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MCHIP Annual Report FY11 Program Year 3 October 1, 2010 to September 30, 2011

1. General Information	
Activity Name:	MCHIP
Implementing Partners <i>(include sub-partners)</i> : (specify if local or international)	PATH
COTR/AOTR Name:	Damani Goldstein
Government Counterparts:	Ministry of Public Health
Geographic Focus -Province(s) and District(s):	Maternal and Child Centers of Excellence
Specific Objective (s) of the Activity <i>(from the award document)</i> :	<p>Objective 1: Scale-up the intervention for quality improvement of prevention and treatment of newborn sepsis in the Maternal and Child Centers of Excellence as part of the regional strategy to improve newborn health to 2-3 additional facilities (for a total of 4-5 facilities)</p> <p>Objective 2: Strengthen the implementation of Family Centered Maternity and Kangaroo Mother Care Strategies in Centers of Excellence with trained staff; initiate expansion efforts to at least one additional center for a total of at least 3-4 facilities</p> <p>Objective 3: Provide technical assistance to the MOH for the strengthening of the newborn health national work plan in line with the LAC Neonatal Alliance Regional Strategy and Action Plan.</p> <p>Objective 4: Implementation of the "Helping Babies Breathe" (HBB) Curriculum for newborn resuscitation in all Centers of Excellence</p>
Expected Activity Results <i>(from the award M&E plan)</i> :	<p>Objective 1:</p> <ul style="list-style-type: none"> • Quality improvement activities continued for prevention and treatment of sepsis in the hospitals in DR that participated in the BASICS intervention (Musa and Los Minas) • Sepsis intervention expanded to 2-3 new facilities participating in USAID Centers of Excellence project • Baseline carried out to determine rational use of antibiotics for newborn sepsis in selected participating Centers of Excellence. Changes for improvement of management of newborn sepsis implemented in selected facilities. <p>Objective 2:</p> <ul style="list-style-type: none"> • Supportive supervision in the facilities implementing the strategies continued • Program evaluation carried out and results disseminated with Centers of Excellence • Scaling-up of interventions to 1-2 additional Centers initiated <p>Objective 3:</p> <ul style="list-style-type: none"> • Alliances with partners promoting newborn health renewed • Technical inputs provided in meetings and activities of the national committee for newborn health <p>Objective 4:</p> <ul style="list-style-type: none"> • Training of Master Trainers carried out • Technical assistance provided to the bilateral for implementation at scale and supervision of HBB in all ten Centers of Excellence
List which result(s) in the team PMP this activity contributes to:	See above
List Program Area(s) and Element(s) that this activity contributes to under the F structure:	Our project results fit within the US Foreign Assistance Framework Investing in People, Maternal and Child Health program element

2. Performance Indicators <i>(List standard indicators).</i>	FY09 Target M/F	FY09 Actual M/F	FY10 Target M/F	FY10 Actual M/F	FY11 Actual M/F	FY12 Target M/F	Comments <i>(below or above target)</i>
Number of special studies completed				0	1 (data collection stage)	1	
Number of people trained in maternal/newborn health through USG supported programs				610	600 48/552	850 677/173	
Number of people trained in monitoring & evaluation/operational research				24	59 6/53	364 290/74	
Proportion of all admissions to the nursery due to possible nosocomial infections				Musa 5%; Los Minas 37%	Musa 3%; Los Mina 40%; HSVP 19% (baseline)	Musa 3-5%; Los Mina 30%; HSVP 9%	Below target for Los Mina hospital due to increased infections while on temporary location for renovations. Already in new neonatal unit
Number of deliveries with a skilled birth attendant (SBA) in USG-assisted programs				20,000	34,225	34,000	This number reflects the total number of deliveries in the Centers of Excellence. The target for 2012 will be adjusted when the actual number is obtained
Proportion of observed deliveries with essential newborn care				65%	80%	100%	
Proportion of observed deliveries where the elements of sterile/clean delivery were correctly applied				80%	100% Musa 80% Los Mina	100% for Los Mina, Musa, and HSVP Baseline for other Centers TBD	
Number of hospitals in which KMC strategy is implemented.				1	1 full implementation 1 in process	2	
Number of hospitals in which FCM strategy is implemented				1	1	1	This is a very complex strategy requiring changes through the continuum of antenatal, L&D, and postnatal care for women and newborns. We expect improvements in the various areas every year in Musa
Number of newborns with low birth weight				2,000	2,000	2,000	Estimates from total number of births in HSVP and Los Mina (10% are low birth weight)
Proportion of LBW (<2,500 g) babies who started KMC, by birth weight category				11%	58% in HSVP	70% in HSVP, 20% in Los	Well above target for 2011

