for VDRL should come" (she looked at her colleagues disgusted but with concern)

All participants: Ha..ha..ha...ha... (all were laughing)

P 5: How many are getting bactrim so that I can get it?

Really we have a problem

I: Mmmhh.....

P6: Because ...this HIV services, its like it could have been separated from other services , I do not know because its services are increasing and when you look at a register is HIV, nothing much, nothing much , the child who has HIV you will be paging from page, one, two, to three. When you get to the negative child you will be happy, you finish quicker

That of positive if has come for 9 months, paging too much. (she said stretching her arms-to indicate the width of her work)

I: Are you proposing same services that are rendered at Baylor or at Sankatana or both that they should be opened in the districts?

Because you are saying if they had their services where they are served, so is that a proposal?

P6: Is it not that these mothers are here for different services? This one (HIV services) of many things, there are many things on HIV for example you like a human being , like I'm tested and told that I am HIV Positive, whereas I tested at 6 weeks and results came negative, my baby must be checked DNA, then co-trimoxazole started and take it daily , I am still on denial

This person who provide services has a lot of work, she cannot counsel me for enough time to detect my emotional status,

I: Mmmh..... Is there something else? Because such centres are around Maseru only and now what about other places? Yes it is a valid point.

P5: I am asking, there as you say something about the staff, we need a doctor, I came here in February 2012, ever since I came here at filter clinic (it is like a mini hospital) I have never seen a doctor for any consultation

At some stage we meet a mother for postnatal care, at a situation that you feel that the doctor should be around to consult and get a prompt solution, we handle her with our scope and at times, you are making some mistakes.

To refer the mother to the main hospital, the mothers complain, they say when they arrive there is a long cue/ line to the doctor, they also cannot manage, they do not go, they say it is expensive, they cannot afford which is another reason some women do not attend postnatal care.

I: My understanding gives me the impression that even if it's a question that may not be relevant,

It is said it is a filter clinic, and filter clinic around here there is a doctor, are you saying there is no doctor?

Participants: Yes..... there is no doctor here

I: And what else is there anything else?

Participants: Nothing else 'me

I: We want to present our appreciation to you all for taking part in this study and allowing us to interview you during your working hours

We hope to provide the feedback of the finding as soon as the research is through and if you want to know more, we are leaving our contacts.

Appendix I: Transcript of interviews with mothers who did not attend postnatal care

I: Can you please explain to us the reasons that caused you not to attend postnatal care services

P 1: could not go to the clinic after delivery.....mmm, I was still very weak, no strength

I: Where did you deliver your baby?

P 1: At the clinic, yes.... the baby was still small

I: Was the baby born before the 9th month?

P 1: No 'me but the baby was small and I had to walk for longer time from my village, before getting to the taxis stop to the clinic

I: Do you mean your home is far from the clinic?

P 1: Yes 'me

I: Mmmh..... when did you start attending the postnatal care services?

P 1: Hey I came today for babies injections

I: Do you mean you did not go for check at 7th day and 4th week?

P 1: Eeer (pause)

My mother carried the baby to the clinic for injections ..., did not have problems, so.....
(pause) I did not have problem

I: You did not have problems after delivery

P 1: Mmm..... you see after delivery I was assisted by my mother, so there was no point in travelling for so long and the baby was only examined and weight

I: Mmmh..... The baby was examined and weight, you were also checked

P 1: No 'me, this one is my third child, I was never checked

They (nurses) only asked me how I felt

I: If I heard you well, you did not attend because the clinic is far from your village, you did not go as you were not examined only the baby was examined

P 1: Yes 'me

I: Is there anything that you can tell us

P 1: No 'me

I: We want to thank you for your participating in this study, all the information you have given is going to be kept confidential, and will be used to improve the postnatal services

Participant 9

I: Can you explain to us the reasons why you did not attend postnatal care services

P9: I delivered at home mmm..... (Pause) (Delay to talk)

I: mh.....

P9: 'me nurse , could not come for check-up , like I delivered at home , I fear that they will do HIV test in me and then nurses will find I have AIDS and tell others

I: Are you saying you feared the nurses will tell other nurses or mothers?

P9:I mean they will tell other nurses..

I: mh! mh!

P9: They do not care much about the person's secrets, the rooms are separated and everyone seeing me enter there know what disease I suffer, That is why I chose to stay away the clinic.

I: Mmmh..... (mother talking freely and relaxed!)

P9: My sister's health condition was told to other nurses, so everybody knows her sickness, it was better I deliver at home

I: mmh...do you think postnatal care is important for you?

P9: yes.....baby is given injections and mother is examined if she loosed more blood delivery

I: mmh.....

P9: when nurse know your HIV condition....., should keep to herself or with doctor

I: mmh.....Do you have something else to tell us?

P9: nothing 'me

I want to thank you for your participation in this study, all the information you have given is confidential and will be kept in a safe locked area.

Appendix J: Field notes

Participant's transcripts	Field notes
<p>"Many times , I have seen there is delay in services to pregnant mothers when they are in labour." (P11)</p>	<p>Methodological notes</p> <p>The question was not clearly understood by the participant, as the interviewer should have clarified and ensured that she understand the question so that I adjust the techniques of questioning with the next participant.</p>
<p>"me nurse, I could not come for check-up, like I fear that they will do HIV test on me and then nurses will find I have AIDS and tell others." (P9)</p>	<p>Personal notes</p> <p>I expected this participant to be timid and not able to express herself well as she was oldest of all participants, was free and relaxed and she expressed her point clearly</p>
<p>"It is still painful, again it has burned me underneath.....the fluid is the one burning me, I really fear them (nurses)..."(P5)</p>	<p>Observational notes</p> <p>The participant seemed angry and her voice was shaky as she speak, her voice went soft as she became calm when then the interview continues</p>
	<p>Theoretical notes</p> <p>After the second interview with the second focus group it seems data can be categorized in staff and organizational related.</p>