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MCHIP YEAR FOUR SEMI-ANNUAL REPORT

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Abbreviations and Acronyms

AA	Associate Award
AAP	American Academy of Pediatrics
ACNM	American College of Nurse-Midwives
AFR/SD	Africa Bureau Office of Sustainable Development
AIDS	Acquired Immune Deficiency Syndrome
AJTMH	American Journal of Tropical Medicine and Hygiene
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ASH	African Strategies for Health
BBL	Brown Bag Lunch
BCC	Behavior Change Communication
BEmONC	Basic Emergency Obstetric and Newborn Care
BMGF	Bill and Melinda Gates Foundation
CCL	Cold Chain and Logistics
CCM	Community Case Management
CDC	Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CHAPS	Community Health and Program Services?
CHW	Community Health Worker
CHX	Chlorhexidine
CIDA	Canadian International Development Agency
CIDI	Center for International Disaster Information
CoP	Community of Practice
CSCOM	Centre de Santé Communautaire
CSHGP	Child Survival and Health Grants Program
DHS	Demographic and Health Survey
DIP	Detailed Implementation Plan
DOD	Department of Defense
DoV	Decade of Vaccines
DR	Dominican Republic
DRC	Democratic Republic of Congo
E2A	Evidence to Action
ECSA	Eastern, Central and Southern African Health Community
ECSACON	Eastern, Central and Southern African College of Nursing
EDHS	Ethiopia Demographic and Health Survey
EIMC	Early Infant Male Circumcision
EML	Essential Medicines List
EmONC	Emergency Obstetric and Newborn Care
ENC	Essential Newborn Care
EPI	Expanded Program on Immunization
ETS	Effective Teaching Skills
EVM	Effective Vaccine Management

FHI	Family Health International
FIGO	International Federation of Gynecology and Obstetrics
FP	Family Planning
FWA	Federalwide Assurance
GAPP	Global Action Plan for the Prevention and Control of Pneumonia/Diarrhea
GAVI	Global Alliance for Vaccines and Immunization
GDA	Global Development Alliance
GHC	Global Health Council
GLO	Global Learning Office
GOE	Government of Ethiopia
GOI	Government of India
GSMA	Global System for Mobile Communications Association
HBB	Helping Babies Breathe
HBT	Helping Babies Thrive
HIDN	Health, Infectious Diseases and Nutrition
HIP	High-Impact Practices
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPP	Health for the Poorest Populations
HPV	Human Papillomavirus
HQ	Headquarters
HRP	Human Reproduction Program
HRSA	Health Resource and Services Administration
HTSP	Health Timing and Spacing of Pregnancy
HUP	Health for the Urban Poor
IAC	International AIDS Conference
IBP	Implementing Best Practices
ICASA	International Conference on AIDS and STIs in Africa
iCCM	Integrated Community Case Management
ICDDRБ	International Center for Diarrheal Disease Research, Bangladesh
ICF	Intensified Case Finding
ICHU	International Conference on Urban Health
ICM	International Confederation of Midwives
ICN	International Council of Nurses
IEC	Information, Education and Communication
IFA	Iron Folic Acid
IIP	Institute for International Programs
IOM	Institute of Medicine
IPAC	Immunization Practices Advisory Committee
IPTp	Intermittent Preventive Treatment during Pregnancy
IRB	Institutional Review Board
IRC	International Rescue Committee
JHSPH	Johns Hopkins Bloomberg School of Public Health

JHU	Johns Hopkins University
K4H	Knowledge for Health
KMC	Kangaroo Mother Care
LAC	Latin America and the Caribbean
LAM	Lactational Amenorrhea Method
LARC	Long-Acting Reversible Contraception
LBW	Low Birth Weight
LLIN	Long-Lasting Insecticide-Treated Bed Net
LRP	Learning Resource Package
MAMA	Mobile Alliance for Maternal Action
MC	Male Circumcision
MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MCP	Malaria Communities Program
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MEC	Medical Eligibility Criteria for Contraceptive Use
MenA	Meningitis A
MgSO ₄	Magnesium Sulfate
mHealth	Mobile health
MI	Micronutrient Initiative
MICS	Multiple Indicator Cluster Survey
MIP	Malaria in Pregnancy
MIYCN	Mother, Infant and Young Child Nutrition
MNCH	Maternal, Newborn and Child Health
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MOHCW	Ministry of Health and Child Welfare
MOHSW	Ministry of Health and Social Welfare
MOVE	Models for Optimizing Volume and Efficiency
MSH	Management Sciences for Health
NGO	Nongovernmental Organization
NUVI	New and Under-Utilized Vaccines Implementation
OPV	Oral Polio Vaccine
OR	Operations Research
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
PATH	Program for Appropriate Technology in Health
PCV	Pneumococcal Conjugate Vaccine
PE/E	Pre-Eclampsia/Eclampsia
PEI	Polio Eradication Initiative
PEP	Post-Exposure Prophylaxis
PIE	Post-Introduction Evaluation
PITC	Provider-Initiated Testing and Counseling

PLoS	Public Library of Science
PMI	President's Malaria Initiative
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUCD	Postpartum Intrauterine Contraceptive Device
PPSS	Postpartum Systematic Screening
PSE	Pre-Service Education
PSI	Population Services International
PVO	Private Voluntary Organization
QA	Quality Assurance
QoC	Quality of Care
RBHS	Rebuilding Basic Health Services
RBM	Roll Back Malaria
RCQHC	Regional Center for Quality of Health Care
RDT	Rapid Diagnostic Test
RFA	Request for Application
RFAA	Request for Associate Award
RH	Reproductive Health
RHB	Regional Health Bureau
RHR	Reproductive Health and Research
RI	Routine Immunization
RMC	Respectful Maternity Care
SC	Save the Children
SNL	Saving Newborn Lives
SPR	Selected Practice Recommendations
SS	Supportive Supervision
TA	Technical Assistance
TAG	Technical Advisory Group
TIPs	Trials of Improved Practices
TOT	Training of Trainers
TSHIP	Targeted States High Impact Project
TU/CSS	Technical Update and Clinical Skills Standardization
TWG	Technical Working Group
UHEP	Urban Health Extension Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC/HCI	University Research Co. LLC/Healthcare Improvement Project
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WASH	Water and Sanitation and Hygiene
WHO	World Health Organization
WRA	White Ribbon Alliance
ZMQ	ZMQ Software Systems

I. Introduction and Summary of Major Achievements

The Maternal and Child Health Integrated Program (MCHIP),¹ funded by the U.S. Agency for International Development (USAID), contributes to reductions in maternal, newborn and child mortality through increased coverage of key, high-impact interventions. Factors underlying MCHIP's effectiveness include: its global leadership role and mandate, the strong working relationships and dissemination channels established with regional partners, and perhaps most importantly, the direct reach to over 35 country programs worldwide. These attributes allow MCHIP to influence policies that support improved health outcomes, support countries in achieving their goals, and stimulate discussion and support across countries. MCHIP is uniquely positioned to contribute to achieving the Millennium Development Goals (MDGs)—Goals 4 and 5, in particular. MCHIP's country reach also allows its contributions at the regional and global levels to be grounded in current field realities and provides a strong platform for multi-directional program learning.

During the first half of Program Year 4, MCHIP continued to provide global technical leadership and expertise in its key program areas, and to contribute to the scale-up of evidence-based maternal, newborn and child health/family planning (MNCH/FP) interventions through technical assistance at the national and sub-national levels.

MCHIP now works in the majority of USAID's priority maternal and child health (MCH) countries. But MCHIP's reach goes beyond these countries through a variety of program activities, including convening communities of practice (CoPs) and organizing key meetings (e.g., the *Asia Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care*, which was planned during this period and held in Dhaka, Bangladesh, from May 4–6).

There were 36 MCHIP country programs in implementation or planning mode at the beginning of PY4. In the first half of the project year, Senegal and Pakistan were added to the portfolio; Nigeria and Azerbaijan finished work and closed out; Malawi closed its primary program but added two smaller activities; and programs in Kenya, Tanzania, Rwanda, South Sudan, Zambia and Zimbabwe expanded. MCHIP also responded to an Associate Award proposal request from South Sudan..

New and expanding country programs: MCHIP continued to expand its work at the country level during this reporting period. Ten countries—Egypt, Kenya, Malawi, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Zambia and Zimbabwe—were in planning, start-up or expansion mode during this reporting period. Planning for the **Egypt** program progressed when the final work plan was approved in May. USAID's increasing support for the introduction of new and under-utilized vaccines (NUVI) enabled MCHIP to finalize work plans with **Tanzania, Malawi and Senegal**, and increase its core support for ongoing work in Kenya, Zimbabwe, India and DRC. The MCHIP program in **Rwanda**, which was slated to begin closeout, was extended and its geographic coverage expanded at USAID's request. Also in expansion mode, **Kenya** absorbed the former ACCESS Uzima team and its maternal health, malaria and HIV/AIDS work—which will be expanded to at least one additional province during the second half of the year. As part of the Global Partnership for Saving Mothers' Lives (SML) field funding was used in four target districts of **Zambia** to improve newborn and maternal care services. Finally, **Zimbabwe** was allocated PMI funding for the first time this project year and began work on this new program component in its focus province. In South Sudan, MCHIP's recruitment for the field support-funded program continued with the posting of the M&E Advisor in January and approval to add a Maternal Health Advisor to the team. Shortly

¹ MCHIP is a five-year, \$600 million, Leader with Associate Award implemented by Jhpiego in partnership with Save the Children; John Snow, Inc. (JSI); Johns Hopkins University/Institute for International Programs (JHU/IIP); ICF International; Program for Appropriate Technology in Health (PATH); Broad Branch Associates; and Population Services International (PSI).

thereafter, MCHIP also received an exciting but unexpected Request for Associate Award (RFAA) from USAID/South Sudan for a five-year, integrated MNCH/FP program in two states. The MCHIP partners immediately mobilized to prepare and submit the South Sudan AA proposal, and we currently expect activities to start under the AA by late June. At the end of Quarter 1, USAID/Pakistan also notified MCHIP of its intent to fund a multi-year program of technical support. This led to an initial planning visit in February and the preparation of a work plan that will be submitted for approval in Quarter 3.

Country programs finalized: Two longstanding MCHIP country programs—Malawi and Nigeria—closed out during the reporting period. Although immunization and Helping Babies Breathe (HBB) activities will continue in Malawi, MCHIP’s successful maternal/newborn program and its experienced team completed their transition to USAID/Malawi’s new bilateral health project in March. Likewise, MCHIP/Nigeria spent much of the reporting period finalizing its maternal, newborn and family planning assistance in the states of Kano, Katsina and Zamfara. Teams in both Malawi and Nigeria held successful end-of-activity dissemination events during this reporting period and their final reports are expected soon. Core-funded activities in Azerbaijan were completed and deliverables will be presented to stakeholders in April.

Over this reporting period, in addition to supporting work at the country level, MCHIP has continued to make valuable contributions to advancing work in global health, within specific technical areas as well as in various cross-cutting functions. In this fourth year of a five-year project, the focus of our work has shifted somewhat, with an increasing emphasis on key lessons learned: capturing these lessons, ensuring their appropriate documentation and also sharing them to maximize the broader benefits that can come from this work.

At the global level, MCHIP has further confirmed a visible and prominent presence in maternal health by effectively contributing to moving forward a technical agenda that has a sharp focus on specific technical elements. These technical elements include: PPH prevention at the community and the health facility levels, use of MgSO₄ for management of eclampsia and severe pre-eclampsia, and incorporating measures of content and quality into routine monitoring. We have contributed to shaping an effective global technical agenda in these areas through: strategic participation in key forums, including UN-agency technical working groups and technical consultations; development of key technical documents (Quality of Care [QoC] survey reports, a multi-country situational analysis, World Health Organization (WHO) policy briefs, program implementation toolkits); and organizing or supporting/ facilitating important technical forums. During this reporting period, considerable effort was given to preparations for a regional meeting to be held in Dhaka in May 2012. MCHIP continues to take advantage of the project’s joint maternal-newborn focus (a structural feature of MCHIP but not of our partner agencies/programs) to seek out opportunities for appropriate integration at multiple levels. For example, MCHIP staff participated in a technical consultation on the household-to-hospital continuum of care, which has contributed to keeping this concept and approach prominent in global MNH thinking. Also, through participation in a WHO process for elaborating postpartum hemorrhage (PPH) program guidance, MCHIP was able to ensure that routine monitoring (of uterotonic use during the third stage of labor) was included in the draft document. MCHIP has also continued to support WHO in incorporating language on routine monitoring of quality in draft documents prepared under the Secretary General’s Commission for Women’s and Children’s Health and for the upcoming Countdown coverage report.

Similarly, the newborn health team at MCHIP has contributed to the effective shaping of the global technical agenda through its support for a multi-country situational analysis of the program status of postnatal home visits, working closely with WHO counterparts and jointly leading a WHO technical consultation on the topic. During this reporting period, we have also completed a multi-country documentation on kangaroo mother care (KMC). MCHIP remains an

important vehicle for USAID support to Helping Babies Breathe (HBB) and the Global Development Alliance's (GDA's) handwashing initiative to prevent newborn infection. In Child Health, MCHIP has continued—providing leadership and input to the Community Case Management (CCM) Task Force—to ensure a soundly grounded focus on program implementation. We have also further developed and improved the CCMcentral.org Web site and provided important secretariat support to the task force. Through this reporting period we have contributed to better recognition of key implementation issues through dissemination of program lessons from multiple country case studies in various venues.

MCHIP's global technical leadership role—in strengthening routine immunization services, continuing polio eradication efforts and supporting introduction of new vaccines—is clearly recognized by USAID and key technical counterparts at WHO, UNICEF, GAVI and the Bill and Melinda Gates Foundation (BMGF). Our technical input, particularly on implementation issues, continues to be solicited, and we respond by providing special consultations and participating in key global technical working groups (as detailed in the immunization section of this report).

The main part of this report (Section II) presents **core-funded** MCHIP program results organized by the USAID Health Infectious Disease and Nutrition (HIDN) Results Pathways and other technical areas—plus CORE Group and the Child Survival and Health Grants Program (CSHGP)—from October 1, 2011, to March 30, 2012. Annexes provide additional information on program results achieved. Annex A focuses on the Africa Bureau Office of Sustainable Development (AFR/SD). Annex B reports on support to the Latin America and Caribbean Bureau (LAC). Annex C summarizes communication events and published research findings. A new feature of this report, country program results summaries, is included as Annex D.

Key accomplishments with support from core funds for Quarters 1 and 2 include the following:

- In November, MCHIP convened a three-day Program Learning meeting in Washington to strengthen the global learning exchange across MCHIP country programs and Child Survival and Health Grants Program (CSHGP) grantees. At this meeting 31 MCHIP and CSHGP representatives from 16 countries joined 45 MCHIP/Washington and nine USAID/Washington staff members to share information about MCHIP's program learning agenda, implementation lessons from the field, documentation efforts that are currently under way and plans for the future. This meeting responded in part to recommendations from the mid-term evaluation team that MCHIP place greater priority and planning on distilling lessons learned from its country program experiences. Prior to this meeting, countries articulated their program learning priorities and many countries have refined these priorities since this meeting (e.g., Ethiopia, India and Bangladesh).
- MCHIP launched the first of three priority learning assessments—focusing on Maternal and Newborn Health—as part of the CSHGP-led effort to establish a five-year learning agenda that reflects a deeper analysis of its portfolio.
- MCHIP made important contributions to several key MNCH meetings, including CORE Group's fall meeting, the second *International Conference on Family Planning: Research and Best Practices* held in Dakar, Senegal, and USAID's *Symposium on Misoprostol for Prevention of Postpartum Hemorrhage: Getting Practical*. MCHIP field staff members were well represented at the family planning (FP) meeting in Dakar. These staff members helped to plan the meeting, made several presentations and facilitated multiple sessions. In addition, MCHIP played a major role in organizing USAID's misoprostol symposium. MCHIP also organized and hosted an *Interconceptional Care* meeting. This meeting brought together domestic and international experts to discuss possible linkages and shared learning in the field of MCH.
- MCHIP technical teams supported country level work in over 30 countries. For example, the MCHIP maternal health team supported a total of 11 countries, five countries in planning for postpartum hemorrhage (PPH) introductory programs and two countries in improving pre-service education. In addition, MCHIP contributed to improved newborn resuscitation and helped strengthen other components of essential newborn care (ENC) in 34 countries, 20 of which received technical support directly from MCHIP. MCHIP also provided technical guidance on Kangaroo Mother Care (KMC) and other elements of ENC to over 11 countries where MCHIP is implementing newborn programs. The child health team contributed to the development of 10 priority country scale-up plans for diarrhea and pneumonia. The MCHIP family planning team facilitated integration of family planning with MNCH services in six countries.
- MCHIP provided technical input for a set of global Mobile Alliance for Maternal Action (MAMA) messages developed by MAMA Partner BabyCenter Inc., led the development of a global monitoring and evaluation plan for the MAMA partnership, and provided focused monitoring and evaluation support to MAMA partnerships in Bangladesh and South Africa. During this six-month period, multiple organizations and countries requested use of the global content messages for wider dissemination, and the global M&E Plan will be officially launched at the Global System for Mobile Communications Association (GSMA mHealth Summit in Cape Town, South Africa, in May. As the MAMA partnership solidified its governance structure in February 2012, MCHIP was invited to become an official technical partner.
- MCHIP collaborated with USAID, Ministries of Health, the World Health Organization (WHO) and other partners to support the introduction and post-introduction of safe and lifesaving vaccines in nine GAVI-eligible countries: DR Congo, India, Kenya, Malawi, Rwanda, Senegal, Tanzania, Timor-Leste and Zimbabwe.
- MCHIP successfully leveraged other existing platforms within the global community in order to communicate about the program through multiple forums. Utilizing technologies such as the newly re-designed Web site, MCHIP blog, social media outlets such as Facebook and Twitter, as well as traditional media, conferences, special events and products.

II. Key Core-Funded Achievements

MATERNAL HEALTH

During Quarters 1 and 2, MCHIP identified synergies and aligned programmatic interventions with other global MNH organizations. The 2011 Multi-Country Analysis of PPH and pre-eclampsia/eclampsia (PE/E) has been presented at CORE Group's fall meeting, the USAID M&E of Scale-Up meeting, and the Maternal Health Supplies Working Group—where it has spurred others to examine PPH and PE/E programming gaps and seek ways to fill them. The 2012 Multi-Country Analysis of PPH and PE/E is under way and the report should be completed in Quarter 3. MCHIP also made significant contributions to the recommendations for the UN Commission on Commodities for Women and Children's Health. MCHIP has shared and promoted evidence-based approaches to maternal health programming that ensure adoption and expansion of key interventions for maternal and newborn survival. At the MCHIP Program Learning meeting in November, evidence-based approaches were shared, and learning from the field is now being incorporated and disseminated. MCHIP participated in the Misoprostol Symposium hosted by USAID in January, which helped galvanize attention and support for programming in PPH prevention using misoprostol and elicited commitment from the USAID Administrator, Dr. Rajiv Shah. MCHIP also participated in a consultative meeting hosted by USAID to join other experts in making informed discussions on maternal health and neonatal health technologies, with a goal of prioritizing maternal and neonatal health technologies as well as identifying opportunities for technology development for a recently awarded USAID Technology for Health Program. MCHIP continues to participate in WHO technical consultations and collaborated with WHO on the preparation of a two-page brief for PE/E guidelines. MCHIP also participated in the PPH Guidelines meeting with WHO and is in dialogue to develop a two-page brief for the revised guidelines. These briefs will allow the information to be accessed by a wider audience.

The Maternal Health Team further supported 11 countries with technical assistance, including Bangladesh, Bolivia, Ghana, India, Indonesia, Madagascar, Pakistan, Paraguay, South Sudan, Zambia and Zimbabwe. While these programs are funded with field support, they are technically supported by the core maternal health and M&E teams from MCHIP. MCHIP is also following up with Ethiopia, Mozambique, Kenya, Tanzania, Zanzibar and Rwanda on in-country activities related to dissemination of QoC findings to date and future plans for dissemination and activities to address results.

Achievements in Quarters 1 & 2 (see Annex A for results supported by the Africa Bureau and Annex B for results supported by the LAC Bureau)

Skilled Attendance at Birth

- MCHIP supported efforts to improve understanding and promotion of **Respectful Maternity Care (RMC)**:
- MCHIP participated in the quarterly meeting of the RMC Advisory Council hosted by the White Ribbon Alliance (WRA) in DC on December 19 and February 21, and presented a brown bag lunch (BBL) on respectful care at birth. MCHIP contributed to the technical review of advocacy materials on respectful care at birth. Final versions were linked to pre-service education (PSE), PPH, and PE/E toolkits on K4H.
- MCHIP is conducting a survey across multiple countries, including USAID supported countries in Africa, LLAC and Asia as well as selected developed countries, to collect information from key stakeholders about their experiences in implementing interventions to promote respectful maternity care (data will include descriptions of interventions/activities implemented, tools and resources used, main results, challenges and lessons learned).

