

## January Monthly Progress Report

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African Strategies for Health

February 15, 2013

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# African Strategies for Health (ASH)

## Monthly Progress Report: January 2013

### 1. Notable Achievements

- ASH provided technical and logistical support to USAID for the organization of the January 16-18 “African Leadership for Child Survival—A Promise Renewed” in Addis Ababa.
- The MNCH Specialist moderated a panel at the Global Maternal Health Conference in Arusha, Tanzania, “Evidence-driven programs and policies on malaria in pregnancy, one of three conference sessions devoted to malaria in pregnancy”.
- The MNCH Specialist also participated in the two day, sub-regional workshop organized by PATH in collaboration with WHO and the Gates Foundation devoted to advancing national malaria in pregnancy action plans in four countries.

### 2. Technical Updates

#### A. Maternal, Newborn and Child Health

##### African Leadership for Child Survival: A Promise Renewed (ALCS)

The ASH team spent most of the month of January assisting with preparations for the meeting, attending and providing extensive logistical support to the ‘Promised Renewed’ meeting, and undertaking documentation of the meeting once it ended. Panel presentations were held during the meeting in Ethiopia (January 16-18) which included international experts in newborn, child and maternal health, as well as leading African researchers who shared their country’s experience in addressing bottlenecks to scaling up child survival. Topics included: community-based management of newborn sepsis; integrated Community Case Management of childhood illnesses; strategies for reducing stunting; and increasing skilled birth attendance. Specific ASH activities undertaken in January included:

- Providing secretariat support to the Technical Working Group;
- Finalizing logistics arrangements with vendors including hotel, caterers, transport, interpreters, printers, audio equipment, restaurants, etc.;
- Assisting USAID and UNICEF with communications and press;
- Finalizing travel details of participants and facilitate arrivals;
- Organizing the country gallery;
- Facilitating presentation ‘dry runs’ and preparing plenary panelists;
- Ensuring smooth implementation of the meeting through liaising with vendors and stakeholders;
- Providing communications support (blogging, tweeting, updating website) before and during the conference as necessary;
- Attending the meeting and taking notes;
- Working with UNICEF to get all documents posted on the Call to Action website; and
- Drafting the final report.

##### Systematic Review of Evidence on Relationships between Maternal Mortality and HIV

ASH submitted the COR letter for the systematic review of evidence on relationships between HIV and maternal mortality. This review will focus on three research questions:

1. What are the demand-side factors that influence women’s decisions to use ART during pregnancy?
2. What are the operational/service delivery factors that affect the use of ART among HIV-positive pregnant women?
3. What are the most effective interventions to reduce maternal mortality among HIV-positive pregnant women?

Upon approval of the COR letter by USAID, ASH began recruitment of the consultants who will carry out the review. It is anticipated that the consultants will be selected by ASH in mid-February. ASH will then submit its recommendations to USAID for approval. The review will be launched in early March.

#### Malaria in Pregnancy

On January 17, the MNCH Specialist moderated a panel at the Global Maternal Health Conference in Arusha, Tanzania, “Evidence-driven programs and policies on malaria in pregnancy, one of three conference sessions devoted to malaria in pregnancy”. The Specialist presented findings from the analysis of antenatal patient data from Malawi that analyzed differences between pregnant women who received one and two doses of intermittent preventive therapy for malaria (IPTp), “Missed opportunities for IPTp in Malawi: Client and facility characteristics” which documented client characteristics and missed opportunities for providing IPTp during antenatal visits.

The MNCH Specialist also participated in the two day, sub-regional workshop organized by PATH in collaboration with WHO and the Gates Foundation devoted to advancing national MIP action plans in four countries. The workshop was attended by representatives from the national malaria control programs and RH/MCH divisions of the Kenyan, Tanzanian, Ugandan and Zambian ministries of health who had participated in a larger regional workshop a couple of months earlier in Rwanda. The MNCH Specialist was among 12 representatives from PATH, WHO, Jhpiego/MCHIP, and the Gates Foundation whose role was to work with the country teams on their national action plans for MIP. The workshop also served as the launch for PATH’s one-year MIP Project which is focused on advancing national MIP action plans in 13 African Countries, with special emphasis on strengthening Focused Antenatal Care (FANC), IPTp and LLIN distribution and use.

In addition, the ID Specialist prepared a presentation on IPTp following the work done in Malawi and provided a set of materials together with a brief analysis of the incorporation of IPTp into HIV program management. Documents reviewed included the new ART Guidelines, PMTCT Guidelines and quarterly reports developed by the Government of Malawi’s HIV Unit in Malawi. The data provided through the HIV Unit demonstrated a decline in SP stocks in the country and indicated that approximately 50 percent of pregnant women completed three or more ANC visits during pregnancy.