						Mina	
Number of newborns who received KMC that graduate from the program, by birth weight category				0	25	35	Below targets Unfortunately data was lost while the registers were not being implemented (2010-2011). In addition, the original calculated targets considered data from Los Mina which has not started implementation; babies in KMC will not be 1 year of age by September 2012 (will not graduate until then). The target for 2012 represents the babies that started KMC in HSVP in 2011 and that will be able to complete 1 year of follow up
Proportion of deaths in newborns who received KMC, by birth weight category				0.45% (1 case)	1% (3 cases)	1%	
Proportion of newborns who received KMC lost to follow up (missed 2 consecutive visits)				7%	8%	8%	
Number of Master Trainers and facilitators certified in the HBB curriculum of the American Academy of Pediatrics				4	37	37	Above target Includes Master Trainers from MOH trained in regional meeting in Nicaragua and more than originally calculated facilitators from Centers of Excellence (155 providers from 6 centers have been trained by facilitators; additional 4 centers will be finalized in Q1 of 2012)
Number of facilities with the necessary equipment and supplies for newborn resuscitation with the HBB curriculum				TBD	100%	100%	Below target. Equipment was procured by Centers of Excellence and needs to be distributed

3. Performance Standard Indicators (Choose 2/3 custom indicators (outcome/ impact) that capture the results of your intervention.	FY09 Target M/F	FY09 Actual M/F	FY10 Target M/F	FY10 Actual M/F	FY11 Target M/F Actual	FY12 Target M/F	Comments (below or above target)
* Proportion of all admissions to the nursery due to possible nosocomial infections				Musa 5%; Los Minas 37%	Musa 3%; Los Mina 40%; HSVP 19% (baseline	Musa 3-5%; Los Mina 30%; HSVP	

						9%	
* Proportion of deaths in newborns who received KMC, by birth weight category				0.45% (1 case)	1% (3 cases)	1%	

4. Brief Statement of Overall Progress (based on indicators listed on sections 2,3) to date toward Planned Results

The activities with greatest progress have been the quick scale-up of HBB training (once started) and MOH buy-in, and the impact and visibility of the KMC program at San Vicente de Paul hospital. Even though the implementation of a KMC unit is challenging and time-consuming, SVPH has reached a point of ownership and is approaching self-sustainability; the staff is currently training a team from San Lorenzo de Los Mina for implementation in that center. The sepsis activity is progressing well even though infection control is a complex area with more challenges. MCHIP and the LAC neonatal alliance have been instrumental in revitalizing the Dominican neonatal alliance from local efforts and participation in the Central America forum in Nicaragua in May.

5. List Major Achievement/Success Stories or Identify possible Success Stories since last SAR (beyond progress described above)

The KMC program at San Vicente de Paul in San Francisco de Macoris is showing an important impact in mortality of premature and low birth weight babies. From January to December of 2009 the proportion of deaths in babies receiving conventional care was 64%, while the group of babies in KMC care had a mortality proportion of 1.7%. From January to December of 2010 the proportion of deaths was 72% and 0.85% respectively. These figures confirm data from the literature where babies in KMC have 50% less risk of death than babies in conventional care (not counting babies requiring advanced care with ventilators and advanced technology, which are not treated in San Vicente de Paul). MCHIP and the Centers of Excellence project have rolled out training of providers of the Centers of Excellence which be completed during Q1 of 2012.

The MOH was skeptic about the HBB curriculum. After representatives of the DIGEMIA were trained in Nicaragua by MCHIP, the MOH has requested TA to expand the curriculum in areas of the country with high neonatal mortality not covered by USAID programs. Trainings will take place in 2012.