- The Model Maternity Initiative that promotes RMC through MCHIP Mozambique is being recognized as one of 50 finalists for the Women Deliver best maternal mortality projects in the world. MCHIP supported the Mozambique team in preparing presentation materials for an event held at the American Embassy in Mozambique on March 27.
- MCHIP is participating in an advisory group with UNFPA and other partners on developing HR for SRH/Midwifery education and training capacity assessment as part of **High-Burden Country Initiative** work plan.
- MCHIP supported improved **Pre-Service Education (PSE)** in India and Ghana and through the PSE toolkit:
- MCHIP supported a training of trainers (TOT) for strengthening **Pre-Service Education** for the Nursing and Midwifery Cadre in Kolkata, India, in November. The Government of India (GOI) is launching an effort to upgrade the quality of teaching for the midwifery cadre using five Nodal Centers. Participants were selected educators from the five nodal centers that will be doing faculty updates and training for midwifery education.
- MCHIP supported implementation planning for a two-year work plan focused on improving midwifery PSE in Ghana. Patricia Gomez conducted a technical assistance visit in late February/early March 2012 to work with MCHIP/Ghana staff and selected trainers to prepare and conduct a technical update and clinical skills standardization (TU/CSS) in basic emergency obstetric and newborn care (BEmONC) for 12 midwifery tutors from six PSE programs. In addition, the team developed a framework to carry out m-coaching to ensure adequate follow-up of the tutors after training. In the interim, Patricia Gomez has assisted in formulating a draft Preceptors' Manual, which is undergoing review by partners, and which will be adopted at the national level to guide clinical training for midwifery education.
- Catherine Carr visited from March 10 through April 1, 2012, to co-facilitate a technical update and clinical skills standardization in BEmONC for 12 midwifery tutors and preceptors from six PSE programs. She co-facilitated a consultative workshop of educators and the MOH to plan content for development of operations manuals for preceptor programs and simulation labs in midwifery education programs.
- Online orientation materials for the **PSE toolkit** were translated into French and posted to the K4H Web site. Postcards and CD-ROMs were created for the PSE toolkit, and an online orientation was conducted for Francophone countries, with approximately 20 participants. The online PSE toolkit has received 4,770 visits since October 2011 (2,584 visits in Q1 from 36 countries, and 2,186 visits in Q2 from 133 countries).²
- Planning for the **Maternal Recall Indicator Validation Study** in Mozambique progressed, building on the Maternal and Newborn QoC study conducted there in FY11. The primary objective of the study is to validate women's self-report of selected elements of maternal and newborn care during the intrapartum and immediate postpartum periods. The Maternal and Newborn Indicator Validation study is linked to the maternal and newborn QoC health facility survey conducted in Mozambique in FY 11. Direct observations recorded during labor, delivery and the early postpartum periods for the QoC will serve as the gold standard against which women's responses during a face-to-face interview will be compared. A study amendment was prepared and approved by the IRB. The study team prepared data collection forms in Windows Mobile Studio for use on tablet computers. Materials for the data collector training workshop were finalized.

² The percentage of new visits increased in Q2 (from 72.6% new visitors in Q1 to 93% new visitors in Q2). Sources of traffic included 12% Search Traffic (209 Visits in Q1 and 312 in Q2), 55% Referral Traffic (1,101 visits in Q1 and 1,347 in Q2), and 33% Direct Traffic (931 visits in Q1 and 527 in Q2). Top 10 countries visiting the site were: USA (852), Philippines (419), UK (360), India (280), Nigeria (212), Kenya (193), Uganda (146), Canada (123), Ethiopia (102) and Ghana (64).

- MCHIP has catalogued the current status of **maternal health services quality monitoring** across multiple countries in sub-Saharan Africa and South Asia. In addition, MCHIP has developed a concept note and initiated country level discussions on piloting incorporation of quality/content indicators in routine monitoring in several countries, with a view to seeing on-the-ground activities begun over the remainder of PY4. Planning has been initiated in Kenya for a pilot MNH indicator surveillance activity. This activity will incorporate some of the maternal indicators identified with WHO.
- MCHIP completed the first draft of a **Clinical Observer Learning Resource Package** (LRP) for training clinicians to observe and score clinical services as part of a QoC assessment. A small technical group reviewed the package, which is currently being revised based on the group's feedback. Clinical skills have been selected to illustrate flawed and correct performances in training videos. Skills selected include maternal, newborn, family planning, cervical cancer and HIV-related skills. We have further identified several field testing opportunities for the package and have created plans for video capture using Johns Hopkins University facilities.
- A technical assistance visit was conducted in late September/early October 2011 to develop the work plan for the MCHIP component of the Saving Mothers Giving Life program, in partnership with USAID, CDC, and DOD along with other bilaterals and projects already working in maternal and newborn health in Zambia. MCHIP was given responsibility for improving delivery of BEmONC services in Mansa District. MCHIP was also asked to assist partners in others districts to train providers using the Helping Babies Breathe curriculum.
- The Maternal Health Team Leader, Jeffrey Smith, provided technical assistance to multiple countries during the reporting period:
- **Indonesia:** Visited the MCHIP Indonesia program in October 2011, regarding their program learning activities and how they can best report on their activities related to reduction of PPH and PE/E.
- **Pakistan:** Provided technical assistance in February 2012 to assist the Mission in the design of a new activity for MCHIP in Pakistan. This activity allowed the team leader to conduct an in-depth review of the maternal and newborn health situation in Pakistan, and to provide the Mission with a series of options for initial activity and for the design of a larger multi-year program.
- **Paraguay:** Provided technical assistance to the MCHIP Paraguay program in November 2011 to review plans for program sustainability and support quality improvement activities.
- **Bangladesh:** Provided technical assistance to the MCHIP Bangladesh program in February 2012 for implementing the pilot program on administration of the loading dose of MgSO₄ at the community clinic level.
- **Bolivia:** Provided technical assistance to the MCHIP Bolivia program in November 2011 regarding their experience in developing and using emergency simulations to improve obstetric care preparedness and quality. He also met with USAID and UNICEF partners to define activities for the following work plan year.
- **India:** Provided technical assistance to the MCHIP India program in October 2011 on the design of a computer-based postpartum family planning (PPFP) training program, and participated in discussions about implementing a PPH prevention program using misoprostol in Uttaranchal. On the same trip he explored the local capacity to develop a computer-assisted learning program for the administration of MgSO₄.

Reductions in Postpartum Hemorrhage (PPH)

- MCHIP identified dates and a venue for an event designed to increase the effectiveness and use of high-impact interventions in PPH and PE/E. The invitation was sent out for the **Asia regional meeting**, to take place May 4–6 (with an opening ceremony on May 3) in Dhaka, Bangladesh. MCHIP is collaborating with a wide network to identify local stakeholders and ensure broad participation, including participation by CORE Group and the PVO/NGO network.
- The maternal health team supported six countries to roll out PPH reduction programs, including distribution of **misoprostol** through antenatal care services and/or community health workers. Countries include **Bangladesh, Liberia, South Sudan, Rwanda, Madagascar and Guinea**. While these programs are funded with field support, they receive technical support from the core maternal health and M&E teams from MCHIP. This allows for standardization of protocols and results. MCHIP provided extensive technical assistance on the South Sudan program for misoprostol distribution to prevent PPH at home births. In March 2012, Sheena Currie traveled to South Sudan and met with officials from the Ministry of Health and MSH staff to discuss barriers to the implementation of community-based distribution of misoprostol for PPH prevention. During this time, they laid the groundwork for a two-day meeting to be held in Q3 to review and finalize the program implementation plan, IEC materials, study protocol, data collection tools and supply chain management plan with the MOH, UN agencies, implementing NGOs and other stakeholders.
- MCHIP further began documentation of all the countries in which **misoprostol** has been distributed at the community level, examining the method of distribution and the coverage level. This activity will allow us to evaluate and compare coverage, based on mode of distribution, for replication in other countries. Data collection is almost complete and the article for publication should be completed in Q3.
- The **multi-country analysis** of PPH and PE/E has been repeated with 40 countries.³ Responses have been received from 35 countries, to date, and analysis is ongoing. In addition to the questionnaire, MCHIP is conducting an analysis of service delivery guidelines related to prevention of PPH and the Essential Medicines Lists (EMLs) for oxytocin and misoprostol. Results will be used to guide appropriate interventions and to inform future work planning with country teams.
- The MCHIP maternal, M&E and newborn teams supported the **Zimbabwe QoC** study, which has been integrated into a larger national health facility assessment led by the MOH. During this period MCHIP core funds supported the data collector training workshop, development of the mobile phone data collection tool applications as well as data management, cleaning and analysis after the fieldwork was completed.
- The Maternal Health team provided technical assistance for **MCHIP/Zimbabwe** and the Ministry of Health and Child Welfare (MOHCW) to develop and finalize the **BEmONC training package** and modular training materials, and to support the MNH activities in MCHIP/Zimbabwe’s “learning sites” in Manicaland by providing targeted capacity-building and guidance to staff on the ground. A three-day BEmONC skills standardization and Supportive Supervision (SS) skills strengthening workshop was conducted in Mutare with MCHIP/Zimbabwe staff. The focus of the workshop was to standardize BEmONC skills, explore how SS visits are currently being conducted, evaluate and strengthen SS skills. In addition, John Varallo provided technical support for the MCHIP Zimbabwe program to advance program objectives of improving the quality of MNCH care in field sites in two districts of Zimbabwe.

³ Status report on prevention and management of PPH and PE/E in national programs in selected USAID program-supported countries

- Plans and preparation are progressing in Zimbabwe to undertake an **oxytocin potency situation analysis**. A technical advisory group (TAG) has been assembled in-country. They have drafted a proposal. There is strong interest in-country and probably the capacity to undertake drug testing. The sample and other aspects of the study are to be finalized in Q3. The MCHIP team presented the oxytocin study concept to stakeholders in **Pakistan**, and it will be included as part of the work plan.
- MCHIP has been providing technical assistance on the protocol for **South Sudan** for community-based distribution of misoprostol for prevention of PPH. Training and distribution of misoprostol will begin in Q3 and Q4, respectively.
- MCHIP worked together with WHO, USAID and other colleagues to review available evidence and update the **global recommendations on prevention and management of postpartum hemorrhage (PPH)**. The meeting addressed major issues related to prevention of PPH, which is the leading cause of maternal mortality for women who give birth in facilities as well as for those who deliver at home. WHO is in the process of revising the PPH guidelines, and MCHIP will liaise with them to produce a two-page brief to capture key information for policymakers and program planners.
- The first online orientation of the **PPH toolkit** was held March 2, 2012, with 21 participants from India, Indonesia and the US. A second orientation is planned for Q3. The online PPH toolkit received 508 visits in Q2 from 71 countries/territories.⁴
- MCHIP continues to be involved in various working groups, including a high level group that is advising the **UN Commission on Life-Saving Commodities for Women and Children**, finalizing the report submitted to them, and advocating for issues that surround the quality of and access to oxytocin and misoprostol.
- CORE Group promoted and diffused the “Prevention and Management of Postpartum Hemorrhage and Pre-Eclampsia/Eclampsia: National Programs in Selected USAID Program-Supported Countries” status report. Support for this activity included hosting a related session at CORE Group’s fall meeting. CORE was also active in helping promote the MCHIP Asia regional meeting on interventions for impact in essential obstetric and newborn Care in Dhaka. CORE engaged and supported partners, including the ACNM, which will present during the Postnatal Home Visit session.

Reductions in PE/E

- As mentioned under the PPH section, MCHIP continued to make progress in organizing an event designed to increase effectiveness and the use of high-impact interventions in PPH and PE/E.
- MCHIP completed the first draft of a technical brief on the 2011 **WHO PE/E guidelines**. MCHIP is in dialogue with WHO to seek their approval to distribute this document at the Asia regional meeting in Q3.
- Advanced discussions on technical issues surrounding PE/E and PPH work are taking place as part of MCHIP’s continued support to task forces. The MCHIP Maternal Health team hosted a **PPH PE/E task force meeting** on October 21 in Washington, DC, which was attended by 26 task force members, who represented five different task forces. Meeting participants shared accomplishments and activities from the past year; discussed updates, activities and plans, the current environment, and activities impacting the PPH and PE/E agenda; identified tasks to work on in the coming year, including the opportunity to prepare and disseminate materials through an Asia regional meeting on PPH and PE/E in May 2012. MCHIP continues to follow up with the

⁴ Of these visitors, 69% were new visitors and 31% were returning visitors. Sources of traffic included 37% Search Traffic (189 Visits), 18% Referral Traffic (89 Visits), and 45% Direct Traffic (230 Visits). The top 10 countries visiting the site were: USA (178), India (47), Nigeria (26), Kenya (23), UK (22), Philippines (16), Nepal (13), Indonesia (10), Ethiopia (10), and Canada (9).

task forces; activities moving ahead with MCHIP support include: the **PE/E Standards, Training and QA task force**: Preparing for field testing of PE/E LRP and the **PE/E Drugs and Devices task force**:

- Compiling information to prepare a list of registered products in MCHIP countries (manufacturers, names, presentation) for Labetalol, MgSO₄, misoprostol 25mcg, and oxytocin (in coordination with the System to Improve Access to Pharmaceuticals program at MSH).
- Conducting a literature review on the incidence of MgSO₄ toxicity to assist development of a risk profile.
- Exploring synergy with the Reproductive Health Supplies Coalition and other RH/MH supplies groups (e.g., the Caucus on New and Underused Reproductive Health Technologies)
- Working with MCHIP to develop a job aid for dilution of MgSO₄.
- MCHIP prepared a map of ongoing and completed PE/E programs implemented by MCHIP/Jhpiego and PRE-EMPT. This map will be shared at the Asia regional meeting to promote dialogue with NGO programs that are engaged in the PE/E effort, and to increase the understanding of program expansion capacity.
- The **toolkit for PE/E** went live in Q1 (available on K4H); an online orientation session was held in Q2, with 21 people in participation; additional orientation sessions are being planned, both online and through a satellite session at the Asia regional meeting in May. The online PE/E toolkit received 632 visits in Q2 from 78 countries/territories.⁵
- MCHIP is moving forward with the development of computer animation on mixing and administering MgSO₄. The contract with ZMQ was approved by USAID in March, and ZMQ has begun work on the **MgSO₄ animation**, with the aim of demonstrating a version of the product at the regional technical meeting in Dhaka in early May.

Nutrition

MCHIP plays an important role in maternal nutrition, including maternal anemia prevention and control, and has in-house expertise on maternal anemia programming and research. Because of its expertise in integrated prevention and control programming, including iron-folic acid supplementation, MCHIP is well placed to assist countries in improving current anemia prevention and control programs and in introducing calcium supplementation to prevent pre-eclampsia.

- MCHIP played a key role in a USAID-organized **anemia meeting** with USAID partners. The meeting served as a forum for partners to share experiences and work plans related to anemia prevention and control. As follow-up, USAID's Division of Nutrition, the Core Group and MCHIP discussed maternal anemia activities—specifically, promotion of these materials within the Core Group partners and to a larger audience through a Web-based activity. K4Health was identified as the venue for Web-based materials on maternal anemia control. USAID's Division of Nutrition asked MCHIP to include anemia control for children on the Web site. To obtain feedback on the site, a soft launch will be conducted in Q3 and the site will “go live” in Q4.
- An opportunity arose through MCHIP in **Kenya** to assist the Division of Nutrition in revitalizing its **maternal anemia control program**. MCHIP organized several stakeholders' consultations, which were held, and a five-year work plan and budget were developed. To promote the integrated approach to anemia prevention and control, stakeholders from reproductive health and malaria participated; MCHIP Kenya was

⁵ Of these visitors, 79% were new visitors and 21% were returning visitors. Sources of traffic included 63% Search Traffic (395 visits), 6% Referral Traffic (38 visits), and 31% Direct Traffic (199 Visits). Top 10 countries visiting the site were: USA (202), UK (46), India (45), Philippines (27), Nigeria (21), Nepal (18), Kenya (17), Ghana (15), Egypt (13), and Indonesia (13).

instrumental in bringing those stakeholders to the table. This year MCHIP Kenya will contribute to this effort by conducting Trials of Improved Practices (TIPs) on iron-folic acid supplementation and other components of the anemia control package (malaria and deworming). Starting in Q3, and continuing through Q4, TIPs will obtain more information on barriers to long-term compliance and utilization as well as more information on facilitating factors. This information will be used not only to improve programming in this area, but also to define activities that MCHIP can contribute to in next year’s work plan. MCHIP will also test cell phone reminders as a way to improve compliance, because forgetting to take iron folic acid (IFA)—and other medications that need to be taken daily—is one reason women do not take the recommended number of IFA tablets. To conduct this activity, MCHIP is exploring a partnership with the University of Washington, which has a grant to work on the use of mobile phones to improve health and nutrition.

- At the request of USAID-Washington, D.C., MCHIP spent March and April planning for a **meeting on maternal anemia prevention and control and calcium supplementation to prevent pre-eclampsia to be held on May 3 in Dhaka**. The purpose of this meeting is to provide program guidance on anemia control and calcium supplementation to 75 participants, who will be attending the MCHIP-sponsored maternal and newborn health meeting, May 4–6. MCHIP has identified three international nutrition partners for this meeting: the Gates-funded Alive and Thrive project, the Center for International Disaster Information (CIDI)-funded Micronutrient Initiative (MI), and the USAID-funded SPRING project. All three partners will participate in and sponsor speakers for the meeting.
- The deep-dive on maternal nutrition and its contribution to maternal health and mortality (focusing on the four main causes of maternal mortality) was finalized as a draft background paper and is now under review by MCHIP. After this paper has been reviewed within MCHIP and by USAID, it will be finalized, formatted and submitted to a journal for publication. Demands for organizing the Asia regional nutrition meeting made it necessary to put this publication on hold in Q2.
- CORE Group collaborated with MCHIP in multi-sectoral approaches to promoting an integrated package for maternal and child anemia by compiling related resources and information to be incorporated into a new toolkit on K4H, designing an anemia-related panel for CORE Group’s spring meeting and supporting coordination of partners interested in reducing maternal anemia.
- In addition to collaborative work in Reducing Maternal Anemia under Maternal Health, CORE Group advanced nutrition priorities by continued strategic diffusion and promotion of the *Essential Nutrition Actions* and the *Nutrition Program Design Assistant*, and by participating in Scaling Up Nutrition and the TOPS & Food Security and Nutrition Network.

NEWBORN HEALTH

In the first half of PY4, the newborn team worked with partners, including: Save the Children’s Saving Newborn Lives (SC-SNL), WHO and UNICEF to generate lessons learned on introducing and expanding postnatal care (PNC) home visits in sub-Saharan Africa and South East Asia. Working with the American Academy of Pediatrics (AAP) and other partners through the Helping Babies Breathe (HBB) Global Development Alliance (GDA) and LAC Neonatal Alliance, MCHIP has contributed to improving newborn resuscitation and strengthening other components of essential newborn care (ENC) in over 34 countries, 20 of which received technical support directly from MCHIP. In addition to providing technical assistance on resuscitation, the newborn team gave technical guidance on Kangaroo Mother Care (KMC) and other elements of ENC to 11 countries where MCHIP is implementing newborn programs. To increase

understanding of the uptake and sustainability of facility-based KMC services, MCHIP partnered with SC-SNL to conduct a multi-country assessment of the introduction and expansion of KMC. Findings from the assessment will be used in designing future MCHIP-supported KMC interventions, and if necessary, in revising the KMC implementation guide developed by MCHIP. Sharing and use of lessons learned about KMC implementation will contribute to scaling up current and future KMC interventions, and will make these interventions more sustainable.

