PD-ABS-773
157109

MATERNAL AND NEONATAL HEALTH (MNH) PROGRAM

Quarterly Report

1 July 2000–30 September 2000

Submitted to:
United States Agency for International Development (USAID)
under Cooperative Agreement #HRN-A-00-98-00043-00

Submitted by:
JHPIEGO Corporation in collaboration with
The Centre for Development and Population Activities (CEDPA)
Johns Hopkins University Center for Communication Programs (JHU/CCP) and
Program for Appropriate Technology in Health (PATH)

October 2000

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B.

ABBREVIATIONS AND ACRONYMS

ANC	Antenatal Care
A&P	Advocacy and Policy
APMS	Automated Program Monitoring System
ATS	Advanced Training Skills
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BDC	Basic Delivery Care
BDD	Bidan di Desa [means "Midwives" in Bahasa]
BPP	Birth Preparedness Package
CA	Cooperating Agency
CBOH	Central Board of Health
CCP	Center for Communication Programs
CCU	Curricular Content Unit
CEDPA	The Centre for Development and Population Activities
CES	Cost Estimation Strategy
COPI	Italian Foreign Assistance Agency
CST	Curriculum Strengthening Team
CTS	Clinical Training Skills
DHMT	District Health Management Team
DHS	Demographic and Health Surveys
EMNC	Essential Maternal and Neonatal Care
EOC	Essential Obstetric Care
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FIGO	International Federation for Gynecology and Obstetrics
FP	Family Planning
GNC	General Nursing Council
G/PHN	Global/Population, Health and Nutrition
HE	Hospital Escuela
HKI	Helen Keller International
HMCR	Hospital Mario Catarino Rivas
HMG	His Majesty's Government of Nepal
IBI	Indonesia Association of Midwives
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IMCI	Integration and Management of Childhood Illnesses
JHU	Johns Hopkins University
MCHW	Maternal Child Health Workers
MCPC	Managing Complication in Pregnancy and Childbirth
M&E	Monitoring and Evaluation
MEOR	Monitoring, Evaluation and Operational Research
MNH	Maternal and Neonatal Health
MOH	Ministry of Health

NCTN	National Clinical Training Network
NGO	Nongovernmental Organization
NHD	National Health Day
NHTC	National Health Training Center
NNIPS	Nepal Nutrition Intervention Project-Sarlahi
NPERCHI	National Package of Essential Reproductive and Child Health Interventions
NRD	National Resource Document
NSMP	Nepal Safe Motherhood Project
PAC	Post Abortion Care
PATH	Program for Appropriate Technology in Health
PMU	Program Management Unit
PNP	Policies, Norms and Protocols
POGI	Indonesia Ob/Gyn Society
PPS	Program Planning and Support
PQI	Performance and Quality Improvement
PROSIN	USAID funded bilateral project with the Bolivian MOH
PTC	Provincial Training Center
QAP	Quality Assurance Project
RCHS	Reproductive and Child Health Section
RCQHC	Regional Centre for Quality of Health Care
RH	Reproductive Health
RHCC	Reproductive Health Coordinating Committee
RM	Registered Midwifery School
SM	Safe Motherhood
SMSC	Safemotherhood Subcommittee
SNIS	National Health Information System (Bolivia)
TA	Technical Assistance
TBA	Traditional Birth Attendant
TRH	Training in Reproductive Health
TWG	Technical Working Group
UNAH	Universidad Nacional Autonoma de Honduras
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital (Zambia)
WHO	World Health Organization
WRA	White Ribbon Alliance
ZIHP	Zambia Integrated Health Project

1. OVERVIEW & ACCOMPLISHMENTS FOR FY00

This quarterly report documents the activities of the USAID G/PHN Maternal and Neonatal Health (MNH) Program for the quarter 1 July 2000 to 30 September 2000. As the Program progresses, alternate reporting formats are being tested in order to provide information on program activities, accomplishments and items of key importance in a user-friendly manner. Consequently, in this quarterly report for some countries and areas, the standard reporting on activity items is replaced with a narrative description / status on the programmatic areas. Specific activity-level status can be found for all countries and global components in the matrices. Additionally, all programs have reviewed their entire activity matrix for the fiscal year and provided additional information / updates as appropriate.

The MNH Program is pleased to report the addition of Judith Robb-McCord to the MNH Team. Ms. McCord accepted the position of Deputy Director for the MNH Program and will begin work in October. She spent the last seven years in Africa with USAID where she managed the Family Planning Private Sector activity in Kenya, served as Team Leader for the Primary Health Care Investment Objective in Eritrea, and most recently as the Program Manager for the Family Health and AIDS Prevention program in West and Central Africa.