## **B. Infectious Diseases**

### TB

In preparation for discussions between the Global Health Bureau and the Africa Bureau, the ID Specialist developed talking points on current and future TB related support to WHO/AFRO.

IDSR

The ID Specialist participated in two teleconferences for IDSR—one was a planning meeting with USAID and CDC, and the other was a meeting with WHO/AFRO. The focus of the meetings was on the IDSR communication strategy and evaluation. The ID Specialist pulled together a brief outline of previous evaluations and assessments conducted for IDSR. This, together with an outline of evaluation tools, was circulated to WHO/AFRO as part of the teleconference minutes.

**C. Health Systems Strengthening**

The HSS team spent most of the month of January providing technical and logistical support to the ALCS meeting in Ethiopia (see specific activities listed in the MNCH section above).

**D. Monitoring and Evaluation (M&E)**

The M&E Specialist continued to transform the PMP into an M&E Plan with a logical framework, in accordance with the latest ADS guidance. Indicator definitions were revised and expanded.

Multi-Country HIS Study

ASH received written confirmation from WAHO of their keen interest to collaborate on the multi-country value-for-money study of investments in HIS. The M&E Specialist continued reviewing literature on cost-benefit analyses and value-for-money of complex information systems. The M&E Specialist also held a conference call with the USAID/East Africa Strategic Information Advisor to gauge the Mission’s interest and discuss potential collaboration on the HIS study. Another conference call was held with eHealth/HIS expert Chaitali Sinha from Canada’s International Development Research Centre to get feedback and inputs on the HIS value-for-money study.

**E. Cross Cutting**

Regional USAID Africa Work Planning and Coordination

The ASH team worked with the MSH Kenya country office to complete the process of sourcing logistical and human resources for the February 2013 USAID Africa work planning and coordination meeting between AFR/SD and the three USAID regional missions in Nairobi.

**3. Management and Administration**

**A. Finance**

The books for January, 2013 will not be closed until all the year-end postings are made for 2012. It is expected that the information will be available after February 21, 2013. Therefore, for the purpose of this report expenses for January, 2013 is based on estimates.

1) Total Obligation = \$6,783,004

2) Expenses		
Total expenditure and accruals as of December 31, 2012	=	\$3,189,053
Estimated expenses for December, 2012	=	<u>\$ 220,000</u>
Total estimated expenses as of December 31, 2012	=	<u>\$3,409,053</u>
Pipeline (1-2)	=	\$3,373,951

**B. Project Management**

ASH received confirmation that the project’s revised year two work plan was approved by AFR/SD on January 29. The only outstanding item was to finalize a budget presentation that is satisfactory to the entire USAID team (i.e., details about the breakdown of activity costs). Several activities which were proposed in the work plan remain on hold until there is further discussion with the regional missions.

**C. Project Communication and Dissemination**

The ACD Specialist spent most of the month of January providing technical and logistical support to the ALCS meeting in Ethiopia (see specific activities listed in the MNCH section above.)

Website

The ACD Advisor continued work on development of the ASH website.

**D. Partnership Collaboration**

The ASH team continues to develop its draft strategy for partnering with regional African institutions. The M&E and ID specialists also continued the mapping and analyzing of regional African institutions and networks.

**E. Other Updates**

a. *Staffing*

Nothing to report.

**F. COR Meetings**

One COR meeting took place on January 24, 2013.

**G. Potential Issues or Areas Needing USAID Support**

ASH needs assistance from USAID/AFR to finalize the review of the Strategic Teams.

**4. Key Activities Planned for Next Month**

- a. Finalize the draft report for the “African Leadership for Child Survival—A Promise Renewed” meeting.
- b. Participate in the February 2013 USAID Africa work planning and coordination meeting between AFR/SD and the three USAID regional missions in Nairobi.

- c. Finalize and submit the operations research report on pregnant women's use of IPT in Malawi.
- d. Submit the revised the ASH PMP and meet with AFR/SD to discuss the document.
- e. Continue the development of the ASH draft partnership strategy.
- f. Interview and select the consultants who will conduct the systematic review of evidence on relationships between HIV and maternal mortality.
- g. Finalization of technical papers on community strategies, as well as on advocacy with parliamentarians and other elected leaders.

## **5. Attachments**

- a. Updated list of COR letters and related clearances