Achievements in Quarters 1 & 2 (see Annex A for results supported by the Africa Bureau and Annex B for results supported by the LAC Bureau)

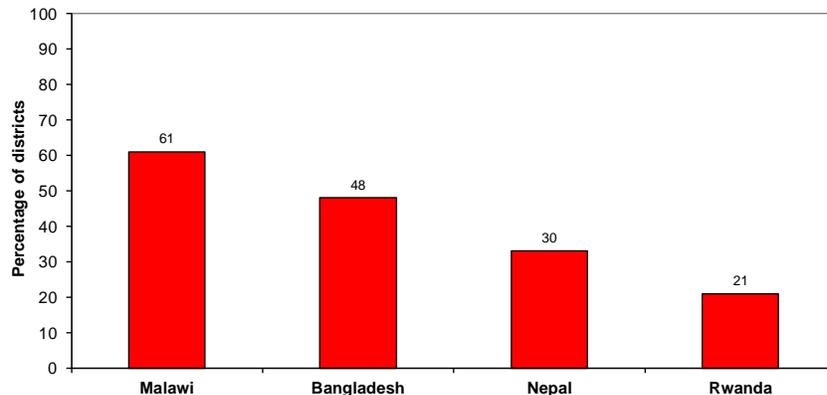
Global Leadership: Participate in Global/Regional Advocacy and Planning with USAID to Mobilize Resources and Coordinate Partner Support for Implementation

- MCHIP participated in SNL Program Learning meeting (November 2011) to identify opportunities to maximize and leverage learning between programs, and is collaborating closely with SNL on a KMC multi-country assessment and on a PNC home visits multi-country situational analysis to provide information for improvement of these interventions. Participation in this meeting led to MCHIP's contribution to the soon-to-be-released "Born Too Soon" document, which highlights preterm births as the leading cause of newborn deaths. The two programs will be collaborating to improve the care for preterm births, and to develop a set of minimum indicators for use in routine monitoring of ENC interventions at country level.
- MCHIP is continuing its partnership with AAP through the HBB GDA, which has been a very strong platform for improving newborn resuscitation in developing countries.
- MCHIP collaborated with RCQHC-ECSA in conducting a situational analysis of pre-service education for newborn care and continued work in developing a regional newborn care pre-service curriculum. Draft reports have been received from the countries; RCQHC is editing and consolidating the reports, and is gathering feedback from the countries. The preliminary findings have been shared with country stakeholders. A regional review meeting of all country reports has been tentatively planned for July 2012. This curriculum development will facilitate the improvement of ENC and newborn resuscitation pre-service education in the East, Central and Southern regions of sub-Saharan Africa.
- The South America Forum of the Neonatal Alliance successfully took place in November 2011 in Paraguay with the participation of six countries. In December 2011, MCHIP co-organized the first annual regional workshop on KMC in the Dominican Republic (DR), in collaboration with URC/HCI, the MOH and the Kangaroo Foundation. Implementers from 10 countries participated; they shared lessons learned and initiated a KMC regional network that has its own community of practice. MCHIP hosted the annual work planning meeting of the LAC Neonatal Alliance in Washington, DC. Representatives from regional professional associations, from UNFPA Panama and from CORE Group in El Salvador joined US-based members for this meeting.
- MCHIP, in partnership with PATH, supported a regional dissemination meeting on chlorhexidine for umbilical cord care in Nepal in September 2011 (late PY3). During this reporting period, MCHIP continued to work closely with other key partners (USAID, JHSPH, PATH, SC-SNL, BMGF and others) to develop dissemination products (blogs, policy briefs and USAID frontline articles) that provide technical/programmatic advice to other agencies interested in: developing CHX-related activities, facilitating country study visits to Nepal (from Madagascar and Ethiopia), and briefing in-country partners on the possibility of introducing CHX piloting or program activities (in India, Mali, Ethiopia and Madagascar).
- MCHIP in collaboration with WHO, UNICEF and SC-SNL conducted a rapid survey of the adaptation and implementation of the WHO/UNICEF joint statement on PNC home visits in 46 countries in Africa and in 12 countries in Asia. The survey found that over 50% of the countries are implementing a PNC home visit program, and most countries include home visits during pregnancy. The survey finding as well as findings from five in-depth country analyses were presented and discussed during a meeting organized by the partners and USAID. This meeting took place in Geneva from February 8–10, and

was attended by over 60 participants. The following are some key recommendations from the meeting:

- Use upcoming global meetings to advocate for increased adoption of PNC policies and strategies and increased resources for implementation. Various meetings were identified (e.g., the Global Health Conference). MCHIP in collaboration with WHO, SNL and JHU submitted an abstract for a panel presentation to share the findings from the survey and the five-country PNC home visit assessment.
- WHO will provide guidance on an optimal intervention package for mother and baby. WHO's input will guide an update of their current community-based training material, which has limited material on the mother.
- Develop a practical guide for the implementation PNC home visitation. The guide was an expressed need from participants (more than 70) who attended the Geneva meeting. This is an activity MCHIP plans to support in PY5.
- The following are key findings from the multi-country PNC home visits program review conducted in Malawi, Nigeria, Rwanda, Bangladesh and Nepal (four of these country programs are supported by MCHIP):
 - Introduction of the intervention was planned and coordinated with the government and development partners with the goal of nationwide coverage in all five countries.
 - A national coordinating body to oversee implementation has been established in all the countries except Nigeria. (In Nigeria, implementation was limited to three northern states)
 - Coverage of the intervention is not nationwide. The proportion of districts that have begun implementation by country is shown below. Districts are considered to be implementing if they have trained district supervisors and have begun training community health workers (CHWs). The implementation coverage ranged from 21% of districts in Rwanda to 61% of districts in Malawi. Within districts, health worker training and home visitation coverage is variable. The final report will be available to share with USAID in the next quarter.

Figure 1: Districts Implementing Community-Based Maternal and Newborn Packages, Four Countries, January 2012



Moving Implementation of KMC Forward for LBW Newborns

- MCHIP's expansion of facility-based KMC to other countries or within countries has depended largely on the availability of field funds. The newborn team continues to provide technical support to field-funded KMC programs—Rwanda, Malawi and Zimbabwe. Recently Kenya and Zambia have indicated their interest in KMC, but these countries lack field funding to implement KMC. MCHIP will explore the feasibility of

supporting KMC activities in Kenya using core funds. There is also the potential of including a KMC intervention in the recently announced Pakistan Associate Award.

- As stated earlier, MCHIP, in collaboration with SC-SNL, is conducting a multi-country assessment of the introduction and expansion of facility-based KMC services in four countries (Malawi, Mali, Rwanda and Uganda) three of which are supported by MCHIP. The assessment will document the introduction and implementation process, geographic coverage, utilization of services, the system for monitoring progress as well as associated challenges; this assessment will also identify key lessons learned. Given the recent data showing that preterm births are the leading cause of newborn deaths, findings from this assessment will contribute to the global knowledge on KMC programming—in particular how to introduce the intervention and expand its geographic coverage, and how to maintain QoC so that improved survival for preterm births and low birth weight (LBW) babies is ensured. The country assessment began in Q2 and will be completed in Q3. The final assessment report will be available in the last quarter of PY4.
- The KMC Implementation Guide was finalized and is available on the MCHIP Web site. Opportunities to disseminate this important tool are being identified (e.g., the Asia meeting in Dhaka in May 2012). Electronic copies of the implementation guide have been shared with MCHIP countries. This guide will help governments, NGOs and donors learn how to introduce KMC and expand its geographic coverage in-country.
- The question of whether it is feasible to initiate and continue KMC at home with the support of trained community health workers remains unanswered. MCHIP, in partnership with JHSPH, is conducting a feasibility study to assess whether mothers who are counseled during the antenatal period will be able to initiate skin-to-skin and early breastfeeding at home for their newborns—irrespective of the birth weight. During this period, IRB approval was obtained, questionnaires were finalized, interviewers were trained and fieldwork for the baseline household survey was completed. Data cleaning and analysis are under way. The training materials for CHWs, including job aids and IEC materials for pregnant women and their families, were also finalized. Training of trainers and CHWs will begin in the third quarter of PY4. Findings from this study will contribute significantly to the knowledge of whether or not it is feasible to initiate and continue prolonged skin-to-skin contact and breastfeeding at home. Findings will also provide information on whether universal promotion of prolonged skin-to-skin contact and early and exclusive breastfeeding for all newborn infants is an effective model for reaching small babies.

Scaling Up Essential Newborn Care/Postnatal Care

- The Essential Newborn Action messages document was completed by the Core Group, with TA from MCHIP. The document is on the MCHIP and CORE group Web sites. MCHIP is in discussion with the Core Group and SNL to determine how to facilitate the use of this document at the country level. The document will be presented and disseminated at the upcoming Dhaka meeting in May. It has also been shared with country offices.
- Upon request from USAID, MCHIP will provide funds and will coordinate the ongoing development of the Helping Babies Thrive (HBT) learning materials. This set of materials is being produced in the HBB teaching materials format to complement HBB training. These learning materials will strengthen other elements of care (e.g., thermal care, breastfeeding, and recognizing and seeking care for newborn danger signs). The materials are being developed by a small group of US-based neonatologists in collaboration with international pediatricians/neonatologists in Africa and Asia. WHO is a partner in this activity, and its main role will be to validate and endorse the learning materials for global use. When completed and made available, this set of materials will ensure that other elements of ENC are not lost when facility-based service providers are trained to provide newborn care. The materials will be ready for use in PY5.

- As mentioned earlier, MCHIP collaborated with WHO, SC-SNL and others to review the adoption and implementation of PNC home visits in Africa and Asia. Findings from the review will continue to be disseminated in various forums during the second half of PY4 to facilitate discussions about how to improve the quality and geographic coverage of PNC home visits. In addition, MCHIP will continue to collaborate in developing related products (e.g., an implementation guide recommended by participants at the Geneva meeting).

Educational Materials for Azerbaijan

- MCHIP finalized a competency-based training package that will support the dissemination and use of selected clinical practice guidelines developed by the MOH and partners, including USAID-bilateral partners. Materials include two videos: *Assessment of the Healthy Newborn* and *Newborn Resuscitation*, as well as skills development checklists, clinical scenarios, job aids and Neonatalie sets. Materials were developed in collaboration with the MOH and key stakeholders including the Public Health and Reforms Center, the Institute for Postgraduate Medical Education, Azerbaijan Medical University, the Scientific-Research Institute of Obstetrics and Gynecology, the Republican Perinatal Center and the Scientific-Research Institute of Pediatrics. Neonatalie anatomic models were procured. The training packages will be presented to key pre-service stakeholders and professional associations next month and will be included in the national medical education curriculum in June 2012.

Newborn Sepsis Management

- MCHIP continues to co-host and participate in the **newborn sepsis management technical working group (TWG)**, which is presently focused on the development of a Newborn Sepsis Management Implementation Guide. The full draft of the guide has been completed and has been circulated for review among the working group. The guide provides information for program managers and policymakers on the key essential steps for introducing community-based newborn sepsis management into their programs, with a goal of appropriate expansion within the country.
- The original scope of conducting a situational analysis on identification and management of newborn sepsis in Liberia had to be expanded to a comprehensive newborn care situational analysis based on feedback from in-country partners, including the MOH. A consultant has been identified and has initiated the desk review. She will be visiting Liberia to collect additional information through in-depth interviews with key stakeholders (e.g., staff members from the MOH, Rebuilding Basic Health Services (RBHS), UNFPA, the Clinton Foundation and others). The draft report is expected to be ready in mid-June. A national stakeholders meeting to discuss and make recommendation on key interventions and delivery approaches for improving newborn care in Liberia will take place in late July or in August 2012. MCHIP plans to continue providing technical assistance, in particular on the management of newborn sepsis, if needed, to improve newborn care in Liberia.
- A newborn health TA visit was conducted (Oct 2011) to monitor and support a newborn sepsis activity in Nigeria. This visit included a review of data and discussion of plans for documentation. Because MCHIP Nigeria closed in Dec 2011, after only five months of actual implementation, MCHIP held discussions with SC-UK in Nigeria and SNL/HQ to explore their willingness to provide supportive supervision to MCHIP-supported facilities in Katsina and Zamfara states. In this way the implementation period can be extended to allow for adequate data to be generated. Political unrest in the northern part of the country has prevented data collection and supervision of this activity for the past four to five months. MCHIP is in dialogue with SC/UK and SC-SNL to re-start

supervision and data collection. The agreement between MCHIP and SC-UK Nigeria is in the process of being signed by both MCHIP and SC/UK. Local consultants from the Nigeria Society of Neonatal Medicine will be recruited by SC/UK to provide the supportive supervision and data collection. MCHIP will assess the feasibility of completing this activity during the third quarter of PY4.

Scaling Up Newborn Resuscitation

- The MCHIP Newborn and M&E teams worked together to plan for the Malawi HBB performance evaluation. The study protocol and data collection tools were finalized and submitted to the local and JHU IRBs for approval, after receiving approval by USAID/Washington.
- MCHIP reviewed and revised the French version of HBB training materials (December 2011) and polled MCHIP country offices regarding their interest in purchasing these materials to determine whether Laerdal's minimum print requirement (1,000 copies) could be reached. The required minimum was obtained, and this information was shared with Laerdal.
- MCHIP continued its funding of AAP in FY12 to support completion of the HBB video, and to provide AAP TA and quality assurance (QA) support to MCHIP countries implementing HBB. AAP members provided TA on HBB in Zambia and Mozambique. In Zambia, they provided guidance on the integration of HBB into BEmONC training materials, and in Mozambique they participated in a dialogue with the MOH to adopt and integrate HBB into their in-service and pre-service training materials.
- An AMTSL-ENC video is under discussion with maternal health and M&E teams. Plans for producing this video will be finalized in the second half of PY4. The M&E team plans to include this video as part of the Clinical Observer Learning Resource Package that is currently under development.
- MCHIP supported Ghana HBB pre-service activities. Over 625 final year nursing and midwifery students have been trained in HBB.
- MCHIP met with the African Strategies for Health (ASH) Technical Director and MNCH Specialist (November 2011) and learned that ASH will not necessarily support the same partners as Africa 2010 did. Collaboration with ECSACON and RCQHC is ongoing; however, it is facing some challenges (see Challenges section below); the draft Malawi assessment report was reviewed; a regional meeting to review all three country assessment findings and draft a harmonized regional curriculum was scheduled for March 2012, but has now been postponed to July 2012.

Handwashing for Newborn Survival

- **“Critical Moments”** for newborn handwashing were defined after discussion with and input from technical experts.
- A package of **newborn handwashing messages** was finalized and draft materials were produced by Unilever-contracted creative agencies. This package is now undergoing editing, prior to distribution to country programs.
- Newborn handwashing was highlighted as part of **Global Handwashing Day** (October 15, 2011) in partnership with Unilever, MOH and other partners in Bangladesh and Indonesia. Indonesia's formative research findings were presented at national conference.
- Bangladesh's formative research was completed by the International Center for Diarrheal Disease Research, Bangladesh (ICDDR); the report is to be delivered in April.

- Newborn handwashing messages were included in MCHIP programming in Indonesia and Bangladesh.
- Newborn handwashing was added back into Kenya's 2012 work plan. A formative research plan has been submitted for approval and research activities will commence in Q3.

CHILD HEALTH

MCHIP continues to develop strategies and shape policies with partners at the global, national and sub-national levels to advance and strengthen community case management. In addition, MCHIP is promoting ORS/zinc in diarrheal case management. As part of the global CCM Task Force, MCHIP continued to develop CCM Indicators Reference Sheets; four of eight reference sheets were completed. MCHIP continues to refine and update the CCMCentral Web site and is preparing for its launch in early June 2012. MCHIP is disseminating findings of the CCM documentation in DRC and Senegal to influence policy and future CCM programs at the country level. In the area of diarrheal disease control, MCHIP has participated in the “overlooked commodities” for child health global initiative, led by UNICEF and the Clinton Health Access Initiative (CHAI) and funded by BMGF. MCHIP also contributed to global strategy development and to 10 priority country scale-up plans for diarrhea and pneumonia. As a result, these plans reflect a more accurate perception of global and country realities. Specifically, MCHIP has advocated for country level coordination that will reduce cost to the government of doing business with development partners. To support countries, MCHIP is developing a concise situational analysis tool for diarrhea and pneumonia, including fact sheets for Guinea, Mali and Zambia. These fact sheets will be used to define and implement catalytic activities in these countries using core funds. In Tanzania, MCHIP, in collaboration with Abt Associates/ Strengthening Health Outcomes through Private Sector (SHOPS) and Population Services International (PSI) provided technical support for initial analysis of data from the assessment of community level child health services. The report will be completed in May and will guide USAID design of programs to support child health.

Achievements in Quarters 1 & 2 (see Annex A for results supported by the Africa Bureau) Community Case Management

MCHIP works at global and country levels to advance community case management of childhood illness. At the global level, MCHIP provides leadership in integrated community case management (iCCM) (e.g., in its capacity as the Global CCM Task Force Secretariat). And, MCHIP’s primary strategy to reduce child mortality at the country level is to promote the introduction, scale-up and strengthening of iCCM.

- MCHIP continues to refine the structure and content of the iCCM global resource center, www.CCMCentral.com, through a collaborative process with partners. Tools continue to be uploaded, and updates on the latest meetings and reports are posted. This Web site will be launched in June 2012. The CCMCentral subgroup is now focusing on improving user-friendliness, particularly for people with limited Internet speed. MCHIP has successfully advocated for funding the development of a French version of the site.
- MCHIP contributed two (of eighteen) draft articles for publication in the special **CCM Supplement** of *The American Journal of Tropical Medicine and Hygiene (AJTMH)*. This work is led by the CCM Task Force Publications and Operational Research subgroup. The supplement is scheduled for publication in the fall of 2012. Supplement articles will provide important research findings to policymakers and program implementers who are working on CCM.
- MCHIP led the CCM Task Force Subgroup work on **CCM indicators**, developing reference sheets on Coordination and Policy, Human Resources, Supply Chain, and Monitoring & Evaluation. The remaining four reference sheets (on costing and financing, service delivery and referral, communication and social mobilization, and supervision and performance quality assurance) will be completed by April 30, 2012. This work is important because it contributes to the CCM indicators list, which must be completed before the CCM indicators can be disseminated to countries. MCHIP and other CCM Task Force members plan to hold a CCM indicators regional workshop. This workshop will advocate for country adoption of standard CCM indicators. The workshop will also

create a platform for follow-up technical support to selected countries so that CMM indicator use and reporting can be strengthened. MCHIP commissioned an intern to assess how many of the proposed CCM indicators are currently collected, processed and reported in DRC, Madagascar, Niger and Senegal. Over the reporting period, the intern has collected and analyzed data from DRC and Senegal. More data are expected from Madagascar and Niger to finalize the report. This activity should be completed by the end of May and will serve as a working document for the regional workshop on indicators, which will be held later in the year.

- In October 2011, MCHIP participated in the **Global Action Plan for the Prevention and Control of Pneumonia/Diarrhea (GAPP) meetings in Rwanda** and contributed to sharing lessons learned and effective practices with countries. MCHIP assisted the Guinea country team in developing an implementation plan for the introduction of iCCM. MCHIP presented findings from DRC, Malawi and Senegal on logistics, motivation and support for community health workers to global practitioners at the **American Society of Tropical Medicine and Hygiene Conference**, held in Philadelphia. This venue provided MCHIP with an opportunity to highlight its global learning and its influence in CCM implementation. Other MCHIP dissemination activities included a presentation to USAID Washington technical officers in December 2011 and a Webinar coordinated by CORE Group in January 2012. A total of 47 CORE Group members were active participants in a discussion in which respective experiences from three countries were exchanged and lessons aimed at helping introduce and scale up CCM in other countries were shared.
- MCHIP is working with other members of the CCM Task Force to prepare for the **Child Survival Call to Action** in June 2012 by fielding a speaker on CCM and finalizing the WHO/UNICEF/USAID joint statement on CCM to be launched during the event. This will enhance the visibility of CCM and support resource mobilization at the global level.
- The CCM Task Force has expanded its mandate to cover **CCM in emergency settings**. The steering committee accepted the inclusion of the “Emergency CCM” group made up of Save the Children, UNICEF, Columbia University, the International Rescue Committee (IRC) and others as a subgroup within CCM. This subgroup will provide standard technical guidelines for CCM and enhance QoC while building lessons and best practices for emergency settings.
- **MCHIP is also leading a Mali Headquarters Partners group** under the umbrella of the CCM Task Force. This partners group is determining how the Task Force can coordinate support to strengthen SEC (essential community care, of which the CCM package is an important element). Through this process, the CCM Task Force is developing learning about how partners working in the same country can coordinate more effectively, and how partners can jointly facilitate scale-up of national CCM programs. In **Mali**, MCHIP supported a national workshop to finalize and test M&E tools and approaches—which were validated by the ad hoc committee for implementation. MCHIP supported the introduction of a SEC dashboard that is providing information on selected key processes (e.g., training and supervision—planned and executed) and the launch of Mali SEC news. The purpose of this dashboard is to share information about the SEC package, which is a broader iCCM package. These activities are strengthening the Mali CCM program and will provide lessons for other countries.
- In Zambia, following an invitation from UNICEF, MCHIP co-facilitated a **national workshop on the Health for the Poorest Populations (HPP)** project funded by the Canadian International Development Agency (CIDA), which focused on UNICEF’s new district-strengthening strategy. The workshop reviewed NGOs’ capabilities and implementation issues. UNICEF has invited MCHIP to provide TA to develop national

CCM implementation guidelines. UNICEF's request is in line with the findings and agreed next steps for supporting Zambia reached by the multi-agency post-GAPP technical support mission, which included MCHIP.

- MCHIP made a preparatory mission to **Guinea** to conduct an assessment of community-based child health needs. The mission found that CCM is urgently needed to make a serious impact on the reduction of child mortality. With the baseline evidence collected, MCHIP will now roll out the CCM program during FY4 in four regions. In February 2012, MCHIP worked with WHO to facilitate national dialogue on the need for a written policy that would allow CHWs to give antibiotics; MCHIP also worked with WHO to develop the national CCM curriculum. In addition to strengthening facility-based child health services, Guinea is now set to start implementing CCM.
- In **Kenya**, MCHIP continued to advocate for iCCM at meetings and by means of a paper that provides evidence in support of CCM.