Highlights during this quarter include:

- The MNH Guatemala workplan was adopted by the Guatemalan Ministry of Health as their official Maternal and Neonatal Health Plan.
- WHO / JHPIEGO (MNH) completed International Service Delivery Guidelines for *Managing Complications in Pregnancy and Childbirth.*
- WHO / JHPIEGO completed International Service Delivery Guidelines for *Basic Care during Pregnancy and Childbirth.*
- MNH conducted an international workshop, in conjunction with WHO on *Implementing Global Maternal and Neonatal Health Standards of Care.* The focus of this workshop was on developing a practical strategy for facilitating the adaptation, adoption and use of the guidelines and standards by providers throughout the world.
- Continued leveraging resources of multiple organizations to increase the breadth and scale of MNH country programs.
- Collaboration with the International Confederation of Midwives to build and strengthen institutional capacity of Midwifery Associations and further/promote policies beneficial to maternal and neonatal health.
- Furthered key relationships within the Maternal and Neonatal Health care network.

- A team of midwives and ob/gyns from JHPIEGO and the MNH Program recently facilitated an "Advances in Essential Maternal and Neonatal Care Workshop" during 21 to 24 August 2000 in Panajachel, Guatemala. This regional workshop created an excellent forum in which representatives from the various countries could interact and share valuable experiences and lessons learned.

- MNH/Guatemala arranged and facilitated a visit of key MOH officials to Brazil to observe and learn about the PROQUALI project. As a result of the visit, the MOH/Guatemala team confirmed their commitment to develop instruments for their MNH service delivery accreditation system that will be implemented in Guatemala. (EMNC)

2. GLOBAL LEADERSHIP

2.1 Technical Strategies/New Initiatives

2.1.1 Essential Maternal and Neonatal Care (EMNC)

The MNH Program and WHO hosted a workshop entitled *"Implementing Global Maternal and Neonatal Health Standards of Care"* in Baltimore, September 13-14, 2000. Over 65 participants attended including representatives from JHPIEGO's Board of Trustees, USAID, The World Bank, WHO, UNICEF, UNFPA and a number of USAID's Cooperating Agencies. The purpose of the workshop was to review and finalize a strategy to put maternal and neonatal health guidelines into practice. The MNH Program was honored to have Joy Riggs-Perla, USAID, give the keynote address on the necessity of collaboration and pooling of resources to ensure quality maternal and neonatal care.

By the close of the workshop, participants had reviewed the implementation strategy and provided input for finalizing it. Working groups made a number of useful recommendations on how five technical areas – service delivery, training, policy, monitoring and evaluation, and communication – can support the implementation of guidelines. As a next step toward implementing this strategy, the MNH Program has initiated a series of workshops to begin developing regional experts to expand training on guidelines implementation and to advocate for moving guidelines into practice. The workshop also provided an opportunity for JHPIEGO, WHO and invited experts to further explore the linkages between the use of guidelines and policy issues, education and training interventions, quality assurance activities at the service delivery site and behavior change interventions. Proceedings of the workshop are in preparation and should be available after the first of the year.

Also during this quarter, a team of midwives and ob/gyns from JHPIEGO and the MNH Program facilitated an *"Advances in Essential Maternal and Neonatal Care Workshop"* from 21 to 24 August 2000. Held in Panajachel, a town in the highlands of Guatemala, the workshop served as a technical update in Maternal and Neonatal Health Care for participants from Bolivia, Honduras, Guatemala and Peru. Specific objectives of the workshop were as follows:

- Review the current WHO Safe Motherhood Initiative and current clinical approaches;
- Present the evidence supporting the clinical decisions contained in the new WHO/JHPIEGO Reference Manual "*Managing Complications in Pregnancy and Childbirth*";
- Review how clinical and scientifically-based evidence can influence current clinical practice and decision making processes for the reduction of maternal and neonatal mortality;
- Standardize Essential Maternal and Neonatal Care (EMNC) clinical knowledge of those individuals involved in the MNH program;

- Share and understand the program plans of the various MNH country programs of Latin America; and demonstrate JHPIEGO's models, approaches, and the trainer development pathway.

1) Two meetings held with WHO to develop and review the *Care of the Sick Newborn* manual.

Discussions were held regarding the *Care of the Sick Newborn* manual. At this time, the manual is slightly delayed due to the necessity of working within WHO procedures and review processes. A focused effort on this manual is anticipated in FY01.

2) *Emergency Care in Pregnancy and Childbirth* (ECPC) manual translated into Spanish.

Translation of the ECPC (now entitled "*Managing Complications in Pregnancy and Childbirth*") manual into Spanish will be undertaken by JHPIEGO and is expected in FY01.

3) Meetings held with stakeholders and partners in Indonesia to develop national guidelines based on ECPC and BCPC.

Ongoing. Refer to Indonesia Country Report for additional information.

4) *"Supervision for Performance Improvement"* learning package developed

A Technical Working Group was held in Kenya during the month of August to provide feedback on the *Supervision for Performance Improvement* manual. Following the incorporation of suggested changes into the manual, development of the learning resource package as well as on-the-job training tools will be developed.

5) Support supervision activities initiated in one country.

As discussed in #4 above, a Technical Working Group meeting took place in Kenya during this quarter to formally review the manual and materials to date.

6) Twelve key MNH topics identified, researched and developed for ReproLine.