6. List Major Implementation Issues/Constraints and Recommended Actions

(changing assumptions, staffing, budget or any other issues that requires the attention of the Front Office that could potentially jeopardize the activity from achieving the expected results)

Implementation Issues/Constraints	Recommended Actions
<ul style="list-style-type: none"> An important challenge for the KMC program has been the establishment and adequate use of a register for data collection. The proportion of dissidents from KMC follow-up has been higher than estimated due to families financial constraints. Even though there was an important delay in initiating the HBB roll-out due to the delay in the production of educational materials, once started the expansion has progressed rapidly. MCHIP staff had a meeting with the new authorities of the MOH in October of 2010, where challenges for the implementation of the national action plan for newborn health were discussed. Among these, the national committee for Newborn Health care was not operational. 	<ul style="list-style-type: none"> After various revisions with the field staff, data is currently being collected in an Excel form by staff appointed by the hospital and indicators are being measured. A program for home visits has been proposed working with the "Grupo de Salud" formed by researchers from Emory University collaborating with Dominican counterparts in the region. Revitalization efforts started with the participation of the DR MOH in the Forum of Neonatal Alliances in Nicaragua in May and continued at the country level with support and TA from MCHIP and other neonatal Alliance partners. The DR national neonatal alliance is currently operational.

7 List any major actions/events during the next 6 months

The major action/events should include those in which Front Office/Ambassador will be asked to participate, be consulted, or would have significant impact towards expected results.

- **First LAC KMC regional meeting.** Due to the success of the program the DR will be the host country for a regional KMC workshop organized by MCHIP (in collaboration with the Kangaroo Foundation, URC/HCI, and the MOH) in December for exchange of experiences and to a standardize measurement and methodology approaches among 10 implementing countries. The workshop will include a field visit to the program in San Vicente de Paul hospital.
- A referral center with 13,000 deliveries/year (San Lorenzo de Los Mina, serving the poorest area of the capital city of Santo Domingo) is currently in training for KMC at the San Vicente de Paul hospital; KMC is expected to have high impact in Los Mina as 16% of all live births are premature/LBW with high mortality rates (about 2,000 babies/year could benefit from the program in the center)
- Data is being collected from the 3 participating Centers of Excellence for a baseline assessment on treatment of neonatal sepsis. The results will be reported and shared during Q1 PY4.
- MCHIP will support the MOH in roll-out of the HBB resuscitation curriculum in priority areas not covered by the bilateral with high neonatal mortality

8. Site Visits			
Date	Location (Province, District, and Site visited)	Purpose	Filed in Public Drive?
8.1 List site visits conducted last year			
10/12/10 - 10/22/10	Santo Domingo and San Francisco de Macoris	To advance field activities and identify temporary replacement staff due to illness of MCHIP's in-country staff	X <input type="checkbox"/>
02/05/11 - 02/16/11	Santo Domingo, San Pedro de Macoris, and San Francisco de Macoris.	To advance field activities and identify potential local candidates for additional technical support.	X <input type="checkbox"/>
7/12/11 - 7/22/11	Santo Domingo, San Francisco de Macoris, and Moca	To carry out a training of facilitators for Helping Babies Breathe To provide technical assistance to the country program	X
8.2 List planned site visits for the next six-months			
12/4-15/2011	Santo Domingo, San Francisco de Macoris	KMC regional workshop and technical support to ongoing programs	

9. Assessments, Evaluations, and Audits	
Have you identified the need for an evaluation of this project? Yes ___ No ___ X ___ If yes, date:	

10. Environmental Compliance	
What determinations does the activity have?	Categorical Exclusion <input type="checkbox"/> Negative Without Condition <input type="checkbox"/> Negative with Conditions <input type="checkbox"/> Positive Determination <input type="checkbox"/> Exemption <input type="checkbox"/>
Date of completed EMPR (last update)	
How is the Implementing Partner addressing environmental compliance?	

11. Gender	
How is your project impacting gender? Increasing the participation of male spouses in the process of labor and delivery, and as KMC providers.	

12. Results Rating	
It is up to the technical teams to determine the rating of the Implementing Partners. Please rate according to the following definitions:	
GREEN:	Activities are clearly achieving and reporting on results (i.e. indicators are meeting targets, activities are demonstrating impact, and are contributing to the Assistance Objective), have in place the necessary tools for results-oriented management (1 monitoring and evaluation plan approved, 2. implementation plan approved, 3, targets of indicators met, 4. performance reports submitted regularly, 5. on site visits conducted and documented and 6. a sound financial management (pipeline, burn rate, and regular financial reporting). (Green= 6-5)
YELLOW:	Activities are not clearly achieving results, or do not have all the necessary tools in place for results-oriented management, or do not have sound financial management. (Yellow 4-3)

RED: Activities have demonstrated little or no results, do not have minimal results-oriented management tools in place, and do not have sound financial management.(Red= 2-0)			
Overall Rating	<input type="checkbox"/> GREEN	<input type="checkbox"/> YELLOW	<input type="checkbox"/> RED
What are the follow-up actions according to the above rating?			