Diarrheal Disease Prevention and Control

- As part of its global advocacy efforts, MCHIP organized a **series of Webinar conferences focused on diarrheal disease control** in collaboration with CORE Group. The first session, titled “Why Does Diarrhea Matter? Preventing a Million Needless Deaths per Year,” was held in February 2012. There were 50 participants, which is an impressive attendance according to the CORE group. Participants generated a lively discussion with an overwhelming request for a follow-up discussion planned for July 2012. It was clear that the impact of childhood diarrheal diseases—and the low coverage of effective interventions globally—are not well known, even among program officers involved in child health. These online events emphasized the fact that the agenda to reduce morbidity and mortality resulting from diarrhea remains unfinished, and advocated for further measures. For example, coordinated approaches are needed to implement a package of effective interventions and to be aggressive in mobilizing resources for the diarrheal disease program.
- To provide a better understanding of factors that influence the performance of diarrheal disease control programs in countries, MCHIP identified an intern to document factors associated with **ORS use**—in high-performing and in low-performing countries. The intern will use DHS or MICS surveys and key informant interviews. The assessment is expected to highlight factors supporting sustained high use of ORS and its contribution to reducing diarrhea-related mortality. MCHIP is collaborating with Africa Strategies for Health (ASH). ASH is doing a similar review of ORS use and global and national level factors that have supported progress in selected countries.
- In the area of country support, MCHIP initiated the development of **diarrheal disease fact sheets for Mali and Guinea**. MCHIP also developed—and is piloting—a rapid assessment tool for diarrheal disease programs. The fact sheets and assessment tool will maximize use of our limited core funds to focus on country support. This support is expected to catalyze the revitalization of oral rehydration therapy (ORT) and the scale-up of zinc use.
- In **Kenya**, MCHIP provided technical support for the **revitalization of the ORT corners program**. MCHIP has spearheaded the development of ORT implementation guidelines, including monitoring and evaluation tools and approaches. MCHIP has completed a review of existing Behavior Change Communication (BCC), Water and Sanitation and Hygiene (WASH) and diarrheal disease training materials used by partners. MCHIP is also leading the integration of WASH key messages into BCC activities at ORT corners, and outside waiting bays in health facilities. Two national level documents have been compiled and are being edited and formatted before being submitted for national validation. These guidelines will be used to improve diarrheal case management at health facilities in both MCHIP-supported sites and nationwide.

IMMUNIZATION

MCHIP plays a key leadership role at the global and regional levels, contributing to the strengthening of Routine Immunization (RI) systems, facilitating the smooth introduction of new vaccines, and disseminating lessons learned. The immunization team's efforts are integrated in a way that will produce the maximum effect at global, regional and country levels.

The immunization team has expanded its country involvement and is now working, or poised to work, in 16 countries using a combination of Field and Core support. In nine of these countries, MCHIP is providing TA on new vaccine introduction. In all countries, the team provides TA to strengthen routine immunization. Without a strong routine immunization program, countries will not be able to eradicate polio, sustain measles elimination, or smoothly introduce new lifesaving vaccines. The introduction of pneumococcal and rotavirus vaccines is a game-changer and will significantly contribute to achievement of MDG4. In addition, the immunization team was in high demand at the global and regional levels, and this team influences policy- and strategy-formulation at WHO, UNICEF and GAVI. Team members also lectured frequently at schools of public health and at other venues such as the Gates Foundation, WHO and UNICEF. The team also worked on several manuscripts for publication and succeeded in publishing articles in peer-reviewed journals.

In collaboration with MOHs, WHO, UNICEF, BMGF, CORE, CDC, USAID bilaterals and other partners at global and regional levels as well as in priority countries (notably DRC and India), MCHIP provides support to help guide the Polio Eradication Initiative strategy, especially in the areas of communication and RI linkages.

Achievements in Quarters 1 & 2 (see Annex A for results supported by the Africa Bureau)

Global Leadership

- As a member of the Immunization Practices Advisory Committee (IPAC), MCHIP provided technical advice on the special challenges that introducing rotavirus vaccine presents. This advice contributes to IPAC's recommendations concerning training approaches and required content.
- At WHO's request, MCHIP prepared a paper on the effects of new vaccine introduction on national immunization programs and broader health systems, based on key findings from a gray literature review. MCHIP also drafted a longer summary of key findings organized in terms of the main components and sub-components of WHO's health systems framework.
- MCHIP staff co-led the multi-agency "Strengthening Immunization Systems Performance and Monitoring" committee within the "Delivery Working Group," and provided input into the Decade of Vaccines (DoV) draft action plan. MCHIP also participated in the DoV Collaboration Consultation meeting held in Windhoek, Namibia, on December 8, 2011. MCHIP's input will contribute to the Global Vaccine Action Plan that will be presented to the 2012 World Health Assembly.
- MCHIP staff members serve on an Institute of Medicine (IOM) Committee on Identifying and Prioritizing New Preventive Vaccines for Development. In October, MCHIP provided a global perspective on future vaccines, outlining vaccine attributes that would best meet the needs of immunization programs in developing countries. MCHIP also provided input into the development of a computer model that will assist stakeholders in making informed decisions regarding the design and introduction of vaccine products. During the cold chain and logistics (CCL) meeting held in New York (November 29 to December 2, 2011), MCHIP contributed to the revision of Effective Vaccine Management (EVM) tools and to the cold chain and logistics guidance at the country level.

- After participating in the Measles Partnership annual meeting at the American Red Cross in September, MCHIP posted a call on the TechNET Web site, recommending that UNICEF's Supply Division make the measles vaccine available in five-dose vials. This recommendation was complemented by surveying countries that receive the measles vaccine from UNICEF. A majority of countries (10 of 17) replied that they would like to receive measles in five-dose vials. As a result, UNICEF has decided to include a measles vaccine five-dose presentation in its next international tender.
- MCHIP serves on the Vaccine Presentation and Packaging Advisory Group, which receives input from public agencies and vaccine manufacturers to identify attributes for new vaccines intended for use in developing countries. MCHIP participated in monthly conference calls, providing technical input. Current contributions include the group's advocacy for offering the measles vaccine in five-dose vials, as well as in the standard 10-dose vials.
- The MCHIP/HQ immunization team was invited to meet with the UNICEF HQ immunization team (on March 29, 2012, in the UNICEF HQ office) to update the UNICEF team on our immunization activities and discuss collaboration. During the meeting, MCHIP provided background information on the overall immunization context and gave an overview of MCHIP's current work in strengthening routine immunization and introducing new vaccines at the global, regional and country levels. MCHIP also collaborates with partner working groups to develop policy and guidelines. A discussion of the overall current status of immunization in priority countries garnered the UNICEF team's appreciation of MCHIP's role in the global immunization program. The UNICEF team agreed to have similar discussions and information exchanges in the future. MCHIP held follow-up meetings with several UNICEF staff members to discuss joint activities, including: global and country-level rotavirus and new vaccine communication (in preparation for a session at the global NUVI meeting in May); polio and routine immunization communication strengthening and country support for this initiative; and technical and logistics collaboration with WHO, CHAI, MOHs and other stakeholders at the country level.
- MCHIP staff members participated as technical experts (funded by WHO) at the multi-agency Global Measles and Rubella Management meeting hosted by WHO/HQ in Geneva from March 20 to 21, 2012. MCHIP provided technical input regarding global measles priorities and also shared experiences and lessons learned from country support (e.g., in India, Tanzania, DRC and Kenya) to feed into global measles and rubella strategies. While in Geneva, Ms. Shimp also had meetings with WHO/HQ staff on joint technical activities for NUVI, logistics and polio (including communication and technical support to countries).

Routine Immunizations and New Vaccines (Country Support)

- MCHIP hosted a global Immunization Program Learning meeting that convened MCHIP immunization headquarters staff members and selected regional and country field staff members in Addis Ababa, Ethiopia. This meeting provided an opportunity among country programs to learn from each other by sharing experiences and lessons learned (particularly those related to NUVI). These experiences and lessons will be included in project documentation and technical dissemination to USAID and partners (e.g., WHO, UNICEF, GAVI and others). Many of the challenges that countries face are similar. Some countries have overcome issues and obstacles in creative ways that are highly relevant to other countries. Such issues include: how to reach the last child for better equity, how to involve the community for routine immunization, what it takes to use disease-specific mass campaigns deliberately to strengthen routine immunization, how to introduce a new vaccine deliberately in a way that will have a positive effect on the immunization system. Sharing lessons across countries is highly motivating to staff who

each have a mission and a developmental goal to strengthen routine immunization in their own countries. These shared experiences can be particularly supportive to staff who are challenged by the overwhelming partner focus on other aspects of the immunization enterprise (e.g., polio eradication, measles elimination, disease surveillance).

- MCHIP collaborated with USAID, Ministries of Health, WHO and other partners to continue supporting the introduction and post-introduction of safe and lifesaving vaccines in nine GAVI-eligible countries: DR Congo, India, Kenya, Malawi, Rwanda, Senegal, Tanzania, Timor-Leste and Zimbabwe.

Table 1: Progress toward new vaccine introduction

Country		PCV13	ROTAVIRUS	OTHER
1	DR Congo	Assist in meeting GAVI conditions to continue the phased introduction of PCV13 in 2012	N/A	N/A
2	India	NA	NA	Continue technical support for phased rollout of pentavalent vaccine in USAID focus states
3	Kenya	Monitor coverage and quality	Support introduction in 2012	N/A
4	Malawi	Introduced in November 2011, support PIE in 2012	Support introduction in 2012 and PIE in 2013	Assist with measles 2 nd dose GAVI proposal development and prepare for introduction in 2013
5	Rwanda	N/A	Introduced in May 2012, support PIE in 2013	Assist with measles 2 nd dose and HPV GAVI proposal development
6	Senegal	Support introduction in July 2012 and PIE in 2013	Assist with measles 2 nd dose GAVI proposal development	Support introduction of MenA in November 2012 and PIE in 2013
7	Tanzania	Support introduction preparations (introduction planned for Jan 2013)	Support introduction and preparations (introduction planned for Jan 2013)	N/A
8	Timor-Leste	N/A	N/A	Coordinate with partners to support introduction of pentavalent vaccine in 2012 and PIE in 2013
9	Zimbabwe	Support introduction preparations (introduction planned for July 2012) and PIE in 2013	Satisfy GAVI conditions and support introduction preparations (introduction planned for 2014)	N/A

Polio Eradication

MCHIP and its sub-contractor, the Communications Initiative, provided support to strengthen communication in polio eradication at global and country levels. Support in this area included technical input to WHO, UNICEF and focus country strategies (as outlined previously) as well as the following contributions:

- Achievements and gaps identified and recommendations made as part of the Pakistan Technical Advisory Group meeting (March 21 and 22) in Islamabad
- Feedback provided on global documents: to USAID on the Global Polio Emergency Plan and the financial case for global immunization in the context of the Decades on Vaccines Initiative; to UNICEF on the quarterly communication update presented to the polio eradication Independent Monitoring Board
- Papers and research proposals submitted: CORE polio paper to the Journal of Health Communication for review; Qualitative Comparative Analysis proposal (with CORE and UNICEF in India) to the polio research committee
- Technical input to documentation on newborn tracking and OPV0 uptake in Nigeria (with TSHIP) and India (MCHIP)
- CORE Group participation in and promotion of increased NGO involvement in immunization, including: creating an Immunization Interest Group listserv, working with CORE Group's Polio Project and helping to diffuse lessons learned (e.g., by means of promotional material and video development)

FAMILY PLANNING

The MCHIP family planning (FP) team continues to support greater access to FP services at the global and country levels, especially for postpartum women. The FP team operates with a consistent approach by integrating postpartum family planning (PPFP) at the global and country levels. During this reporting period, team members presented a variety of topics at the 2011 International Family Planning Conference in Dakar, Senegal, and as leaders in working groups and communities of practice (CoPs), advocated for best practices related to FP/MNCH integration. MCHIP further advocated for FP/MNCH integration by initiating a global PPFP Call to Action and an online discussion forum on progestin-only methods during the extended postpartum period. In addition, MCHIP supported the organization of an Interconceptional Care meeting, which brought together US government, international and domestic program implementers to identify and discuss mutual areas of interest. With multiple FP-related evaluations and assessments under way, MCHIP also focused its effort on integrating FP and other health services across the MNCH continuum by conducting field activities in partnership with other MCHIP technical teams.

Achievements in Quarters 1 & 2

Global Leadership

- MCHIP had a large and active staff presence during the second **International Conference on Family Planning: Research and Best Practices** (held November 29 through December 2, 2011, in Dakar, Senegal). Before the conference, MCHIP staff, as participants on the international steering committee, contributed to conference planning, organization and abstract review. MCHIP staff also made significant contributions during pre-conference meetings on PAC and contraceptive technology updates. During the conference, MCHIP staff moderated three panels, conducted six individual presentations, two poster sessions and two IBP interactive sessions. In addition, MCHIP hosted two auxiliary events and four roundtable lunchtime discussions on FP topics that reflected experiences from country programs in Bangladesh, Guinea, Kenya, India, Liberia and Nigeria. MCHIP materials were displayed at Jhpiego's booth

and disseminated widely. Approximately 75 people attended an MCHIP evening session, titled *MNCH and FP Integration: A Community Marketplace for Practitioners and Programmers*, which highlighted experiences from the field in various areas of MNCH integration. After the conference, MCHIP staff attended a post-conference meeting hosted by WHO/RHR, which focused on developing a “Call to Action” for postpartum family planning (PPFP) and guidance for the wider field in the provision of PPFP services. (See the following.) MCHIP’s presence at this conference showcased its accomplishments and further confirmed MCHIP’s influence in the PPFP arena at the global and field levels.

- MCHIP is coordinating with global partners, professional organizations and other agencies to advance the programmatic considerations for PPFP. A **PPFP “Call to Action”** document was developed by MCHIP and submitted to WHO’s Department of Reproductive Health and Research (RHR) in November 2011 for consideration. On December 4, 2011 (following the Dakar conference), WHO organized a one-day meeting to discuss program guidance for promoting PPFP through Selected Practice Recommendations (SPR) for contraceptive use. At this meeting, MCHIP staff presented the “Call to Action” document, which focused on underscoring the importance of PPFP, highlighting strategies to address PPFP and noting essential actions. The group concluded that the SPR is not the most expedient mechanism for advancing PPFP, and proposed the following alternative steps:
- Seek endorsements from other global partners including UNFPA, UNICEF and professional organizations (e.g., the International Federation of Gynecology and Obstetrics [FIGO], the International Confederation of Midwives [ICM] and the International Council of Nurses [ICN]).
- Focus on “programmatic considerations for PPFP” with input from UN agencies and professional organizations and with review from WHO.
- During the normal review process, focus on strengthening existing WHO documents by incorporating PPFP throughout the FP Cornerstones—MEC, SPR, the Global Handbook and the WHO CHW resources.

This document, titled *Postpartum Family Planning (PPFP)—Meeting Needs, Saving Lives: A Call to Action*, has been endorsed by USAID, FIGO and ICN. In their newsletter (WHO’s Human Reproduction Program Reproductive Health Research (HRP/RHR) News, Issue 23, 2012), WHO included a draft of the PPFP Call to Action. This newsletter is sent to WHO partners and donors. Communication is currently under way with several other global and UN agencies to obtain additional endorsements. May 15, 2012, the UN International Day of Families, is the anticipated launch date for the PPFP Call to Action. The Programmatic Considerations document is currently being drafted and is expected to be completed by July 2012. In preparation, a comprehensive literature review with program implications was prepared.

- As of March 2012, 1,058 members from 81 countries and over one thousand contributions from members had been recorded in the **PPFP Community of Practice** (since its launch in 2007). A global online forum was conducted on “Postpartum Use of Progestin-Only Contraceptive Methods” (March 5–19, 2012). Forum objectives were to: familiarize participants and CoP members with the use of a range of progestin-only methods during the postpartum period, share reasons why WHO and CDC guidelines differ regarding the use of these methods in the immediate postpartum period, and hear from participants (who are implementing programs in the field) about their experiences in providing these methods to postpartum women. Forum guest experts included: Patricia MacDonald, USAID; James Shelton, USAID; Mary Lyn Gaffield, WHO; Kathryn Curtis, CDC; Nancy Kidula, Jhpiego/Kenya; and Anna Glasier, London School

of Hygiene and Tropical Medicine. Contributions to the discussion were received from members in Senegal, Liberia, Indonesia, Afghanistan, the United States and Rwanda.

- MCHIP also supported Evidence to Action (E2A)'s **Healthy Timing and Spacing of Pregnancy (HTSP) online forum** (January 17–27, 2012); MCHIP support included pre-forum planning, organization and facilitation. During the forum, the MCHIP Healthy Fertility Study's Program Manager led the discussion on integrating FP into MNH services. Services are integrated by promoting HTSP at the community level. HTSP promotion is accomplished by means of one-on-one counseling and community mobilization, which is carried out by existing community health workers and relevant postings. This forum addressed misunderstandings among providers, communities and policymakers about HTSP and the confusion of LAM with exclusive breastfeeding.
- Three of the five planned **FP/MNCH Integrated descriptive country profiles** for the extended PFP period were finalized and made available to the broader FP community in Dakar at the International Family Planning Conference. These profiles (for Liberia, Kenya and Bangladesh) describe missed opportunities for integration of FP and MNCH services, based on existing DHS data for women two years postpartum. The profiles highlight unmet family planning need, short birth-to-birth intervals, timing of key factors related to fertility return, the relation of family planning use and maternal health care as well as method mix. These profiles will serve as important advocacy documents at the country level. MCHIP is currently in the process of writing new descriptive country profiles for Pakistan, Ghana, Madagascar and Rwanda.
- The **PFP K4Health** toolkit hosted on K4health is currently being revamped in the new site format. The new version will be launched and disseminated through various channels. Upon completion, the new toolkit will replace the outdated ACCESS-FP one.
- On March 5, 2012, USAID, in collaboration with MCHIP and the Health Resource and Services Administration (HRSA)'s MCH Bureau, convened an **Interconceptional Care meeting**. This meeting brought together domestic and international experts to discuss possible linkages and shared learning in the field of MCH. The meeting focused on HRSA's model of interconceptional care and USAID's approach to integrating PFP with MNCH interventions internationally. Keynote presentations were delivered by Dr. Scott Radloff, Director of PRH for USAID; Dr. Michael Lu, Associate Administrator for MCH for HRSA; and Dr. Shea Rutstein, Technical Director for ICF International. Twenty-one representatives from USAID, HRSA and MCHIP were present at the meeting. At the end of the meeting, both USAID and HRSA committed to reach out to sister branches in the U.S. government in an effort to learn from each other's successful experiences and identify shared challenges.
- During the reporting period, MCHIP completed the translation of the **PAC curriculum** into Russian. The documents have since been uploaded to the PAC Consortium Web site, where they are available to the public.
- MCHIP led the development of National **FP Policies and Strategies for Rwanda and South Sudan**. These strategies benefited from MCHIP's unique contribution in FP service integration.

Integration with Maternal and Newborn Health

- MCHIP organized an auxiliary **session on PPIUCD at the International Family Planning Conference** in Dakar with presentations from PSI (Zambia and El Salvador), FHI 360 (Rwanda in collaboration with MCHIP) and MCHIP (Guinea and India) on PFP/PPIUCD programs. A total of 34 participants from 10 countries were present. Programmatic experiences in initiating and rolling out PFP/PPIUCD

programs were presented; challenges in follow-up were discussed; and participants had an opportunity to practice on anatomic models at two demonstration stations during the session. Between January and March 2012, PSI agreed to co-host the PPIUCD working group with MCHIP. Preparation for a working group meeting on June 6, 2012, was under way during this reporting period.