In process. Materials from the MNH LAC Regional Trainer Development activity are being prepared and will be placed on ReproLine.

7) Training materials/tools and approaches incorporated in local educational and training systems.

Ongoing. Refer to country status updates for specific information in these areas.

2.1.2 Behavior Change Interventions

The BCI component of the MNH Program has made significant progress during this reporting quarter. In Guatemala, MNH is adapting a client-centered quality and improvement accreditation approach (based on the PROQUALI model) to improve quality and access to services. Communities are involved in defining resource needs and their allocation and in developing obstetric complication transport schemes resulting from creative role-playing scenarios

facilitated by MNH personnel. Providers and staff are being challenged and are conducting similar exercises at the facility level. In both cases communities and providers attend the role-playing sessions. This collaboration has facilitated the beginning of communities and providers jointly defining quality. These are the first steps in resolving logistical constraints and narrowing performance gaps across multiple levels - constraints and gaps which have been shown to contribute significantly to delays in seeking and receiving care.

In Nepal, an innovative approach is underway to include multiple sectors in identifying and prioritizing behaviors that reduce the three delays to receiving timely and appropriate quality maternal and neonatal care. Currently, research is being conducted to listen to and understand community perspectives, realities and issues. From the findings, a workshop attended by representatives from communities and INGOs, and local, regional, and national health and policy leaders will build consensus on two sets of prioritized behaviors, one to be promoted nationally and the other to be promoted locally. These prioritized behaviors will be approved by policymakers before a technical working group is formed to develop messages that can effectively promote the agreed upon behaviors.

Social Mobilization:
During this past quarter, the global social mobilization team has expanded. The team now consists of: Nancy Russell, (Social Mobilization Director), Tina Gryboski (Gender & Capacity-building Specialist), Meredith Miller Vostrejs (Technical Development Officer), and two consultants. The team staffed up to ensure progress with field implementation. As a result, the social mobilization framework and field implementation have progressed. This framework has served to strengthen the overall BCI initiative and is making considerable links with MNH Policy efforts.

A social mobilization model, to be used for MNH and serve as an innovative case study for future SM programs, was finalized during this quarter. A step-by-step process has been outlined enabling the team to assist field partners with their current mobilization activities as well as engage in strategic planning for future activities. The framework and process will be shared with field partners through Nancy Russell's workshop and conference presentations in Washington, DC, Indonesia, Nepal, India, and Thailand. Efforts to involve domestic actors will be accomplished at the Yale Conference, where Adrienne Allison and Nancy Russell will present the MNH framework and Social Mobilization activities. Their presentation will end with a call for participation in the White Ribbon Alliance and efforts to lobby Congress. Related to the White Ribbon Alliance, technical assistance and mentoring was provided to the Pita Putih, White Ribbon Alliance in Indonesia, by the MNH Social Mobilization Director during this quarter in order to move their network towards more focused action for maternal and neonatal survival.

Preparations are also underway for a social mobilization "think tank" which will be comprised of social mobilization, advocacy and clinical professionals. The first activity is scheduled to be held in Spring 2001.

1) BCI strategy field tested in MNH focus countries

MNH is now developing a BCI framework. Development is proceeding with an eye towards making the framework adaptable to the various systems of care that exist in MNH countries. Key components to the framework have been identified and will be adapted to individual project needs and country settings before being implemented. Further development and refinement of the framework will occur as the effectiveness of each component is reviewed.

2) Director of Social Mobilization contributes to the development and implementation of activities for the global White Ribbon

The Director of Social Mobilization continued to meet with the global WRA team, and has contributed to the field guide which is now being printed by MNH. This guide will be used to enlist the involvement of new countries in the alliance. In addition, technical assistance is being provided to the MNH countries, especially, Indonesia to ensure that the WRA reflects the MNH social mobilization framework.

3) Organize one or two day symposium to sensitize policy makers (Summit for the World's Moms)

This was a potential idea the MNH Program had for furthering the White Ribbon Alliance. However, it was deemed more strategic to work within individual countries to build a feeling of *belonging to* a global movement. MNH sponsored WRA representatives from Indonesia to the Global Health Council conference in June as part of this effort. Attendees were able to dialogue and learn from other countries. They also had the opportunity to experience and participate in lobbying Congress on Safe Motherhood.

4) Strategic planning session organized as followup to the White Ribbon events

MNH is helping to organize a large strategic meeting for WRA in January 2001. During the Global Health Council Conference in June, MNH helped facilitate a session where participants discussed and envisioned the future role of the WRA. Strategic planning sessions are also ongoing at the country level. In Indonesia, a workshop for 80 people was held to plan the future of the Indonesian WRA.

5) Develop Guidelines and techniques for facilitating dialogue between community and provider groups

The framework for MNH social mobilization is shaped by dialogue, decision making and action. The social mobilization team is gathering existing tools from other health sector programs which foster dialogue through participatory processes for coalitions and groups, which will include NGOs, CBOs , providers and policy makers.

6) Client Provider Interaction (CPI) structure within the MAQ Client Centered Approach module of the MAQ Exchange reviewed for applicability and adaptability to maternal health services

Meetings were attended during this quarter on the MAQ CPI - Client Centered Approach. Currently, two technical working papers are being developed, one related to Policy and CPI and the second related to Training / Service Delivery and CPI.

7) Negotiation guidelines and techniques developed for facilitating dialogue between community and provider groups

On hold pending outcome of related activities. The Social Mobilization Director has chosen to address this activity through the mechanisms cited above under *"Social Mobilization."*

8) Job aids for service providers

Work was initiated to draft effective job aids for service providers. Various printed materials and experiences from projects in the U.S. and abroad on safe motherhood as well as other reproductive health themes are being collected. A working group is being formed that will review and make recommendations for the inclusion of appropriate job aid components and assist in job aid design.

2.1.3 Health Financing

1) Design action research questions and formulate plan of action for 2 countries

An overall plan for integrating practical financing tools into existing MNH country programs was under discussion during this quarter. It is anticipated that activities will begin in first quarter of FY01.

2) Apply Cost Estimation Strategy (CES) tool in Zambia

Due to implementation delays encountered in the Zambia/MNH program this activity has been delayed.

2.1.4 Policy Development

1) Approaches for decision making about allocation of resources to MNH policies identified. Lessons scaled up in Bolivia and Guatemala

Refer to country status updates on Bolivia and Guatemala for information related to this item.

2) Adapted advocacy tools disseminated to national and global stakeholders

Efforts to date have focused on working with WHO on the International Guidelines related to *Managing Complications of Pregnancy and Childbirth* and *Care of the Sick of Low Birthweight Newborn,* involvement in global initiatives such as the White Ribbon Alliance, working with multiple organizations and partners on country program implementation and participating in national and international events, e.g. Global Health Council Conference, FIGO, etc.

3) Identified policy barriers disseminated to national, regional and international stakeholders

Currently, the MNH Program is working closely with the Performance Improvement Initiative to systematically identify barriers to quality service delivery in order to develop approaches / strategies to address the underlying causes of the barriers. Performance Improvement analyses are part of programs in Tanzania, Burkina Faso, Zambia, Indonesia, Guatemala and Honduras.

4) Results from the strategic planning workshop disseminated to national and regional leaders

Proceedings from the September JHPIEGO Board of Trustees Meeting, "Implementing Global Maternal and Neonatal Health Standards of Care," will focus in part on the Policy aspects of service delivery that must be addressed (or created) in order to have new/revised standards of care actually implemented at the country / local level. It is envisioned that the outcomes from this meeting will heavily influence FY01 MNH Policy activities related to Guideline Launches.

2.2 Information Dissemination

1) Mechanisms to gather data in order to produce monthly "MNH Updates" and disseminate electronically to USAID and partner CAs established

MNH Updates were distributed in July, August and September. In the months of July and August the update reported on progress of the Program in each country as well as reports on collaboration. The September issue highlighted the Program's approach to essential maternal and neonatal care. A total of 255 people now receive the MNH Updates.

2) Distribution lists gathered, reviewed and combined into a distribution database

Ongoing. Information is gathered, reviewd and entered into the distribution database on a regular basis.

3) Resource materials collected by MNH entered into database. Meetings held with JHU/CCP to develop mechanisms to include MNH Materials on PopLine

The MNH Resource Center database was transferred into an Access database and put on JHPIEGO's intranet to make it more accessible to staff and consultants. Most requests for materials are from staff in Baltimore and various field offices who need background information for research purposes. There are now a total of 1165 holdings in the MNH Resource Center.

4) MNH staff and collaborators participate in conferences

Numerous meetings, workshops and conferences were attended by MNH staff during this quarter. For an illustrative list, refer to Annex B.

5) BCI workshop presentations developed by MNH and CEDPA to support the planned BCI workshop in Asia

Presentations were developed during this quarter that will support the planned 6 November BCI workshop in Asia.

6) Workshop findings and outcomes in English and Spanish posted as downloadable files from the MNH Website

Following the workshop in November, the proceedings will be translated into Spanish and posted on the MNH website.

7) **Two global "job aids" (in English, Spanish and French) that can accompany distribution of EMNC training / clinical manuals and/or act as BCI promotion in order to improve quality of care and provider skills developed**

Finalization of job aids for EMNC training are pending the outcome of the first series of EMNC Regional Trainings - to be held in Uganda in October-November 2000. Lessons learned from these activities will be integrated into the job aids ultimately produced for wider distribution.

2.3 Monitoring, Research and Evaluation

On October 5-6th, the MNH program jointly sponsored a meeting with the Measure/Evaluation project of Macro International on use of the national population census for the measurement of maternal mortality in Latin American countries. The meeting was held in Lima, Peru. Census directors and representatives from the Ministry of Health from seven countries with upcoming censuses attended. These included: Colombia, Honduras, Bolivia, Guatemala, Peru, El Salvador and Paraguay. In addition, representatives from the following international agencies were in attendance: WHO/Geneva, UNFPA, USAID/Peru, Johns Hopkins School of Hygiene, the UN Latin American Center for Demography (CELADE), Macro International (Measure/Evaluation project) and MNH/Baltimore and MNH country representatives.