- In **Bangladesh**, the 18-month postpartum survey follow-up report for the **Healthy Fertility Study** was finalized. Notable findings presented in the report include: 1) intervention activities were significantly associated with a greater than 20% increase in the probability of adopting contraception in the 18 months following delivery; 2) the incidence of reported pregnancies was lower in the intervention area compared to the control area. Also, data collection for the 24-month postpartum survey follow-up was completed; of the cohort, 158 women (90.3%) were successfully interviewed. Data collection continues for the 30- and 36-month postpartum surveys; by March 2012, 796 women had been interviewed at 30 months postpartum and 813 had been interviewed at 36 months postpartum. Data analysis of the 24-month postpartum survey began in this quarter, and the report will be drafted in the upcoming quarter.
- In **Ghana** MCHIP supported the Nurse Midwife Colleges to strengthen PPF in PSE in 13 schools and in six clinical training facilities associated with these schools, and plans have been made to assess midwifery tutor and preceptor knowledge and clinical skills on PPF, especially knowledge and skills related to counseling. By December 2011, MCHIP received IRB approval to conduct an **Evaluation of Strengthening FP in Postabortion and Postpartum Care in Ghana**, which aims to demonstrate whether the performance of tutors, preceptors and students has contributed to improved PPF knowledge and provision of FP services to postpartum women at the MCHIP-supported sites. However, after careful consideration, and in consultation with the country office, MCHIP-FP has decided to not to proceed with this activity. Reasons are as follows:
 - The original proposal called for a one-year program starting in 2009, but simply obtaining approvals from various parties took over six months. Although the last quality assessment was conducted in October 2010, no follow-up activities were undertaken for PPF strengthening in 2011 and onwards—this means a gap of at least 18 months has occurred in this intervention.
 - There is a potential issue of contamination in the comparison sites. Two comparison groups in the evaluation, at Pramso and Goaso Midwifery Training Schools, are now receiving direct program support to strengthen education in BEmONC—but as part of this, these groups are also receiving Effective Teaching Skills (ETS), support with preceptors, skills labs and technical updates including HIV, TB, malaria, FP and newborn resuscitation.
 - MCHIP/Ghana rolled out program activities in full force and will only be able to conduct data collection after the end of April 2012. By then, all midwifery schools in the comparison groups will be strengthened and results may no longer reflect MCHIP's initial investment in pre-service education.
- In **Mali**, in consultation with USAID, MCHIP revised the study protocol on the matron skills assessment. Pending approval from the IRB, MCHIP will undertake a study on **Integration of the MNH/FP Package** to examine midwifery assistants' (matrons) provision of contraceptive implants as part of the reproductive, maternal and newborn care services at health center (CSCOM) level facilities in Djema District, Mali. Specifically, the assessment will examine matrons' competency in implant service provision to determine whether these providers are performing within 80% of recognized standards.

- In February 2012, **MCHIP/Mali** developed and carried out a **Long-Acting Reversible Contraception (LARC) training** for 33 supervisory staff from 21 CS-Coms in Diéma, along with District Health Department representatives and CS-Ref staff. During the training, a total of 312 Jadelle implants and 11 IUDs were inserted. All 33 participants demonstrated competency during clinical practice with implants and competency in providing IUCD services on models. This training was well accepted; however, the challenge of securing FP commodities remains. Overall, 3,866 women received PFPF counseling prior to discharge, after delivering at the MCHIP-supported sites, and 147 new FP acceptors were reported by the community health agents in this reporting period. In addition, the study application was submitted to JHU IRB.

- MCHIP contributed to planning for its *Asia Regional Meeting on Interventions for Impact in Essential Obstetric and Newborn Care*. MCHIP plans to highlight effective FP integration at the Dhaka conference in May. An evening satellite session on FP/MNH integration will share successful experiences in PFP/PPIUCD and postpartum systematic screening in India. The Healthy Fertility Study's approach in integrating FP into the existing MNH platform will also be featured in a panel presentation.

Integration with Infant and Child Health

- MCHIP continued to co-lead the **MIYCN/FP Working Group** with the IYCN project. A working group meeting was held on October 4, 2011, during which working group members shared country experiences from Kenya and Rwanda and discussed potential research opportunities. A MIYCN-FP four-page advocacy brief and a bibliography on related MIYCN-FP studies were finalized. These materials were also made available on a CoP site, and were highlighted during the MIYCN-FP roundtable at the MCHIP auxiliary event at the Dakar Conference. On October 11, 2011, MCHIP organized and sponsored a task force meeting with K4Health to develop a MIYCN-FP toolkit. This meeting resulted in a multi-partner process to collect, review and organize a toolkit and a timeline. By the end of December a draft toolkit had been developed and was reviewed by the working group during the January meeting. The working group currently has 81 members from 30 organizations, and two meetings were held during this quarter. The most recent working group meeting, held on March 29th (19 participants attended from 11 projects/organizations), focused on finalizing the MIYCN-FP K4Health Toolkit; this toolkit will be launched at the CORE spring meeting in May 2012.
- The “**Maternal, Infant and Young Child Nutrition and Family Planning Assessment Report/Bondo District (Kenya)**” was finalized during this reporting period and findings were presented at the MIYCN-FP Working Group meeting on October 4, 2011. The Kenya MIYCN-FP assessment report was disseminated through the MIYCN-FP Working Group CoP. Additional MIYCN/FP reports, also finalized during this reporting period, focused on the message development workshop, the materials pre-test, and the health worker orientation. Currently, the MIYCN-FP communication materials (poster, counseling cards, job aid and leaflet) are near finalization. Materials were circulated for final review by Kenya's Reproductive Health and Nutrition technical working groups, and feedback was incorporated into the materials. MCHIP is awaiting final approvals from the Ministry of Health. During this reporting period, M&E indicators were also identified to track outcomes of the integration initiative. Training of service providers and program implementation are scheduled to begin in early May.
- **Leadership in FP/Immunization Working Group:** During this reporting period, MCHIP continued to maintain documentation and share resources for the CoP. An advisory group call was held between MCHIP and FHI in November 2011; key areas of discussion included: development of a high-impact practices (HIP) evidence brief for FP/immunization integration, the working group format and the group's potential for establishing subgroups, potential development of an FP/immunization framework and/or toolkit, field work updates (including FHI 360's India assessment and MCHIP's Liberia program) and representation at the Dakar International Family Planning Conference. An advisory group meeting was held between MCHIP and FHI 360 on March 1. The working group has been conducting ongoing documentation, tracking emerging programs and research on EPI/FP integration and sharing resources on the IBP community site. Work is currently under way to update the FP/immunization bibliography, which is now over a year old. The bibliography is expected to be ready for review during the next working group meeting, which is scheduled for May 24.

- An **EPI/FP training guide** was developed in **Liberia** to guide training of vaccinators and family planning providers and orientation of supervisors for the EPI/FP initiative in Liberia. MCHIP also received USAID’s approval to evaluate the effectiveness of this approach, based on increased uptake of FP and EPI services. In early March, MCHIP/Liberia and the Ministry of Health and Social Welfare (MOHSW) conducted orientations for county, district and facility level supervisors in Bong and Lofa counties. Two three-day EPI/FP training courses were held for a total of 17 vaccinators and family planning providers from the 10 selected health facilities in Bong and Lofa counties. This training included theoretical and practical exercises. During the practical component, staff members were pleased to see that over half of the women who brought their infants for EPI expressed an interest in going for family planning services on the same day. Data collection tools were finalized and implementation is now under way. Supportive supervision visits will take place monthly, with the initial visits taking place during the first two weeks in April. Contraceptive supply appeared to be a challenge in several health facilities, and MCHIP is in the process of working with the MOHSW and the bilateral project in resolving these issues.
- MCHIP has incorporated **Postpartum Systematic Screening (PPSS)** in selected blocks in MCHIP-supported districts in Jharkhand at the community level to increase opportunities for FP counseling, encourage early adoption of PPF among women with young children and screen for all relevant services. During this reporting period, MCHIP received IRB approval for the **Postpartum Systematic Screening Study in India**, identified sites for both intervention and control groups, and trained data collectors. MCHIP/India rolled out the study at the selected blocks in Jharkhand, India. Following the protocol and study procedures, documents related to data collection were finalized and the PPSS screening tool was revised, based on comments from pre-testing in February 2012. Training for ANMs (auxiliary nurse midwives) and Sahiyas (the CHW equivalent) was carried out in the intervention areas in early March. MCHIP plans to conduct monthly supportive supervision visits to the intervention areas. Routine data collection and endline data collection are expected to be completed by the end of June 2012.
- **Application of Postpartum Systematic Screening in Mozambique:** In this year’s work plan, the FP team committed to apply the postpartum systematic approach, based on lessons learned from India and Nigeria, to one other country. After consultation with USAID and selected MCHIP field offices, MCHIP/Mozambique was chosen, based on its ongoing PPF activities as part of the existing Associate Award, its geographic location and the client loads at the proposed facility. A two-page concept paper was prepared with planned activities, materials and resources needed. The proposed time frame for scheduled implementation is June through November 2012.
- **Submission to Global Health Council Annual Conference:** In March 2012, MCHIP led and organized the submission of two panels for the Global Health Council (GHC) Annual Conference with contributions from FHI 360 and PSI, titled “Postpartum IUCD (PPIUCD): Opportunities for Long-Acting Family Planning Methods through Postpartum Period” and “Understanding Postpartum Women’s Perceptions and Addressing Their Needs through Proactive, Integrated and Systematic Care.” MCHIP will work to identify other dissemination channels now that this venue is canceled.
- **Linkages with CORE Group:** MCHIP-FP’s participation at CORE Group meetings remained active. Most recently, staff presented a one-hour presentation in MIYCN-FP to their nutrition working group at its fall meeting (October 13–14, 2011). Through the Community Health Network, CORE Group assisted in identifying examples of simplified pregnancy screening tools for CHWs and FP referral tools—that are specifically evidence-based models—or practices that have been used effectively at the field level. In addition, Core Group continued to participate in and promote FP integration activities,

including MIYCN-FP Working Group initiatives and WHO's Implementing Best Practices Consortium activities focusing on RH/FP.

MALARIA

MCHIP continued to provide leadership at the global, regional and country levels, through technical and programmatic guidance, to ensure that: 1) malaria programming is effectively integrated as a core component of MNCH services; 2) malaria best practices and lessons learned are disseminated to advance program learning; and 3) reproductive health and malaria control managers, as well as child health and malaria control managers, continue to work together to roll back malaria on an integrated platform of MNCH—to accelerate scale-up for impact. MCHIP targets include: 1) malaria in pregnancy (MIP), 2) integrated-community case management (iCCM), and 3) malaria prevention and case management that are comprehensively addressed at the community level through the Malaria Communities Program (MCP).

In the last six months, MCHIP finalized MIP documentation for Malawi and Senegal. MCHIP also participated in a number of global meetings to support efforts to advance MIP programming under RBM. In addition, MCHIP provided direct technical support to MCP grantees to finalize grantee work plans and technical tools. As part of the global CCM Task Force, MCHIP continued to refine and update the CCM Central Web site, which is expected to launch in June 2012; this activity included completion of four of eight CCM Indicators Reference Sheets. MCHIP disseminated findings of the CCM documentation in DRC and Senegal to influence policy and future CCM programs at the country level. (See Child Health for additional details.)

Achievements in Quarters 1 & 2

Malaria in Pregnancy

- MCHIP completed **Senegal’s MIP case study** and presented it to key stakeholders, jointly with the MCHIP MNH case study, during a one-day dissemination meeting held on October 24, 2011, in Dakar. The purpose of this meeting was to engage stakeholders in discussion about findings, recommendations and prioritized areas of focus for scaling up MIP in Senegal. Discussion areas included: accelerating free distribution of LLINs during ANC and developing a joint coordination committee to integrate RH and malaria programs, with special focus on training and community level interventions. As a result of the meeting, the NMCP is developing an action plan to address challenges discussed in the case study and is using the case study recommendations to inform the development of Senegal’s RBM country roadmap for 2012.
- MCHIP completed **Malawi’s MIP case study**, which was shared with PMI and country level stakeholders to expand MIP programming knowledge. A dissemination meeting with key stakeholders, including the National Reproductive Health Program and the National Malaria Control Program, is being planned for the second half of this program year. This meeting will provide an opportunity to discuss findings and recommendations with stakeholders and to define actionable items that will help accelerate MIP prevention and control in Malawi.
- To expand program learning across countries, MCHIP is now focusing efforts on meaningful dissemination of the three country case studies and a **three-country MIP analysis brief**. The brief highlights key findings and recommendations across the three case studies, focusing on “what is working well” and “what can be done better” to foster expansion of MIP programs that lead to healthier outcomes for pregnant women and their babies. This succinct brief is invaluable when disseminated along with the individual case studies. And this brief is particularly useful for wider dissemination to other countries that can apply the lessons learned and recommendations to scale up their own country MIP programs. All the completed documents are available online at www.mchip.net/Documentation_and_Dissemination.

- MCHIP participated in the **Global Fund technical consultation meeting in Nairobi, Kenya** (December 13–16, 2011). The purpose of MCHIP’s involvement was to support countries in developing transitional plans for MIP programming. In response to cancellation of Round 11 funding, eligible countries were given instruction about the transitional funding mechanism and about how to analyze gaps to prioritize essential interventions. MCHIP’s contributions resulted in guidance to countries on performing a gap analysis; guidance includes focusing resources on key program systems for supporting IPTp, LLINs and case management. This guidance will be particularly useful for countries that need to reallocate scarce resources so that priority malaria activities can be implemented and scaled up for maximum impact.
- MCHIP worked closely with RBM, WHO and PMI to plan for the **RBM MIP working group meeting**. Even though it is not the designated Secretariat for this working group, MCHIP played a significant role in providing secretariat support for preparing this meeting. The meeting will review the current status of MIP programs in the Africa region, review and discuss the latest evidence for MIP implementation, engage national malaria control managers as well as national reproductive health managers and review opportunities for MIP scale-up at the country level. The meeting is scheduled to take place in Kigali, Rwanda, April 18–20.
- MCHIP coordinated with fellow members of CORE Group’s malaria working group to organize a panel of presenters on the topic “Malaria in Pregnancy: Strengthening Health Systems to Improve Outcomes for MIP” during **CORE Group’s spring meeting** scheduled for May 2012. The conference draws participation from multiple member organizations and partners from around the globe that work in community-focused public health, with a specific emphasis on women of reproductive age and children. This panel will be informative and interactive; participants will be encouraged to join in sharing lessons and experiences in MIP health systems strengthening. Session members should gain an understanding of MIP health systems strengthening that can be applied to their community health programs, especially in the context of the critical role communities play in increasing pregnant women’s knowledge and use of MIP products and services to save lives.

Integrated Community Case Management

For complete information on iCCM results during this period, refer to the child health section of this report. Using a combination of MCH and PMI funds, MCHIP accomplished the following during the period under review:

- MCHIP continues to refine the structure and content of www.CCMCentral.com—the iCCM global resource center—through a collaborative process with partners. The purpose of this resource center is to make tools and resources widely available to iCCM programs that are working to combat the five major childhood illnesses, including malaria.
- MCHIP contributed two draft articles (of eighteen) on important research findings to the special **CCM Supplement** of *The American Journal of Tropical Medicine and Hygiene* (AJTMH).
- As a member of the subgroup working on **CCM indicators**, MCHIP worked with others to develop reference sheets on Coordination and Policy, Human Resources, Supply Chain and Monitoring & Evaluation. The reference sheets will contribute to the adoption of standard CCM indicators, including malaria, at the country level.
- During the October 2011 **Global Action Plan for the Prevention and Control of Pneumonia/Diarrhea (GAPP) meetings in Rwanda**, MCHIP facilitated

development of an implementation plan for the introduction of iCCM by the Guinea country team.

- MCHIP further disseminated findings from DRC, Malawi and Senegal CCM documentation. Findings were presented at the **American Society of Tropical Medicine and Hygiene Conference**, held in Philadelphia, to USAID Washington technical officers and via a Webinar coordinated by CORE Group.

Malaria Communities Program

- Reviewed and provided feedback on: annual work plans to 15 grantees, annual reports to 18 grantees, quarterly reports to four grantees and final reports to two grantees
- Developed technical assistance plans for six grantees, and provided on-site assistance to one grantee
- Reviewed and provided feedback on supervision tools, M&E plans, sustainability plans, sermon guides and final evaluation SOWs for six grantees
- Reviewed and provided feedback on the protocol for a Rapid Diagnostic Test (RDT) pilot for one grantee
- Developed four guidance documents for grantees that focused on: seeking additional external financing, planning and implementing a final evaluation, developing abstracts and closing out MCP projects
- Assisted six grantees in developing abstracts that were intended to guide presentations at the MCP Global Health Council event, originally planned for July 2012
- Hosted a Webinar on planning and implementing a final evaluation

HIV/AIDS AND TUBERCULOSIS

In Quarters 1 and 2, MCHIP's HIV and TB core team has been able to develop and finalize key voluntary medical male circumcision (VMMC) documents that are essential for reference and guidance to new and current programs as they initiate and reach scale-up of VMMC services. MCHIP is also continuing to support the dissemination of VMMC implementation practices with planned activities during the International AIDS Conference in 2012. Other HIV Core MCHIP activities in Quarter 2 include: initiating a desk review for voluntary HIV counseling and testing that will determine this initiative's current usefulness, supporting the injection safety and post-exposure prophylaxis (PEP) training of health care workers in Malawi and integrating intensified case finding for TB with MNCH in high TB incidence settings.

Achievements in Quarters 1 & 2

Developing, Updating and Disseminating Resources to Support the Accelerated Scale-Up of Adult and Adolescent Voluntary Medical Male Circumcision (VMMC)

- The **VMMC PEPFAR Site Operational Guide** has been developed to provide necessary guidance for PEPFAR partners to plan and implement adult and adolescent VMMC programs. The guide focuses on implementation activities at the site (service delivery) level, and outlines the steps needed to implement services efficiently and at scale. The guide is being developed collaboratively with input from members of PEPFAR's Male Circumcision Technical Working Group as well as expert implementers in the field. The guide covers key steps, various service models, case studies, program management and technical guidance for implementers embarking on VMMC programs. The VMMC Operational Guide is in final draft form and has been submitted for final review, copyediting and formatting. A sensitization presentation has been developed to introduce the guide to relevant countries. The guide, which will be disseminated online

and on CD-ROM, includes relevant links to international guidance documents and resource materials.

- MCHIP papers and presentations advocated for accelerated scale-up of VMMC. The MCHIP HIV team published two papers on VMMC as part of a PEPFAR and UNAIDS sponsored **PLoS Medicine supplement**:
- *Voluntary Medical Male Circumcision: Strategies for Meeting the Human Resource Needs of Scale-Up in Southern and Eastern Africa*, available at: <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001129>
- *Voluntary Medical Male Circumcision: Matching Demand and Supply with Quality and Efficiency in a High-Volume Campaign in Iringa Region, Tanzania*, available at: <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001131>

The team also contributed as co-authors to papers on VMMC supplies and commodities and VMMC communication and demand generation. Synopses of all papers were presented at the **International Conference on AIDS and STI in Africa (ICASA)** in Addis Ababa, Ethiopia, in December 2011.

- The original **adult and adolescent MC under local anesthesia training package** was developed in 2007/2008. Since its original development, multiple technical, programmatic and training advances have occurred. To improve training effectiveness, MCHIP will be revising the package to include these advances, and will also adjust the training durations based on the country context and new evidence. Planning for the revision steps was conducted during this period, and MCHIP has reached out for initial technical input. The revision is following a two-tiered approach, beginning with an internal MCHIP review, in collaboration with experienced MC technical staff and Jhpiego Global Learning Office (GLO) staff. MCHIP will then liaise with WHO for high-level review and will seek WHO's endorsement for global use.
- The **VMMC Models for Optimizing Volume and Efficiency (MOVE) video**, developed in collaboration with CHAPS colleagues from Orange Farm, South Africa, has been revised and is in final draft form. CHAPS has finalized the changes and the video will be produced and disseminated in East and Southern African countries and on online platforms. The video has been transferred to Articulate software and is in the final stages of development. The video will be a global resource for individual MC providers, implementers and programs working in VMMC.
- **VMMC Case Studies** development was initiated. Planning and buy-in from relevant agencies has taken place for the review of current program data to determine the benefits of maintaining voluntary counseling and testing services for the prevention, care and treatment of HIV among women and their families. Countries included in this review include Zimbabwe and Tanzania. MCHIP, in collaboration with AS1, developed a concept note that was submitted to USAID for review. Desk review tools and qualitative assessment tools are currently under development by AS1.
- **To support the introduction of Early Infant Male Circumcision (EIMC)**, MCHIP has been collaborating with UNICEF and WHO. The plan is to develop a global EIMC implementation strategy and program design that can facilitate long-term, sustainable HIV prevention. Collaboration with UNICEF and WHO Afro is continuing, and EIMC will be featured in the VMMC Progress update meeting to be held in Brazzaville, Congo, during Q4. Furthermore, the draft *EIMC Adverse Events Grading and Management Guide* has been developed and will be shared with relevant reviewers identified by UNICEF and WHO. This document, once finalized, will become a global resource document for all programs implementing EIMC.

Voluntary Counseling and Testing

- Initial planning and buy-in has taken place for the review of current program data to determine the benefits of the maintaining **voluntary counseling and testing services** in light of the tremendous advances in provider-initiated testing and counseling (PITC) and in outreach testing and counseling strategies. The review will focus on analyzing referrals to HIV and TB care and treatment and prevention services, particularly in the area of VMMC. Zimbabwe has been identified as the country of focus; PSI/Zimbabwe will work in collaboration with MCHIP's HIV core team on this effort.

Injection Safety

- MCHIP is assisting the **Malawi** Ministry of Health in the developing activities, which include training providers and support staff and orienting them to **injection safety/PEP standards** in 17 facilities. The activities and final budgets have been developed for this activity. The final budget awaits approval; implementation in Quarter 3 is planned.