An in-depth and highly participatory discussion of the advantages and disadvantages of this methodology took place. At the end of the meeting, several countries expressed specific interest in pursuing the addition of questions to allow the measurement of maternal mortality. Within a week following the meeting, the Minister of Health in Bolivia formally requested that the census questionnaire be adapted for this purpose.

1) **MNH Team designated to update APMS to include MNH activities**

A proposal was developed by MNH program staff to modify APMS to include MNH activities for each country program. Program staff have begun to update APMS based on the proposal to include all MNH activities.

2) **MNH M&E framework integrated into APMS**

The MNH M&E framework is currently being integrated into APMS. Consultants have been identified to integrate the framework, and to establish linkages between clusters of activities and the MNH M&E framework.

3) **MNH M&E team collaborate with MNH staff, partners and incountry counterparts to develop country M&E plans by assessing local data sources, determining appropriate indicators and training staff on data collection**

MNH M&E plans have been developed for country programs in Indonesia, Nepal, Bolivia, Guatemala, and Burkina Faso in collaboration with MNH staff, partners and incountry counterparts. These plans include appropriate indicators, means of verification, and data sources. The development of M&E plans for Zambia and Honduras is planned for this quarter. Both Tanzania and Peru are in the initial stages of program development, and are not ready for an M&E plan.

3. COUNTRY AND REGIONAL PROJECTS

3.1 Asia

3.1.1 Indonesia

PROGRAM PLANNING AND SUPPORT (PPS)

MNH Internal Management and Budget Structure

The Program Planning and Support (PPS) component was split off from what was formerly the Policy, Advocacy and Program Support component. The latter is now Advocacy and Policy (A&P). The split corresponds with a new cost structure for the program that aligns financial authority and responsibility with the management structure. Key members of the management structure are the Jakarta and Bandung Program Managers as well as the Program Director who have responsibilities that were subsumed within the (former) PAPS component. These responsibilities include workplanning and internal and external coordination and collaboration, and the day to day management of the program office activities.

Program Budgets: The cost structure of the MNH program budget was divided into separate budgets for each component (PPS, A&P, PQI, MEOR) plus individual task orders for JHU/CCP and Path for the BCI component. Each of the component team leaders has been oriented to the budgeting process and are revising the budgets according to the guidelines. Final budgets within the new cost structure will be submitted in early October. Subagreements will be negotiated in next first quarter of FY01.

Subagreements: Several meetings have been conducted with USAID's contracts and legal offices and among CAs to discuss the issue of subagreements to the government as well as to develop a set of financial guidelines to be followed by all CAs within the SOAG. Guidance from USAID is that subagreements with the government are strongly discouraged and that CAs should find alternative mechanisms for funding those activities. SOAG financial guidelines should be finalized next quarter.

Staffing

International staff: The following international staff have been approved and/or arrived during this reporting quarter:

- Jeanne Marie Crowe, Midwife Education and Training - approval letter received from MOH on 14 September 2000
- Dr. Ricky Lu arrived for the STARH (FP) program on 18 September 2000 and will contribute 25% to MNH as an Ob/Gyn specialist

Indonesian staff: The following local staff have been hired:

- Mira Kusumarani - Senior Program Manager, Bandung, 1 August 2000
- Ali Zazri - Monitoring & Evaluation Field Officer, Bandung; 1 August 2000
- Endang Ariani - Behavior Change Communications Field Officer, Bandung, JHU/CP
- Kemal Siregar - Senior Monitoring &Evaluation, Jakarta; 1 September 2000

- Marwan - Senior Finance and Admin, Jakarta; 1 September 2000
- Dr George Adriannz - Ob/Gyn, Master Trainer (50% MNH); 30 September 2000
- Purnomo - Computer Network Administrator, (consultant status); August 2000
- Dwi - Receptionist and Travel, Jakarta
- Mayang - Social Mobilization, Jakarta, PATH

Recruitment is underway for the following positions:

Jakarta:
- Senior Program Manager
- Secretariat for the MOH
- Clinical Training Coordinator
- Social Mobilization Specialist (PATH)

Bandung:
- Clinical Training Coordinator
- Program Coordinator
- Secretariat for MOH
- Finance Administrator
- Receptionist/Secretary
- 2 Social Mobilization Field Officers (PATH)

Office space and computer system
Office space has been contracted in Bandung. Move-in date is scheduled for 30 October 2000; opening 3 November 2000. The computer network and email has been upgraded in Jakarta. Bandung office has only one telephone line with no possibility of getting another. Alternative connections are being pursued for Bandung.