Tuberculosis

- MCHIP has received a small amount of TB core funds. These funds will be used to test the integration of TB with MNCH services in high TB incidence settings, with particular emphasis on intensified case finding (ICF). Two countries have been identified: Ethiopia and Malawi. Discussions are under way with relevant counterparts in each country, and activities will begin in earnest during Q3 and Q4.
- CORE Group continued global advocacy with STOP TB and—at the International Union Against TB and Lung Disease Conference—hosted a booth and showcased community-based TB approaches. The TB Working Group was expanded and created a very active Pediatric TB Task Force. This task force organized three TB Webinars (Pediatric TB: The Basics; Childhood TB: An MSF Perspective; TB Treatment: Successes and Challenges from India), which are recorded and available on CORE Group's Website. In addition, CORE Group developed the first draft of a community-based TB primer, a document that will be co-branded with WHO and participating CORE member organizations.

URBAN HEALTH

MCHIP has invested core funds to increase the understanding of urban challenges in Ethiopia and Kenya, and to address these challenges. Given the Government of Ethiopia's (GOE's) leadership in establishing its nationwide Urban Health Extension Program (UHEP), MCHIP support is designed to link Ethiopia's key UHEP champions to the global urban health CoP. This linkage will create opportunities for these champions to share and learn from their own implementation experiences as well as from the experiences of other developing countries. In Kenya, MCHIP is working side by side with the BMGF-funded Tupange project on a pilot PPH intervention; this intervention includes a clinical quality and a community BCC component. The startup of this activity has been delayed because of the need to finalize the national EmONC training package and the need to obtain the necessary IRB approval.

Achievements in Quarters 1 & 2

Ethiopia's Urban Health Extension Program

- **International Conference on Urban Health (ICUH), Belo Horizonte, Brazil (November 2011).** MCHIP supported the participation of two urban health champions from Ethiopia at the annual conference of the Society for Urban Health. The participants gave three poster presentations, learned about tested urban health

approaches and visited a health facility supported by Brazil's Family Health Program—the program upon which Ethiopia's UHEP was originally modeled.

- **Urban health study tour to India (February 2012).** MCHIP also worked with USAID/India and its Health for the Urban Poor (HUP) project to organize a 12-day exchange visit for 15 urban health leaders from the Federal Ministry of Health (FMOH), from its Regional Health Bureaus (RHBs) and from USAID/Ethiopia and USAID/Ethiopia's PEPFAR-funded UHEP technical assistance project. During the visit, participants traveled to five large cities—Mumbai, New Delhi, Pune, Bhubaneswar and Agra—where they learned how health issues are being addressed in India's highly diverse urban and peri-urban areas and were able to share their own experiences, tools, achievements and challenges in working with low-income urban populations. Participants returned with many new ideas and the foundation was laid for a continuing bilateral partnership between the two country teams and their USAID missions.
- **Qualitative study and secondary EDHS data analysis planned.** USAID/UHEP drafted a detailed proposal for the next phase of this MCHIP-supported activity, including a qualitative study to identify the most significant barriers to the use of evidence-based MNCH services by the urban poor. This study's findings will set the stage for subsequent work with the Regional Health Bureau and health center staff in one city to increase the coverage of selected MNCH interventions. This study and a secondary analysis of the 2011 EDHS urban dataset will begin in Quarter 3.

Kenya's Urban PPH Trial

- MCHIP will work in three urban slums in Nairobi (Mathare North, Korogocho and Viwandani) to change the knowledge and behaviors related to postpartum hemorrhage and family planning among young mothers, community health workers (CHWs) and health facility providers. The **study proposal** for this pilot was submitted to the JHU IRB, and the team responded to all queries during the reporting period. As soon as IRB approval is received, MCHIP will conduct a rapid assessment/situational analysis and begin the process of orienting the health providers in the three slum areas.

PRIVATE VOLUNTARY ORGANIZATION/NONGOVERNMENTAL ORGANIZATION (PVO/NGO) SUPPORT

USAID's Child Survival and Health Grants Program (CSHGP) presently consists of 34 grantees operating in 27 countries. This program reaches more than 3 million women of reproductive age and children under five. MCHIP's PVO/NGO support team ensures the continuation of quality in the portfolio of CSHGP grants and facilitates linkages among CSHGP grantees' experiences and MCHIP's global and country level efforts. During this reporting period, the PVO/NGO support team assisted in: launching a new cohort of CSHGP grantees, advancing the CSHGP Program Learning Agenda—in close coordination with MCHIP's Program Learning efforts—and continuing to create linkages between CSHGP grantees and MCHIP's global and country efforts.

Achievements in Quarters 1 & 2

Ensured Rigor and Quality in the Latest Round of CSHGP Grants

- In Quarter 1, technical support was launched for six new CSHGP Innovation Grantees (in Ghana, Guatemala, Malawi, Rwanda, Sierra Leone and Timor-Leste) that are implementing programs with an operations research (OR) component. Support included a two-day **New Grantee Orientation and Introduction to Operations Research Workshop** at the MCHIP office. Ongoing technical backstopping discussions between MCHIP PVO/NGO Support Team members and grantees were launched to ensure that

Detailed Implementation Plan development is well under way. In Quarter 2, Florence Nyangara traveled to CSHGP project sites in Sierra Leone and Malawi to provide technical assistance in strengthening OR designs.

Diffusion of Learning from the CSHGP Portfolio

- In Quarter 1, MCHIP launched the first of three priority learning assessments—focusing on Maternal and Newborn Health—as part of the CSHGP-led effort to establish a five-year learning agenda that reflects a deeper analysis of its portfolio. Program Learning Advisor Marge Koblinsky, with support from the PVO/NGO Support Team, began a **review of the CSHGP portfolio of MNH-focused programs**, and a technical advisory group meeting was held with representatives from SNL, the White Ribbon Alliance and other key stakeholder groups to gauge stakeholder interests and needs for such a learning agenda. In Quarter 2, MCHIP commenced the second assessment—focusing on **Community Case Management (CCM)** with Program Learning Advisor David Marsh, while the MNH learning agenda continued to progress.
- In collaboration with the CSHGP Team and CORE Group, a **slide deck** that showcases the best of the program’s contributions to global health is being developed. These slides communicate the relevance of directions and program structure to key priorities as well as the results from the past five to ten years in a single presentation. This presentation can be used for a variety of purposes—one of which will be to share the program’s accomplishments with Robert Clay, Deputy Assistant Administrator, Global Health Bureau/USAID.
- The **Rwanda CSHGP Expanded Impact Program’s** exceptional final evaluation results were highlighted at two events. The first event was a presentation in January at USAID, which included participation of the project director from Rwanda, backstop staff, and the final evaluator. The second event was a presentation in March at the MCHIP office, the second in this team’s Learning Exchange Series. Both presentations stressed the innovative partnership between three PVOs, six district health teams, and the Ministry of Health. This partnership succeeded in taking a community treatment approach to scale and adapted an evidence-based technique that leveraged CHW Care Groups to foster sustainability and to harmonize efforts at the community level with Rwanda’s national health policy.
- The team organized sessions that showcased CSHGP grantees’ work for **CORE Group’s fall and spring meetings**, including a roundtable on equity, technical sessions on operations research, panels on OR learning, CSHGP highlights and special studies in Nepal and Ethiopia.
- A tools, resources and technical assistance dialogue was held with USAID colleagues on the CSHGP and Saving Lives at Birth teams in early January. The meeting, led by the PVO/NGO Support Team, oriented participants to the range of tools and resources for program design, monitoring and evaluation that are available through the CSHGP/MCHIP/CORE Group partnership as well as to the systems that are in place to support CSHGP portfolio management and diffusion of learning from the portfolio. More in-depth discussion took place about three specific tools (the Sustainability Planning Framework, the KPC Tool, and the PDME Curriculum) developed by the PVO/NGO Support Team. Using CORE Group as a resource was also discussed.

Strengthened Linkages between CSHGP Grantees and MCHIP-Wide Efforts

- The PVO/NGO Support Team Leader delivered a presentation to MCHIP country support teams to highlight ways that the greater MCHIP team can support CSHGP grantees, including participating in DIP workshops, mid-term evaluations and final evaluations. The PVO/NGO Support team will facilitate these connections.
- **World Relief Rwanda** was linked to MCHIP Rwanda technical support so that World Relief could access and program mobile phones for their baseline survey. Curamericas Liberia was connected to a MCHIP-led situational analysis of newborn care in Liberia.

Discussions were initiated to include CSHGP grantees in MCHIP's analysis of HMIS systems.

- Five representatives from the CSHGP grantee community participated in MCHIP's **Program Learning meeting** in November 2011 for the purpose of facilitating greater understanding of the potential connections between these programs and MCHIP's country programs.
- In November 2011, MCHIP hosted a **CSHGP Partners meeting** that focused on engaging grantee partners in a dialogue about: the strategic relevance of the CSHGP within USAID and the broader global health and development community; ensuring a shared understanding of the CSHGP's programmatic priorities for FY2012 (and beyond); and providing a forum for grantees to inform CSHGP refinements in these areas. Topics of discussion included M&E strengthening, CSHGP guidelines and program efficiencies, synergies in program learning and strengthening technical support for OR. In addition, partners discussed how their own organizations utilized learning and tools that emerged from the CSHGP and CORE Group.

CORE GROUP

CORE Group serves as a key program learning mechanism for MCHIP. This group provides rapid, action-oriented diffusion of lessons learned, tools and new opportunities to increase equity, quality and scale-up of community-focused approaches to reduce maternal, neonatal and child mortality. CORE Group also provides innovative ideas and contributes practitioner experiences to MCHIP strategy and product deliberations, and expands MCHIP's global advocacy and reach. During the first half of Year 4, CORE Group held its fall meeting, began planning for its spring meeting and conducted several collaborative activities across multiple MCHIP teams with special emphasis on MNCH, malaria, nutrition and TB.

Achievements in Quarters 1 & 2

Program Learning

- CORE Group continued a strategic increase in membership as well as associate and partner engagement in the Community Health Network, and participation in the eight technical Working Groups, Interest Groups and Practitioner Academy. Related Working Groups and Interest Groups continued to collaborate on technical updates, resource development and diffusion and cross-linking with MCHIP priorities.
- CORE Group's Practitioner Academy held a five-day Designing for Behavior Change Training in Washington, D.C., with 25 participants. This group held its first field workshop in February with 14 participants. The workshop included a site visit to the Jamkhed Comprehensive Rural Health Project (CRHP) in India as well as intensive community health system program learning.
- CORE Group's fall meeting, titled "Windows of Opportunity for Health and Well-Being," held in October in Washington, D.C., included 211 participants from more than 70 organizations. MCHIP led multiple sessions on issues related to equity, CSHGP, PPH and PE/E, and operations research for community-oriented health programs. We are in the final stages of planning CORE Group's spring meeting, titled "Demystifying & Using Data for Community Health Impact," to be held in Wilmington, Delaware, from April 30 through May 4. MCHIP will lead several sessions; discussion areas will include scale, sustainability, CSHGP, OR, FP, MIP and sharing technical resources. CORE Group and MCHIP also collaborated on the design of additional sessions, including those focused on anemia and CCM.

- CORE Group continued to support and improve multiple modes of communication and expanded the functionality of www.coregroup.org to maintain collaborative relationships, disseminate state-of-the-art information, facilitate cross-learning and advance collaborative CORE Group and MCHIP activities.⁶
- CORE Group provided technical input and support for the learning agenda on CCM and Maternal Health. CORE Group further supported the dissemination process with MCHIP and CSHGP staff around grantee innovation and operations research activities and increasing linkages between CSHGP and the wider PVO/NGO community. This included reviewing and contributing to the “Child Survival and Health Grants Program: A Framework for Strategic Analysis and Dissemination.” Several grantees were highlighted in CORE Group’s fall meeting and will also be featured at the upcoming spring meeting. CORE Group continued to participate in and support CSHGP activities and promote related events and successes.
- Together with other MCHIP staff, with partners in other USAID implementing projects and other projects, CORE Group has contributed to the planning and early development of detailed program guidance on Community Health Workers. This CHW guidance, which is complementary to and will build on work done under the upcoming CHW Evidence Summit, is expected to result in a book-length, peer-reviewed online resource. Work carried out over this reporting period has included: completing a database on CHW programs in over 20 countries, conducting key informant interviews with over 15 global leaders in CHW work, developing a detailed chapter outline, assigning lead authors and providing significant support to the Evidence Summit process.
- CORE Group supported multiple activities related to several MCHIP Technical Priorities. These activities are included under the related areas earlier in the report, where applicable (maternal, newborn and child health, immunization, family planning, malaria), or are included below. Most of CORE Group’s work is integrated and therefore cuts across multiple technical areas.

III. Communications

During the reporting period, MCHIP continued to leverage other existing platforms within the global community in order to communicate about the program through multiple forums. Utilizing technologies such as the newly re-designed Web site, MCHIP blog, social media outlets such as Facebook and Twitter, as well as traditional media, conferences, special events and products, MCHIP has fully harnessed a multitude of communications tools to promote the work of USAID’s flagship program. In addition, the MCHIP communications working group continued to meet monthly to collaborate, share and be strategic in promotional efforts.

The MCHIP communications team hosted or supported 11 events on a variety of MNCH-related topics, including the Symposium on Misoprostol for Postpartum Hemorrhage Prevention, on behalf of USAID. MCHIP also had a presence at four conferences. The team contributed to the production of more than 70 resources, briefs or toolkits, which were disseminated through the MCHIP Web site, events, conferences and social media outlets. MCHIP social media sites markedly increased their number of followers. In addition, key technical experts from multiple technical teams were published externally, and MCHIP work in Kenya was featured on ABC News.

⁶ In Quarters 1 and 2, 20,778 unique visitors came to the Web site. Most visits were from (in descending order) USA, UK, India, Canada, Kenya, Bolivia, Uganda, the Philippines and South Africa. CORE Group also tweeted more than 800 updates and increased CORE Group and MCHIP visibility and social networks across Facebook, LinkedIn and Google+. Pinterest was added to Core Group’s social media portfolio to further increase unique visitors and aggregate resources.

SPECIAL EVENTS/CONFERENCES

The MCHIP communications team responded to multiple unplanned and yet very high-visibility requests for event support by USAID. MCHIP hosted and provided support to 15 events/conferences throughout this reporting cycle, including logistics, collateral and other support, as required. Notably, the team planned and executed the Symposium on Misoprostol for Postpartum Hemorrhage Prevention in January. Organized on behalf of USAID, this event brought together more than 70 maternal health experts from around the world in the Ronald Reagan building. Logistics included travel and accommodations for attendees, catering, webcasting, technical support, etc. Many other events in the fourth year of the program are highlighted in greater detail in their respective technical sections, and a list of events is provided in Annex C.

Communications activities during Quarter 2 focused, in part, on planning and preparing several high-level upcoming events, including: MOH Presentation at Woodrow Wilson Center; Maternal Survival reception at the Russell Senate Office Building; Asia Regional Meeting on MNH in Dhaka, Bangladesh; 50th Anniversary Distinguished Speakers Series Lecture (on behalf of USAID) and Child Survival Call to Action (on behalf of USAID).

WEB SITE/SOCIAL MEDIA

- MCHIP continued to post regularly to Facebook (536 posts) and Twitter feed (2,376 tweets). MCHIP's Facebook following has increased to 599, up from 450 at the end of Program Year 3. There are approximately 400 site visits per week to Facebook—individuals not only visiting regularly, but also commenting and asking for more information. MCHIP has 1,310 followers on Twitter, up from 828 at the end of Program Year 3. In this reporting period, others have mentioned MCHIP 45,384 times on Twitter and our tweets have been re-tweeted by others 693 times. K. Agarwal, T. Adamu, J. Smith, H. Rosen and A. Ergo are among our MCHIP staff to join Twitter and engage in the online conversation; this has allowed MCHIP to significantly expand our reach in this realm and truly poise our experts as media savvy and regular communicators. Our posts consist of links to content on mchip.net, photos from the field, as well as interesting news and research on MNCH and global health issues. MCHIP participated in AIDS.gov's World AIDS Day 2011 social media campaign supported USAID's Famine War Drought (FWD) Relief campaign through social media.
- There are approximately 6,000 unique visitors on MCHIP's Website every month. Communications continues to post new content to the Web site multiple times a week. From October–March, 109 pieces of new content were posted, including: 65 articles and blogs, nine press mentions, 26 event announcements, two news releases and seven multimedia pieces. Page views for each of the aforementioned range from over 500 to 2,000. Topics include: release of the Quality of Care Surveys, launch of Malawi's voluntary medical male circumcision campaign, countries set for introduction of pneumococcal and/or rotavirus vaccines, MCHIP and USAID's first LAC annual conference on KMC, and 12,000 MCHIP-trained community health workers saving lives in Rwanda.
- MCHIP celebrated eight International Health Themes with banner graphics, flyers, handouts, blogs, slideshows, articles and/or social media for the following: World Humanitarian Day, World Contraception Day, World Pneumonia Day, Handwashing Awareness Week, World AIDS Day, International Women's Day, Nutrition Month and Cancer Prevention Month/World Cancer Day.
- Due to the external mid-term evaluation of MCHIP, many key recommendations were made with respect to the program Web site. During this reporting period, significant changes to the site were made that enrich the content and user experience, thus

increasing not only traffic to the site but also the length of time in which visitors remain on the site. Key enhancements include redesign of the home page and secondary pages to increase usability and navigation, update of technical content to showcase the current work of MCHIP, a complete overhaul of the resource section that now features all MCHIP-created resources with links to others in the community of interest, and a high-level upgrade of the interactive world map with associated country landing pages.

- In December 2011, MCHIP sent out its inaugural monthly “MCHIP Update,” an electronic newsletter, to a mailing list of nearly 3,000 subscribers. This resulted in more than 30 additional requests to be added to our ever-expanding listserv; expanding listserv participation is a communications goal for furthering our reach. In March, we were named a “2011 All Star” by Constant Contact, an annual designation that only 10% of their customers receive. The All Star Awards are in recognition of customers who “stand out from the more than 500,000 organizations who use [Constant Contact’s] services.”

MEDIA PLACEMENTS

- MCHIP successfully placed posts showcasing our work in several external blogs, including USAID, Healthy Newborn Network, Bill and Melinda Gates Foundation, New York Times online edition, AAP, Engender Health Blog, WHO, GlobalHealthMagazine.com, State Department, White Ribbon Alliance and Community Health Workers Central. These postings have allowed MCHIP to leverage other communications venues and share content being created for the site with a broader community, thus extending our reach.
- MCHIP promoted published research findings by technical teams in journals such as the International Journal of Gynecology and Obstetrics, Midwifery, Journal of Infectious Diseases and PLoS Medicine.
- MCHIP received positive national and local media coverage on ABC News (about MCHIP’s work in Kenya), The Independent (a Bangladeshi newspaper), the Bangladesh Daily Star and the Nigerian Tribune.

IV. Challenges and Opportunities

CHALLENGES

MCHIP is a large and complex program; however, considering its expansive scope and complexity, MCHIP is faced with relatively minor challenges—many of which are addressable. Among these challenges are delays related to contracts approval. Several factors contribute to these delays (e.g., the sheer volume of requests, the need to provide additional details, or assigning lower priority to the requests within the contracts office). MCHIP has added a senior contract staff member to support the timely and accurate submission of requests. In addition, MCHIP will be maintaining a tracking sheet to ensure that we do not experience long lapses before receiving a response from USAID/Contracts. Delays in the approval process for applied research protocols under MCHIP have also been challenging. Multiple groups, both in-country and from headquarters, are involved in the approval process, and as a result MCHIP has experienced problems in receiving timely approval from both local and U.S. institutional review boards. MCHIP has also struggled with the requirements of both USAID approval and U.S. institutional review board approval, as they require different emphasis, which has added to delays in the approval process from U.S. institutional review boards and USAID. These processes have significantly delayed program implementation. To help alleviate some of these delays, MCHIP has now reached agreement with USAID on some of the information to be included in the protocols. MCHIP has also initiated a series of meetings with the US-based review board to clarify protocol details.

Some activities that were proposed in this year’s work plan have not moved forward because of countries’ lack of interest. Initially, eight to nine countries expressed interest in the **testing of uterotonic potency**; however, this interest has waned, and currently just two countries (Rwanda and Zimbabwe) are interested. More interest may be forthcoming after the Asia regional meeting in Dhaka.

Much of MCHIP’s work is centered on working with partners. Challenges emerge when partners do not play their part. **RCQHC/ECSACON continues to be non-responsive** or extremely late in communicating with MCHIP regarding ongoing regional pre-service collaboration. MCHIP has discussed this issue with USAID’s Africa Bureau and has agreed to a revised approach moving forward. Developing global documents (e.g., the ones MCHIP has been developing in the VMMC arena) is time consuming. Furthermore, achieving collaboration and consensus of the final documents among the many partners and stakeholders has stretched the original document development timelines.

In general, MCHIP offers the flexibility to absorb new activities during the work plan year; however, sometimes these activities can shift the focus from deliverables agreed to in the work plan. Because of its unique niche, the MCHIP FP team took on additional tasks during the period. These tasks included:

- Developing the PFP “Call to Action” and providing leadership to develop the background research and draft PFP practice considerations.
- Organizing an initial consultative meeting on Interconceptional care (scheduled for March 15, 2012)

As a result, MCHIP will need to seek alternative resources to ensure quality and timely FP deliverables by the end of the remaining program year. In addition, multiple new initiatives for diarrhea and pneumonia—as well as competition for funding at the global level—have created some coordination challenges at the country level. Also because core funds are limited, MCHIP cannot take full advantage of opportunities to support catalytic country level diarrhea control programs while at the same time responding to new initiatives. In Q2 MCHIP also became involved in supporting several USAID-led events. Leading these events has been a great experience for MCHIP, but it has required serious planning and dedication of staff time.

Knowledge management is also an ongoing challenge under MCHIP. This is being partially addressed through increased links/resources on the MCHIP website and creating SharePoint access for USAID.

OPPORTUNITIES

- **Building on MCHIP events or other meetings.** The MCHIP regional meeting in Dhaka will be an opportunity to share updates on nutrition, maternal and newborn interventions. This meeting will convene almost 400 people from 20 countries and will provide a forum where important lessons learned and the latest evidence in maternal and newborn care will be shared. In addition, MCHIP teams are actively seeking to contribute lessons learned and new approaches at other global and regional events. Many new initiatives related to childhood illnesses are being developed, including the Diarrhea Global Action Plan (DGAP) and the Essential Medicines Initiative (EMI). MCHIP will leverage these initiatives to contribute to global leadership and the scale-up of country programs. MCHIP is participating in the USAID-led *Child Survival Call to Action: A Promise to Keep* and will build on this initiative’s momentum to advocate further for increased resources for child health. The VMMC Site Operational Guide is in its final draft; the goal is to have the final product ready for dissemination at XIX IAC

(AIDS 2012). This venue offers an excellent opportunity for broad dissemination to the global HIV community. MCHIP continues to share important lessons through brown bag lunches, Webinars and other forums at USAID and at CORE Group, as well as at conferences and international meetings.

- **Development of new materials under MCHIP.** MCHIP is collaborating with US-based and international teams of neonatologists and pediatricians to complete the development of Essential Newborn Care training materials that will complement Helping Babies Breathe. These materials, which have the potential to strengthen the ENC component of newborn programs in pre-service and in-service institutions, have the expressed support of WHO. Jhpiego's Global Learning Office has done an extensive literature search and technical report on training methodology. This review and its important findings will inform MCHIP's revisions to the adult and adolescent MC under local anesthesia training package. These revisions will maximize the effectiveness and quality of these training materials.
- **MCHIP is well placed to contribute to global program learning.** For instance, MCHIP is making progress with in family planning learning activities in: India (PPIUCD follow-up and postpartum systematic screening), Kenya (MIYCN/FP), Liberia (EPI/FP integration) and Mozambique (postpartum systematic screening). In addition to developing program materials and documenting learning and implementation, MCHIP expects that promising results will be available for India, Kenya and Liberia by the end of the program year. The momentum to address and reprioritize MIP programming can be found at the global level and at the country level. MCHIP is well positioned to support countries in their efforts to combat MIP through effective and meaningful dissemination of the MIP case studies.
- **Building on new field programs.** Field support in Egypt and Pakistan, as well as a potential Associate Award in South Sudan, present unique opportunities in promoting FP/MNCH integration. In Egypt, PPFPP will be introduced as part of MNCH-FP-Nutrition package at facility and community levels. In South Sudan, where contraceptive prevalence is among the lowest in the world (1.5%) and use is largely clandestine, MCHIP's integrated approach has the potential to extend FP services to thousands of women in two focus states. MCHIP also has a unique opportunity to advance FP and MNCH integration by broadly endorsing the PPFPP call to action and coordinating development of PPFPP program considerations. These initiatives are lasting contributions that will inform the field well beyond the life of program.
- **Contributing to mHealth.** MCHIP's role as a key technical partner in MAMA presents important opportunities in the coming year to expand MCHIP's technical contributions to the mHealth arena, and to benefit from important learning that is emerging from the MAMA partnership at the global and country levels. MAMA's global learning agenda includes elements related to MCHIP activities. For example, MCHIP can tap into mHealth experiences that are emerging from its country programs and from the CSHGP portfolio, and use these experiences to inform MAMA country programs. In addition, MCHIP can draw on and disseminate important lessons from MAMA country programs that can be used to benefit the larger mHealth community. At a broader level, as MAMA seeks to capture its learning about how to execute this complex public/private partnership effectively, MCHIP will be well-positioned to share and apply that learning to its other GDA experiences. As the learning emerges from country partnerships, and as MAMA considers expanding into other countries, MCHIP will have increased opportunities to ensure technical rigor in the implementation and M&E approaches employed by the Partnership.

Annex A: Africa Bureau Results Summary

MATERNAL HEALTH

- MCHIP conducted an EONC literature review of 150 articles, 20 of which were selected for the development of annotated bibliography for the EONC toolkit. A WHO/AFRO EONC Resource Package of materials on Policy, Advocacy, Service Delivery, Quality Improvement, Education and Training, Monitoring and Evaluation K4Health toolkit was created; uploading or resources is in progress.
- In collaboration with USAID, WAHO, ECSA and WHO/AFRO, 10 countries (five Anglophone and five Francophone) were selected for the EONC Champions in Africa for Advocacy and Training activity. They include: Kenya, Liberia, South Sudan, Uganda, Zambia, Benin, Guinea, Madagascar, Mali and Senegal.
- Out of a total of 106 applicants, 30 participants were selected. These 30 participants are made up of teams of three from 10 countries (midwife, pediatrician and obstetrician).
- Anglophone training is planned for 7–19 May near Nairobi, Kenya; Francophone training is planned for 14–26 May in Bobo Dioulasso, Burkina Faso. Participants have been oriented to the “Qstream” Web-based EONC training platform to prepare for training in May.
- MCHIP presented on “Designing Modules for Regional Continuing Professional Development” at the African Health Professions Regulatory Collaborative (ARC) conference in Arusha, Tanzania in October 2011.
- A Continuing Professional Development for Strengthening Midwifery Capacity module on MgSO₄ administration is in development; it will be disseminated at the next ARC conference (rescheduled from February 2012 to May 2012).

NEWBORN HEALTH

Newborn Sepsis Management

- MCHIP conducted a newborn health technical assistance visit in October 2011 to monitor and support the newborn sepsis activity in Nigeria, including reviewing data and discussing plans for documentation. Because MCHIP Nigeria closed in December 2011—and there were only five months of actual implementation—MCHIP discussed with SC-UK in Nigeria and SNL headquarters their willingness to provide supportive supervision to MCHIP-supported facilities in Katsina and Zamfara States so that the implementation period is extended to allow for adequate data to be generated. This supervision will be in addition to support they are providing to their own sites that are also implementing this intervention. Facilities in Kano were not included because SC-UK is not operational there. The Letter of Understanding is currently being signed and will allow for the program to continue to move forward and for process documentation to take place July through September 2012.
- Dialogue was initiated with staff of the Rebuilding Basic Health Services (RBHS) Project and MCHIP in Liberia to plan for a rapid newborn health situation analysis as a prelude to engaging the MOH, donors and their implementing partners on addressing neonatal deaths due to newborn infections.
- MCHIP is participating, on an ongoing basis, in the newborn sepsis management technical working group, which is presently focused on the development of a Newborn Sepsis Management Implementation Guide.

Scaling Up Newborn Resuscitation

- MCHIP met with African Strategies for Health (ASH) Technical Director and MNCH Specialist (November 2011) and learned ASH will not necessarily support the same partners as Africa 2010 did. Collaboration with ECSACON and RCQHC is ongoing; the Malawi assessment report was finalized, reviewed and shared with in-country stakeholders; RCQHC is awaiting final reports from the two remaining countries and has rescheduled the regional meeting to review all three country assessment findings for the third quarter.

CHILD HEALTH

Community Case Management

- In October 2011, MCHIP participated in the Global Action Plan for the Prevention and Control of Pneumonia/Diarrhea (GAPP) meetings in Rwanda, contributing to sharing lessons and effective practices with countries. MCHIP facilitated the Guinea country team to develop a broad implementation plan for the introduction of iCCM. Through this important forum, MCHIP provides technical assistance to country action plans to increase access to and use of interventions against childhood pneumonia and diarrhea.
- Following an **invitation from UNICEF, MCHIP co-facilitated a national workshop** on the Health for the Poorest Populations (HPP) project funded by CIDA which focused on UNICEF's new district strengthening strategy. This activity opened an opportunity to collaborate with UNICEF in Zambia. The workshop reviewed NGO capabilities and implementation issues. MCHIP has been invited to provide technical assistance for the development of an implementation guideline for the Zambia HPP project.
- **One post-GAPP technical support mission was undertaken in Zambia**, which followed up on the action plan developed during the January 2011 Kenya GAPP meeting. The mission found that Zambia has initiated all the actions specified in the plan. Specific challenges and further support needs were identified in the areas of: harmonizing support for community health workers, improving drug supply for CCM, harmonizing CCM implementation tools, and monitoring and evaluation.

Diarrheal Disease Prevention and Control

- **At the global leadership level**, MCHIP is wrestling with the reality that diarrheal disease does not receive the attention and focus it merits at the global, country and household levels while continuing to claim lives of children. MCHIP made links with the UK Department for International Development (DFID) and the MDG unit under the Africa Regional Department and advocated for increased investment in pneumonia and diarrhea. Follow-up actions include inviting DFID to be part of global and regional child health forums, and providing technical materials that will influence their child health programs. MCHIP also brought together USAID projects that implement diarrheal disease activities (FHI360, URC and PSI) to discuss available forums for influencing diarrheal control programming and how to complement one another to provide global leadership.
- **Under country support**, MCHIP initiated the development of diarrheal disease fact sheets for Mali and Guinea. MCHIP also developed and is piloting a rapid assessment tool for diarrheal disease programs. The fact sheets and assessment tool will be used to focus on country support with our limited core funds which will be catalytic in revitalizing Oral Rehydration Therapy and scaling up zinc use.

Immunization

WHO IST Regional Managers Meetings (West, Central, East and Southern Africa)

- MCHIP headquarters staff and technical immunization staff from Tanzania, Malawi, Ethiopia, Zimbabwe, Rwanda and Kenya participated in the multi-agency Central, West, Eastern and Southern African regional annual EPI managers meeting in March 2012. MCHIP contributed to the various discussions and provided feedback during sessions on polio eradication, accelerated disease control, routine immunization and new vaccines introduction. MCHIP staff also actively participated in country-based meetings to outline and provide progress updates on key immunization activities and support between partners and country teams for 2012. Several side meetings were also organized by MCHIP (e.g., with GAVI, WHO, CHAI, UNICEF and EPI Managers and country teams) to further discuss collaboration and joint activities at regional and country levels.
- MCHIP participated in four multi-agency external EPI reviews in Liberia, DRC, Ukraine and Ghana.
- At the request of WHO/AFRO, MCHIP provided extensive revisions to the WHO/AFRO MLM Communication Module, to be published next quarter as an updated series of immunization MLM Modules for use throughout Africa (to which MCHIP staff provided previous technical input in co-drafting and reviewing).
- An MCHIP team attended the Harare New and Under-utilized Vaccines Implementation (NUVI) planning meeting (conducted October 18–20, 2011) and played the role of technical facilitator, along with WHO and UNICEF. The meeting involved 14 African countries, among which seven have conditional approval for rotavirus vaccine or pneumococcal conjugate vaccine. The countries were supported to address the conditions.
- MCHIP staff participated in the Africa Annual Conference on Immunization (ARCI) held in Windhoek, Namibia from December 5 to 8, 2011. There were two breakout sessions on new vaccine introduction, and experiences and updates were discussed in the context of routine immunization and financing in other sessions.

Annex B: LAC Bureau Results Summary

MATERNAL HEALTH

The CAMBIO intervention in Nicaragua is ongoing and data collection should be complete by April 30, 2012. The team received approval to import Oxytocin in Uniject (OiU) and facilitated the importation, stocking and distribution of OiU to community health center and hospital study sites. The team continues to monitor and support the ongoing implementation and data collection in the study sites and has begun submitting abstracts to relevant conferences for dissemination. The introduction of OiU in selected facilities in Honduras is complete with the exception of disseminating findings at a national level. Data collection and analysis for the formative research on use of cesarean operations in Nicaragua is complete, and now must be presented to the MOH/Nicaragua for review and development of an intervention to address causes for high rates of cesarean operations for non-medical or non-obstetrical reasons.



Photo credit: Yann Lacayo, PATH
OiU in delivery room

A follow-up visit was conducted in support of the technical assistance, South-to-South learning and sharing best practices in support of midwifery education in Paraguay. In a visit by a team of Peruvian midwives to Paraguay in February, they confirmed that the Instituto Andres Barbero (IAB), as the oldest and most prestigious school in the country, is the best placed to lead, along with other representative midwifery schools nationwide, the process to implement a national, competency-based midwifery curriculum. The visitors supported the IAB midwifery school directors in creating curriculum working teams, reinforced the contents to build a competency-based curriculum, and started development. The visitors contacted six midwifery schools that agreed to work with IAB to develop a basic midwifery curriculum to be used nationwide. An action plan was developed through the end of 2012.

MCHIP is also progressing in the provision of technical assistance, South-to-South learning and support of professional association development in Caribbean. The regional association meeting in Trinidad and Tobago is scheduled to take place April 20–22, with MCHIP support. HBB training will be added on the conference on April 23. At this regional meeting, MCHIP will present on continuing education and distance learning to lay the groundwork for developing initial distance-learning continuing education modules (e.g., prevention of congenital syphilis), or mechanisms to access existing initial distance-learning content, together with the regional association. Furthermore, the presence of regional Caribbean leaders plus ICM at the regional association meeting (e.g., Frances Ganges, Debrah Lewis) will begin to shape the structure of the professional association.

MCHIP has begun drafting a policy brief for the WHO PE/E Guidelines, based on a template provided by WHO. While MCHIP will shoulder a significant portion of the development, the plan is that WHO will pick it up and turn the more developed draft into a WHO technical brief.

Activity 15.1.1: CAMBIO Intervention in Nicaragua

Collection and analysis of baseline data was completed. Implementation, data collection and monitoring of the intervention is ongoing and will be completed by April 30. Two additional sites were added because the volume of births in the original sites was insufficient to achieve the desired sample size. Adding the sites required modifying the study protocol and getting approval for modifications from the ethical committees in Nicaragua and at PATH. Implementation of the intervention was stopped for two weeks in January when the Nicaraguan

ethics committee's FWA number expired and was restarted two weeks later after the FWA was renewed. Major accomplishments included:

1. Received approval to import OiU and facilitated importation, stocking and distribution of OiU to community health center and hospital study sites. A total of 3,800 units of OiU were donated by PATH.
2. Modified the study protocol to include additional sites and received approval for the modification from two ethics committees in Nicaragua and the PATH research ethics committee.
3. Assisted the Honduran ethics committee in renewing their FWA number.
4. Collected and analyzed baseline data and provided feedback to sites on their performance.
5. Monitored and provided support for ongoing implementation and data collection in the study sites.

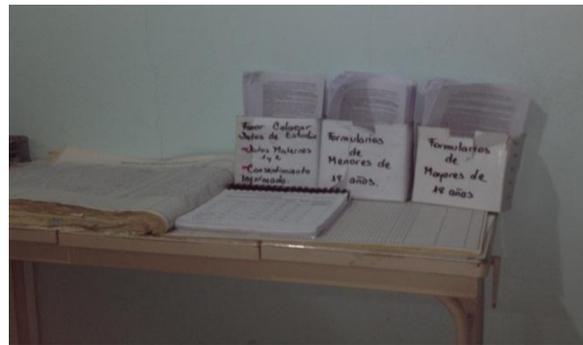


Photo credit: Yann Lacayo, PATH

Data collection forms in delivery room, Juigalpa

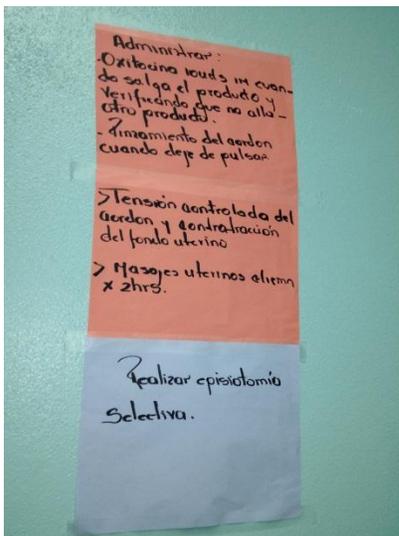


Photo credit: Yann Lacayo, PATH

Juigalpa Hospital reminders in delivery room

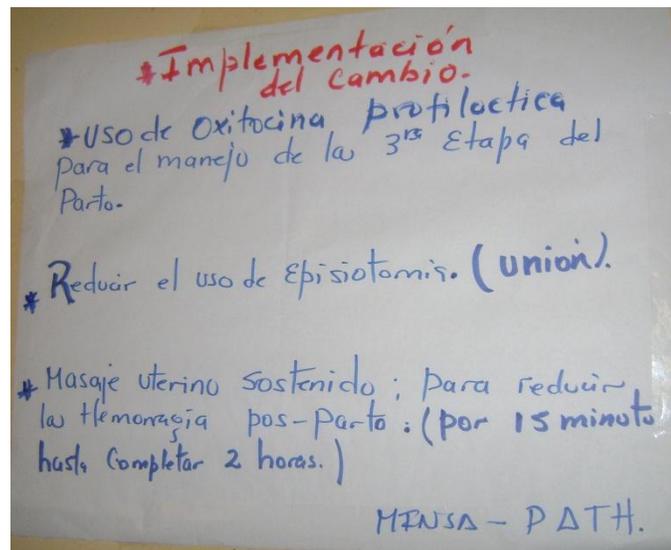


Photo credit: Ezequiel Elorrio, IECS

Poster for the CAMBIO intervention

6. Conducted monitoring visits: Ezequiel Garcia Elorrio in December 2011 and February 2012; Alicia Aleman in March 2012.



Photo credit: Ezequiel Elorrio, IEC
Facilitator and Ezequiel Elorrio



Photo credit: Yann Lacayo, PATH
Facilitators meeting with Alicia Aleman
from UNICEM

7. Submitted an abstract to the International Society for Quality in Health Care that will be held in Geneva.
- The study team (Ezequiel Elorrio, Yann Lacayo, Fernando Althabe, Giselle Tomasso, Maria Luisa Cafferata, Alicia Aleman, Carlos Cuadra and Henry Espinoza) trained facilitators in all study sites, collected and analyzed baseline data, and monitored implementation of and data collection for the intervention.
 - Baseline data results showed a high rate of AMTSL and ongoing data show that these high rates are being maintained, with some improvement in quality of AMTSL. Episiotomy rates have come down significantly, particularly with primigravidas (71% in baseline data, 55% in November–December and 49% in January–February).
 - An abstract will be sent to the Regional Obstetrician and Gynecologist conference when the call for abstracts is open.

Activity 15.1.2: Introduction of OiU in Selected Facilities in Honduras

This activity was implemented with funds and technical assistance from MCHIP and HealthTech. Data collection and analysis was completed by December 2011. The evaluation demonstrated high levels of acceptability of OiU and relative ease of training health care providers in its use, meaning that its introduction for use by most cadres should be relatively easy. Given the particular challenges being faced by the MOH in implementing their PPH prevention strategy, it is possible that the benefits offered by OiU would likely outweigh its disadvantages. In addition, OiU with the time temperature indicator (TTI)⁷ could be used as an important tool to guarantee the pharmacological activity of the medication. A Spanish version of the report of the introduction has been validated by MOH/Honduras, USAID/Honduras and ChildFund/Honduras, and has been translated into English. Stakeholders are currently in discussion on how best to disseminate findings of the report at the national level.

The MOH and USAID/Honduras made a decision to put the community-based intervention for the prevention of PPH on hold indefinitely. Currently, the new national strategy is to promote facility-based births and the new national norms for community births have changed from promoting use of OiU for prevention of PPH to excluding uterotonic drug use by *parteras tradicionales* during home births. There is a possibility that some type of PPH prevention activity at the community level may be promoted in the future. A closure letter was sent to the ethical committees.

⁷ A TTI, called a vaccine vial monitor or VVM when used with vaccines, is a small colored sticker that changes color in relation to its cumulative exposure to heat.