Workplans and Implementation Plans
Implementation Plans: These plans were completed for West Java province and 3 districts for Aug-Dec 2000, and drafted for Jan-Dec 2001 to correspond with the GOI's fiscal year which was changed this year to the calendar year. Local implementation plans are scheduled around the planning cycle of the government to ensure integration of the MNH program into the decentralized health planning. The MOH national level implementation plan is drafted.

Project Paper: Agreement was reached with Baltimore that the PMU workplan, approved by MOH and USAID in March 2000, will be submitted along with the budgets for internal approval. Once the new cost structure is complete the budgets will be submitted in October.

APMS: Baltimore staff reorganized the previously drafted project paper into a format that attempts to correspond to the Annual Workplan process. The purpose is to facilitate data entry for reporting against the annual workplan on a quarterly basis.

Annual Workplan for AID/W: review and revisions have been an ongoing process. The last revision reorganizes the outcomes and activities with the Missions new strategic objective and IRs.

Management Structure with MOH

National Counterpart: Frequent changes at the Ministry of Health have made continuity and clarity of leadership a challenge.

National Structure: Follow up meetings have been held with the SOAG secretariat and Family Health Directorate to discuss the proposed management structure and function. It was decided to develop separate charts for management function and policy function.

Province Structure: At the West Java province and district levels, a management structure, positions, and process have been developed and officially mandated by the head of the provincial health office. The provincial structure corresponds to the MNH structure so that each component has direct counterparts to facilitate planning and implementation.

Management Process: Three meetings were held with the national level sub-directorate staff to continue discussions of management process and reporting, as well as identify opportunities for collaboration with other Safe Motherhood projects and activities.

Donor Collaboration

Making Pregnancy Safer: The MNH team met with the WHO/Geneva MPS team to discuss opportunities for collaboration. WHO will address structural reform within the MOH, including the position of Safe Motherhood (MPS, MNH) within the MOH. Commitment was also given to work collaboratively on indicators and monitoring. MNH and Pop Council met with the MPS team to discuss potential specific work on indicators in West Java.

Preservice Midwifery: Discussions continue with WHO and World Bank on collaborative funding for the DIII and DIV preservice midwifery program.

Basic Delivery Care Training: Discussions were held with the WB team about the roll out of BDC training in East and Central Java through the SMPFA project. The PTC's prepared by JHPIEGO and PRIME have begun preparing training teams in four districts in each province. MNH is continuing the development of PTC trainers to become advanced trainers (see PQI activities).

ADVOCACY AND POLICY (A&P)

NRD Development

Three meetings were held with POGI to develop a strategy for further dissemination of the NRD, including Pocket Guide and MNH updates. Target date for the Pocket Guide to be launched is June 2001 at the POGI annual congress. Up to 50 topics will be identified for MNH updates.

Technical Working Groups (TWG)
Six TWGs were convened in West Java during this quarter. The TWGs have been designated as part of the management structure for MNH. Their function is broadened from the original concept of addressing policy-related issues to also include management functions such as workplanning and supervision/monitoring of activities related to the TWG. The 6 TWGs include:

- Training (inservice and preservice)
- Services (Blood supply and use)
- QA/MPA/Standards
- M&E/ MIS
- BCI and IPC/C
- A&P

The TWG for A&P is undertaking a policy study on the sustainability of the Bidan di Desa (BDD). A consultant has been hired to analyze existing data and describe different economic models for BDD sustainability in the villages. The results of this study will be used to assist districts develop plans for the BDD in a decentralized context. The study is expected to be completed in January.

Conferences / Dissemination
MNH Program Launch: This was requested by West Java, rescheduled twice at the request of the National MOH, and finally canceled. In discussions with the SOAG secretariat and PMU staff, it was suggested to combine the MNH Program launch with the launch of MPS in October 2000.

Launch of National Health Day: Our West Java counterparts invited MNH to participate in the launch of NHD which will take place in Cianjur district in West Java. The event is organized by the PMU for the Healthy Start Program (PATH) and focuses on partnerships between the community and the government. It will launch the province's transformation of the posyandu into a community development center.

The ICM Asia Regional Conference was held 31 August – 6 September in Bali. MNH presented an update on Refocused Antenatal Care to 300 midwives, and had a display booth orienting participants to the components of the MNH/Indonesia program, including the BDC training.

Safe Motherhood Policy Conference: Dr Djoko, from Kanwil West Java participated in this conference held in Malaysia. Following the conference, he worked with the TWG on policy to identify a key public policy issue facing West Java's program – the BDD sustainability (see above).

Adolescent Reproductive and Perinatal Health: Planning was finalized with Perinasia for participation in the conference in November 2000. MNH will participate in a panel and present on emergency contraception and postabortion care. MNH will also have a display booth.

Strategy development

PAC: MNH Indonesia is working collaboratively with POGI to integrate the PAC strategy paper developed in the Mombasa PAC workshop (sponsored by AVSC in June) and JHPIEGO's PAC strategy into a cohesive approach for Indonesia. POGI will organize a meeting with Dr Azrul, Director General for Community Health in the MOH, to discuss the strategy as a national strategy, and then conduct a larger workshop with other divisions in the MOH and the donor community. These meetings are planned for next quarter.

Policy: An MNH/Indonesia policy strategy was drafted and shared with JHPIEGO- Baltimore, who is in the process of developing a JHPIEGO policy strategy document. Discussions are ongoing to refine and bridge the differences in the policy strategy and approach, one focusing on public policy and the other on policies supporting service delivery and performance improvement. A meeting was held with the MOH to clarify the policy structure and flow of information, responsibilities, approvals, etc. within the MOH.

Advocacy: An advocacy strategy was drafted and is being reviewed with PATH and CEDPA, particularly as it relates to social mobilization activities and roles of Pita Putih.

PERFORMANCE AND QUALITY IMPROVEMENT (PQI)

Materials Development

- BDC course materials: The translation into English revealed the need for further updates to ensure consistency with the NRD and the DIII materials. Ob/Gyn reviewers from NCTN sites implementing the course concurred and have provided inputs.
- BDC training video finalized.
- DIII midwifery education materials pretested, inputs received, editing ongoing. Targeted completion November 2000.
- Translations of CTS 2nd edition and ATS finalized; editing ongoing.

Inservice Training for Basic Delivery Care

- BDC standardization (3-12 Aug) at Budi Kemuliaan Hospital for 8 midwives
- ATS course (September) for MNH training team and PTC Semarang training team
- ATS practicum (October) by MNH training team for 8 candidate trainers from Budi K.
- ATS practicum (October) by PTC Semarang training team for 8 candidate trainers

Scaling up in East and Central Java: During this quarter, a total of:

- 147 midwives were trained in BDC
- 113 midwives, physicians, district health officers were oriented to BDC
- 10 MW trained in ATS; 38 MW trained in CTS.

Funding for these training courses comes from SMPFA, Kanwil, MOH Pusat, and private midwives.

PTC Semarang:

2 BDC courses conducted for 18 MW from Rembang, Jepara (SMPFA)

DTC Pati:
4 one-day orientations to BDC were conducted for Ob/Gyn, GP, MW, Pediatricians
1 BDC course conducted for 9 MW from puskesmas in Pati (PPKM II project)

DTC Pemalang:
7 BDC courses conducted for 60 MW from Pemalang (MNH=26) Brebes, Cilacap, Jepara (SMPFA=34)

PTC Malang:
4 BDC courses were conducted for 40 MW from Sampang, Pamekasan, Sidoardjo, Tuban
2 CTS courses conducted for 20 MW from Ngawi and Tranggalek
2 CTS practicum conducted by 20 MW from Ngawi and Tranggalek
(20 MW trained in BDC during the two CTS practicum in the two DTCs)

NRC Surabaya:
BDC orientation for 28 persons from 7 districts (Dinas, hospital & IBI)
ATS course conducted for 10 MW from PTC Malang (Kanwil)
ATS practicum conducted by 10 MW from PTC Malang
(18 MW trained in CTS during the ATS practicum from 2 DTC-Sampang Pamekasan)
1 two-day orientation to BDC for 60 private midwives (self paying)
1 three-day preparation in BDC for 25 MW from 5 districts to implement through the magang process (funded by MOH pusat)

Peer Review
Peer review model and tools were revised, pretested and finalized.

IBI has delayed training of peer review teams due to scheduling conflicts in the districts – the peer reviewers, who are also clinical instructors at the DTCs, are conducting BDC training for the World Bank project.

DIII Preservice Midwifery Education
Pretest materials: 18 midwife teachers from six DIII midwifery schools (Jakarta, Surabaya, Padang, Makassar, Bandung and Cirebon) participated in a four-week training of the four new curricular content units (CCUs). All participants were updated on the content as well as their clinical skills and teaching skills.

Orientation to materials: 44 DIII faculty from 17 schools in E. Java and W. Java participated in a 1-day orientation to the revised curriculum that they will begin to use in 2001. An in-depth orientation for these faculty will be conducted in February.

Training clinical instructors: Agreement reached with PTC Malang to provide BDC training for DIII clinical instructors.

Technical Working Groups in West Java
TWG training

TWG services (blood)
TWG quality

BEHAVIOR CHANGE INTERVENTION (BCI)

White Ribbon Alliance in Indonesia -- *Pita Putih*
Routine meetings of WRA/I were conducted with member organizations, which now number 80, Aug 22, Sep 4, Sep 18, 2000.

Healthy Indonesia 2010: WRA/I asked to participate in the Coalition for Healthy Indonesia to promote maternal and neonatal survival. WRA/I also participated in a press conference Sep 21 and announced that next month's theme is "Saving Women's Lives".

Conference Participation: WRA/I participation and presentation at ICM conference in Bali, 5 Sep and attendance at WHO donor collaboration meeting on Making Pregnancy Safer.

SIAGA
The first stages of formative research are underway by Polling Center for the qualitative data collection (See MEOR component). Suami SIAGA TV and radio broadcasts begun in West Java; expansion of the campaign in three provinces (E. Java, S. Sumatra, S. Sulawesi) with UNFPA funds to JHU/CCP.