- Shirley Villadiego (PATH/HealthTech) and the study team (Ivo Flores, MOH; Laura Martínez, MOH; Mauricio Ramirez, ChildFund; Alfonso Rosales, ChildFund and Gloria Metcalfe, PATH consultant) completed the study, wrote the report of the study and closed the studies with the ethical committees in Honduras and PATH.
- The report was validated by the MOH/Honduras, USAID/Honduras and ChildFund/Honduras and finalized in English and Spanish.
- Dissemination of results is being planned with stakeholders in Honduras.
- The study in the community has been put on hold indefinitely by USAID/Honduras and the MOH/Honduras. Although *parteras tradicionales* had been trained in the intervention, no research activities were conducted. A closure letter was sent to the ethical committees.
- In general, providers and managers found OiU to be an acceptable device to administer the dose of oxytocin during AMTSL. The presence of a TTI on each Uniject package was also highly accepted by providers and facility managers, and they found the TTI to be very easy to interpret.
- Advantages described by providers regarding the acceptability and feasibility of OiU include: decrease in time to prepare medication, improved quality of AMTSL services provided to patients, increased perception of efficacy of medication, and increased awareness on proper use of AMTSL.

Activity 15.1.3: OiU Pilot in Guatemala

There were no activities conducted during the report period. USAID continues to express interest in supporting efforts on introduction of OiU in the context of PPH prevention in Guatemala. The team, with support from USAID/Washington is now working on a plan to get OiU into PAHO's strategic fund, which will facilitate its purchase by UN agencies.

- Shirley Villadiego has been invited to present data from studies on OiU in Guatemala, Honduras and Nicaragua at the Mexico obstetrician and gynecologist society.

Activity 15.1.4: Formative Research on Use of Cesarean Operations in Nicaragua

Data collection, data analysis and a draft report of findings were completed in Spanish and English. The report and findings will now need to be discussed with the MOH/Nicaragua with the goal of designing an intervention to improve rational use of cesarean operations in Nicaragua. Major accomplishments included:

1. Entered and analyzed data.
2. Wrote a draft report of findings in English and Spanish.
3. Developed a list of possible interventions to implement as part of a national strategy to reduce cesarean births for non-medical or non-obstetrical reasons.
 - Study team members from Argentina and Uruguay travelled twice to Nicaragua to work with study team members in Nicaragua to collect data and to refine the report on findings of the study and dissemination strategies.
 - The following key reasons for increased rates of cesarean operations were identified: fear of litigation; provider perception that cesarean operations are beneficial, and that critics of high cesarean rates do not adequately consider benefits for perinatal outcomes; financial benefit for doing a cesarean operation; women/family demand for cesarean birth; lack of protocols or lack of awareness of protocols; lack of a management system with audits to evaluate indications for cesarean rates and provide feedback to providers about quality of care; lack of human resources, i.e., fear of complications that will not be

identified in a timely fashion because of the inability to correctly monitor the woman in labor, physician fatigue and choice to perform a cesarean to reduce work hours; and the fact that cesareans are performed to give interns experience.

- The reasons for high cesarean operation rates suggested by those who participated in interviews included provider-, patient- and institution-related reasons. The study team feels strongly that the implementation of a multifaceted intervention could improve the rational use of cesarean operation by addressing the issues identified in the study.
- The study team (Mercedes Colomar, Ezequiel García Elorrio, Giselle Tomasso, Maria Luisa Cafferata, Alicia Aleman, Fernando Althabe, Carlos Cuadra, Yann Lacayo, and Henry Espinoza) completed data collection and analysis and wrote a draft report of the findings.
- The report has been reviewed by USAID/Nicaragua and will be finalized once it has been validated by the MOH/Nicaragua and USAID/Nicaragua, and an intervention plan has been developed to implement a strategy to improve rational use of cesarean operations.

Activity 15.1.5: Technical Assistance, South-To-South Learning and Sharing Best Practices in Support of Midwifery Education in Paraguay

- Gloria Metcalfe, Hilda Baca and Rosa Villar visited Paraguay from February 6 to 10. No advances were detected regarding the action plan that had been agreed upon in October 2011 during the meeting with the team of midwives from Paraguay who traveled to Lima. The explanation offered for this delay was the fact that six of the seven midwives on this Paraguay team were out of work for various reasons (retired, removed, illness, vacation); thus, the team didn't disseminate the information received in Lima to their staff in Paraguay, nor did they make any efforts to advance the action plan.
- The visitor team met with the director of the IAB, new director and dean of the midwifery school and the new MOH director of the Department of Obstetrics, all of whom agreed there is a need for a national curriculum to train midwives in Paraguay, as well as to continue to support as needed the activity started in Lima with the midwifery school of the IAB. They also agreed that IAB is the best placed to lead the process to implement a national midwifery competency based curriculum along with other representative midwifery schools nationwide.
- The visitors supported the IAB midwifery school directors in creating curriculum working teams, reinforced the contents to build a competence based curriculum and started development. The visitors contacted six midwifery schools that agreed to work with IAB to develop a basic midwifery curriculum to be used nationwide. An action plan was developed through the end of 2012.
- In follow-up discussions with Peg, it was agreed that a team from Peru will plan to visit Paraguay in April, to join a five-day workshop for all participating staff. This will be followed by a visit by Paraguay midwives (including new team members) to Peru in June. MCHIP will then arrange a visit by Peruvians to Paraguay in July to update clinical skills. The team confirmed funding availability in the pipeline, and is moving ahead with plans.

Activity 15.1.6: Technical Assistance, South-To-South Learning and Support of Professional Association Development in Caribbean

- The following dates were set for the Regional Midwifery Association Meeting in Trinidad and Tobago conference: April 20–22.

- HBB training will be added to the conference on April 23. Goldy Mazia is organizing this training and Gloria Metcalf will be one of the trainers.
- Funding has been secured from Bremen De Mucio, at \$20,000 USD. This, plus the planned funding from MCHIP/LAC, will be the basis of funding. Additional funding is being sought from country MOHs and other sources. ACNM is partially supporting Frances Ganges to attend.
- ICM presence (Frances Ganges, Debrah Lewis) plus regional Caribbean leaders began to shape the structure of the Association.

Activity 15.1.7: Promotion of Pre-Eclampsia Guidelines

- MCHIP has begun drafting a policy brief for the WHO PE/E Guidelines, based on a template provided by WHO. While MCHIP will shoulder a significant portion of the development, the plan is that WHO will pick it up and turn the more developed draft into a WHO technical brief.
- Once the English version is final, MCHIP will work with WHO to ensure a Spanish version is produced and will identify venues for dissemination, particularly if FLASOG does not meet this year. MCHIP will also seek to disseminate it at the FIGO meeting in October in Italy, and to communicate with national Ob/Gyn societies to help with dissemination through national meetings.

Activity 15.1.8: Strengthening of Regional Leaders in Midwifery

- Puerto Rico will attend the Caribbean Midwifery Association meeting in April.
- Opportunities to strengthen regional leaders in midwifery through participation in regional events will be limited, since the next large regional conferences in 2012 are not in LAC. The next regional ICM is in 2013 in Ecuador.
- The Women Deliver website notes that next conference is in Malaysia in 2013.
- UNFPA and ICM want to hold another SBA meeting this coming year; MCHIP will look into supporting key midwife leaders to participate. With the UNFPA/ICM Quality of Care observations coming back very poor, there may be a need to share those data at such a conference and to conduct follow-up activities.

NEWBORN HEALTH

Through the work with the LAC Neonatal Alliance that MCHIP is currently coordinating, as well as other specific regional activities, MCHIP continues to promote and facilitate the implementation of global evidence-based priority interventions to reduce newborn mortality in LAC. Two very important regional activities took place during this quarter: 1) co-organization of the South America Forum of Neonatal Alliances in Paraguay with participation of six priority countries and HBB orientation/short training with new educational materials produced in-country; and 2) implementation of the First LAC Regional Meeting of KMC Implementers in the DR with representation from 10 countries, in collaboration with the local MOH, the Colombian Kangaroo Foundation and USAID's HCI Project. These activities contribute to the creation of newborn health networks with south-to-south learning that will help strengthen national strategies to reduce the neonatal mortality rate. MCHIP has finished the revision and adaptation of the HBB materials in Spanish which will be printed and distributed by Laerdal for the region, with additional options for production in-country by implementing partners (signing an agreement with the AAP).

Activity 15.2.1: Conduct Review of Postnatal Care Policies and Protocols in the LAC Region

- In agreement with USAID, after efforts to move on with this activity have failed to make it viable with tangible results, it has been decided to postpone it until redefined.

Activity 15.2.2: Contributing to Activities of the Latin America and Caribbean Newborn Health Alliance

- The South America Forum of Neonatal Alliance successfully took place November 16 and 17 in Asuncion, Paraguay, with the participation of six countries (Bolivia, Ecuador, Peru, Paraguay, Colombia and Brazil). MCHIP contributed funds for the publication of the report.
- A work plan meeting to consolidate activities took place at the MCHIP offices in Washington, DC, on February 27 and 28. This meeting was attended by representatives from professional associations (Ob/Gyn, pediatric, nursing and ICM), other regional bodies (UNFPA, CORE, UNICEF and Kangaroo Foundation) and US-based partners.
- MCHIP will contribute funds for the publication of the PAHO and MOH situation analysis of child health by region in Paraguay.
- UNFPA invited and funded MCHIP to represent the LAC Neonatal Alliance at a regional meeting of sexual and reproductive health program officers from March 8 to 9 in Panama.

Activity 15.2.3: Scale-Up of Quality Improvement of Prevention and Treatment of Newborn Sepsis

- This activity continues in six referral facilities in the DR and Paraguay. Sites were visited in Paraguay in November and DR in December for discussions with quality improvement teams and technical assistance.
- Seven virtual sessions have taken place with full participation from teams who have expressed their satisfaction with the methodology and content.
- DR and Paraguay participated in MCHIP's results workshop in November in Washington DC, among a selected group of other country representatives, and their experiences were very well received by all participants.
- The Paraguay facilities are working in collaboration with the AMAMANTA program from the MOH to increase exclusive breastfeeding as the most cost-effective infection prevention intervention; MCHIP will soon start collecting baseline data on early breastfeeding

Activity 15.2.4: Technical Support to In-Country Partners for Implementation and Scale-Up of the Helping Babies Breathe Curriculum Integrated Into ENC under a Regional Approach

- Master trainers from Paraguay, Brazil, Bolivia, Ecuador, Colombia and Peru were trained in Paraguay on November 18 using the new culturally adapted Spanish materials (produced by MCHIP) during the Forum of South America Neonatal Alliances.
- MCHIP/DR has trained 280 providers from the 10 Centers of Excellence in the DR with local facilitators and master trainers (also trained by MCHIP).
- Gloria Metcalfe will be trained in Trinidad and Tobago in April during the Caribbean ICM training of trainers (TOT).

- MCHIP has started coordination dialogue with the Latter-day Saints Church for further expansion in the DR. In collaboration with USAID and the MOH, the Latter-day Saints Church has plans to expand trainings to providers in 2013 when MCHIP newborn programs will have finished.
- The PAHO Colombia training will take place in May. It was postponed due to delays in procurement of materials and equipment.
- MCHIP will start data collection in April for indicators in three referral centers in the DR.

Activity 15.2.5: Technical Support to In-Country Partners for Implementation and Scale-Up of the Kangaroo Mother Care Method under a Regional Approach

- The first annual regional KMC workshop was successfully carried out in the DR from December 7 to 9, 2011, in collaboration with URC/HCI, the MOH and the Kangaroo Foundation. Implementers from 10 countries participated to share lessons learned, and to start a KMC regional network with its own community of practice.
- Expansion of KMC to a second referral facility with approximately 2,000 low birth weight/premature babies per year is ongoing in the DR.
- The San Vicente de Paul hospital won a quality-of-care silver medal from the President of the Republic for their KMC program.

CHALLENGES/OPPORTUNITIES

Maternal Health:

- The FWA number for the Nicaraguan ethics committee (Activity 15.1.1) expired during implementation of the study and required a two-week stoppage while they renewed it. In the future, expiration dates for FWA numbers should be carefully researched when initial approvals are being sought to prevent delays caused by expiration of the FWA number.
- In Honduras (Activity 15.1.2), delays in getting ethical approval greatly hindered implementation of the community-based study. By the time ethical approval had been received, USAID/Honduras and the MOH decided to focus on facility-based births rather than promoting community-based births attended by *parteras tradicionales*. It is difficult to know how to address this challenge, as changes in administration and personnel often result in changes in strategies.
- A major challenge for promoting use and availability of OiU is funding. OiU is currently registered for commercial sale in Argentina, Bolivia, Guatemala, Honduras, Nicaragua and Paraguay. Introduction studies in Guatemala, Honduras and Nicaragua have all had positive results. However, it is not yet on the PAHO list of essential medicines that can be purchased with their strategic fund. To facilitate funding by PAHO, OiU will need to be added to PAHO's list of medications that can be purchased with their strategic fund. PATH will work with USAID/Washington to move this forward.
- The draft report of cesarean formative research findings was completed and reviewed by USAID/Honduras in February. However, the MOH/Nicaragua has multiple demands and has not yet reviewed the document, seriously delaying finalization of the report that should include a national strategy for reduction of cesarean births. Conflicting priorities between the MOH and non-governmental projects is an ongoing problem, possibly due to the fact that the MOH and non-governmental projects have different agendas and goals, and require a great deal of diplomacy and patience.

- The CAMBIO intervention is expecting some difficulty in reducing the episiotomy rate because the facilities in which it is being implemented all have interns, and they learn episiotomy skills by practicing on patients.
- The CAMBIO intervention has been successful in several countries but the costs for implementation have not yet been separated from implementation as part of a study.
- The Paraguay midwifery team is working in segments to update their curriculum. The first segment of materials that were supposed to be sent to Peru in December were never completed. Although the Paraguay team has re-confirmed their commitment, we need to keep in mind the realities of work in the field; pressure to front-load the work with all five schools by putting it all into this year may not be realistic based on their capacity to give the Peruvians the materials for review on time.
- Opportunities to strengthen regional leaders in midwifery through participation in regional events will be limited, since the next large regional conferences in 2012 are not in LAC. The next regional ICM is in 2013 in Ecuador.

Newborn Health:

- The Latter-day Saints Church is doing HBB work in several countries in the region; dialogue with MCHIP to strengthen coordination has begun.
- MCHIP will represent the Neonatal Alliance in regional meetings such as the pediatric meeting in Colombia (November 2012) and the Caribbean ICM meeting in Trinidad and Tobago (April 2012), as well as national meetings such as the Peruvian Midwifery Association meeting in Lima (June–July) and the Colombian neonatology association meeting (October).
- MCHIP will participate in an Asia regional MNH meeting in Bangladesh in May together with the MCHIP newborn team for demonstrations of priority interventions (ENC/handwashing, HBB, KMC) and to conduct field visit to HBB evaluation sites to observe and exchange LAC experiences in implementation.
- MCHIP will continue to disseminate HBB training to initiate/strengthen implementation at country level as follows:
 - National TOT in Colombia with PAHO and HCI in May 2012
 - Regional TOT during Caribbean ICM meeting in Trinidad and Tobago in April 2012
 - TOT for Midwifery Association of Peru in June–July 2012
 - National TOT for neonatal nurses during the Colombian Neonatology Association meeting in Cartagena in October 2012
 - Regional TOT with AAP and other partners during ALAPE Conference in Colombia in November 2012

THE WAY FORWARD

- MCHIP will proceed with the process of getting OiU on the PAHO essential medicines list so that countries can apply for strategic funds to purchase it. If OiU is bought in huge quantities, it would lower the per-unit cost. PATH will take the lead on developing a plan for presenting OiU to PAHO, including involving MOHs from countries that had introduction studies.
- MCHIP will identify ways of teaching episiotomy using models rather than on women, and will work to integrate this into the CAMBIO intervention.
- MCHIP will develop a strategic plan to reduce cesarean operations based on findings from the formative research in Nicaragua.

- MCHIP will disseminate findings from the PPH prevention studies currently being implemented in LAC.
- In Nicaragua, an MOH and donor meeting is planned for January/February to review and validate formative research findings.
- MCHIP plans to send abstracts and follow up on the possibility of disseminating findings from all studies at FLASOG, ALAPE, the ICM Caribbean meeting and regional meeting in Panama.
- MCHIP will develop a budget for implementation of the CAMBIO intervention that excludes study costs.
- In follow-up discussions with Peg Marshall on strengthening midwifery education in Paraguay, it was agreed that a team from Peru will plan to visit Paraguay in April to join a five-day workshop for all participating staff. This workshop will be followed by a visit by Paraguay midwives (including new team members) to Peru in June. MCHIP will then arrange a visit by Peruvians to Paraguay in July to update clinical skills. The team confirmed funding availability in the pipeline, and is moving ahead with plans.
- MCHIP will follow up with WHO on the policy brief for the WHO PE/E Guidelines; the plan is for WHO to pick it up and turn the draft developed by MCHIP into a WHO technical brief.
- Once the English version of the policy brief is final, MCHIP will work with WHO to ensure a Spanish version is produced as well. MCHIP will also work to identify venues for dissemination, particularly if there is no FLASOG meeting this year. MCHIP will communicate with national Ob/Gyn society meetings to help with dissemination through national meetings, and will explore disseminating the policy brief at FIGO in October in Italy.
- Puerto Rico will attend the Caribbean Midwifery Association meeting in April.

SUCCESS STORIES

LAC Maternal

- From Alicia Aleman: “During one of the monitoring visits the team performed to Chinandega SILAIS, there was a meeting with the site’s facilitators. The idea of the meeting was to assess difficulties in the implementation of the CAMBIO intervention and to identify barriers among health professionals to change behavior in relation to the use of episiotomy. One of the facilitators stressed the difficulty in trying to ‘persuade’ older doctors of the benefits and safety of restrictive episiotomy in women with no previous history of vaginal birth (since these professionals had difficulties in trusting evidence more than experience). However, she said that they had a great experience recently with one of these doctors who was approached during an academic visit. Although scientific evidence in favor of the use of restrictive episiotomy was discussed during that visit, he was still skeptical about use of restrictive episiotomy in women with no previous history of vaginal birth. Some days later, this doctor assisted a primiparous woman during childbirth and both facilitators were present during the birth. They witnessed how, despite his many years of performing episiotomy, he followed the recommended practice and avoided performing an episiotomy without any complications. Facilitators believed that this experience was a success story of the intervention implementation because they believed that this change in behavior would not have been possible before the CAMBIO project.”

Annex C: Communications Events and Published Research Findings

COMMUNICATIONS EVENTS

Event	Date	Location	Co-sponsors	Notes
MCHIP AIDS Walk	October	Washington, DC	DC AIDS Walk and others	
MCHIP Exhibit at APHA Annual Conference	November	Washington, DC		
Special event on Quality of Care in Developing Countries	November	Washington, DC Convention Center (APHA satellite session)		Unveiled the Quality of Care survey results and shared experiences in country with four field staff; moderated by D. Armbruster.
Special event on "Continuing Investments Made in Global Health"	November	Washington, DC	Global Health Council, implementing partners of MCHIP	Members of Congress participated, as did Amie Batson of USAID. Remarks from our field staff and an interactive photo gallery representing the people and places we serve.
MCHIP Program Learning Meeting	November	Washington, DC		
International Family Planning Conference	November	Senegal		Hosted a special satellite event.
ICASA Conference	December	Ethiopia		Presented on several panels and had an MCHIP exhibit.
LAC Regional KMC Workshop	December	Dominican Republic	LAC Alliance, Kangaroo Mother Care Foundation, Ministry of Health	
mHealth Summit Exhibit	December	Washington DC		
Special event on mobile technologies	December	Washington, DC	PLAN International	"Tweet up" held with mHealth networking group as a side session.
Symposium on Misoprostol for Postpartum Hemorrhage Prevention	January	Washington, DC	On behalf of USAID	Brought together over 70 experts from around the world. Included remarks from Administrator Shah and Amie Batson of USAID.
Neonatal Alliance Meeting	February	Washington, DC		All member groups of Neonatal Alliance participated.
PVO/NGO Learning Exchange Series Webinar	March	Washington, DC	CORE Group	Focused on the Child Survival and Health Grants Program's Expanded Impact Project in Rwanda.

Event	Date	Location	Co-sponsors	Notes
International Women's Day March for Women	March	Washington, DC	Women for Women International	Covered by local production company, Double R Productions.
Communications Toolkit: DC Staff Training	March	Washington, DC		

PUBLISHED RESEARCH FINDINGS

Journal	Team	Title
International Health	Immunization	Why Children Aren't Vaccinated: A review of the gray literature
Journal of Infectious Disease	Immunization	Community and Health Worker Perceptions and Preferences Regarding Integration of Other Health Services with Routine Immunization: Four Case Studies
Journal of Infectious Diseases	Immunization	Integrated Delivery of Health Services During Outreach Visits: A Literature Review of Program Experience Through a Routine Immunization
Midwifery	M&E	Reproductive health services in Malawi: An evaluation of a quality improvement intervention
International Perspectives on Sexual and Reproductive Health	Global Leadership	Spousal Separation in Nepal
Journal of Gynecology and Obstetrics	Newborn	Report on Prenatal Corticosteroid Use in Low-and Middle Income Countries
PLoS Medicine	HIV	Four papers as part of a collection of nine articles about scale-up of VMMC
International Journal of Gynecology and Obstetrics	Newborn	A conference report on prenatal corticosteroid use in low- and middle-income countries