Advocacy
Twelve participants from the 3 MNH districts in West Java, four from TWG-BCI and one from TWG-A&P participated in an advocacy training workshop focusing on defining the objective of the advocacy, effective communication of the message, and producing advocacy materials.

MONITORING, EVALUATION AND OPERATIONAL RESEARCH (MEOR)

Indicator development and monitoring
Performance Monitoring Plan for USAID/Indonesia developed and submitted Sep 30. Baseline data being compiled and due to AID in November.

Birth with skilled provider: The new question formulation for births with skilled provider submitted to HKI. The formulation did not make it into the next round of data collection but will be included in the last round of the year.

HKI's HNSS: HKI is uncertain whether over-sampling in MNH districts will be possible. Followup discussions required.

Baseline data collection
Formative Research: (JHUCCP leading). This study is conducted in two parts:

a) Qualitative: instruments designed and pretested Sep 7-22 by Polling Center for:

12 FGDs among married women and men of reproductive age
In-depth interviews with 15 midwives, 6 community leaders, 9 TBAs
Collective Action assessment of local NGO / CBO in 3 districts
Data collection will take place Oct 12-26

b) Quantitative: instruments will be designed in Nov/Dec by TNS following preliminary analysis of qualitative data. Data collection will take place in January.

Midwife baseline (JHPIEGO leading): Data collection instruments drafted; coordination with TNS required to ensure that all necessary data are collected, but not duplicated; sample size being discussed with Baltimore. Data collection plan in place for January 2001.

Site assessment (JHPIEGO leading): Existing data collection instruments reviewed in collaboration with PQI team. Data collection plan in place and planned for Nov/Dec.

Program indicators (collaboration with HKI): Finalization of all program indicators still in progress as components are refined. Key program indicators included in the Program Monitoring Plan for USAID/Indonesia.

Ongoing monitoring

Birth practices and outcomes are being monitored from a cohort of midwives in East Java and Central Java following clinical training in BDC. Preliminary results from 832 births by 87 midwives trained to prevent postpartum hemorrhage show:

- performance of active management of 3rd stage of labor at 94% of all births;
- incidence of retained placenta (not delivered within 30 minutes) at 1.2%;and,
- incidence of atony at 2.4%.

COMPLETED INTERNATIONAL TRAVEL July - September 2000

DATES	TRAVELER	PURPOSE
MANAGEMENT		
10-14 July	Mark Heffernan	Office systems plan; POGI grants
10-22 July	Kim Wheeler	PNG - ADB/UNICEF Safe Motherhood (not MNH funded)
12 Aug-1 Sep	JoAnn Theys	Office systems changes; set up Bandung office
18-29 Sep	Beth Talbot-Sanders	Personnel system; compensation package
18-29 Sep	Patrick Woczny	Computer network
14-16 Aug	Kim Wheeler Trish MacDonald	Malaysia - ADB/UNICEF Safe Motherhood meeting
7-19 Sep	Trish MacDonald	Baltimore - MNH presentation to BOT
APPS		
26 June-7 July	Harshad Sanghvi Frits Broekhuisen Ricky Lu	NRD launch at POGI congress Model center site visits EOC, PAC strategies
PQI		
26June-14July	Ricky Lu	EOC training, BDC video, ATS strategy
19-26 July	Jeanne Marie Crowe	Midwife Trainer candidate; visit Bandung; BDC standardization; DIII workshop prep
27 July-25 Aug	Jane Anne Fontenot Robin Hale Pauline Glatleider	DIII midwife teacher workshop
BCI		
23 Sep - 5 Oct	Suruchi Sood	BCI formative research
MEOR		

3.1.2 Nepal

The Nepal Maternal & Neonatal Health Program (MNH/Nepal) has three primary objectives:

- Improved policy environment and collaboration;
- Improved quality of services; and
- Increased access to and demand for services.

Accomplishments during the fourth quarter are presented in this section by objective, and illustrated in the attached table.

Improved policy environment and collaboration

There are several outcomes associated with the MNH/Nepal's efforts to improve the policy environment and collaboration among the FHD and SM partners. The most visible national-level activity has been the establishment of the Safe Motherhood Subcommittee (SMSC). As reported earlier, under the Reproductive Health Coordinating Committee (RHCC), the SMSC was founded and held its first meeting. In this quarter, a SMSC manager and assistant were hired, and a SMSC office was established at FHD. The first 2 meetings were held on 4 July and 30 August. Discussions on the objective and format of the SMSC newsletter are ongoing with the SM Unit of FHD, SMSC staff and JHU/CCP. Working with other SM organizations and projects, discussions have continued on how best to create a sustainable SM resource center. Original plans were to contribute and support the SM component of the UNFPA-funded RH resource center (which is yet to be established), but its development has been postponed. Current thinking is to augment an existing library, but requires consensus and FHD approval. Discussions also continue on SMSC membership.

Continued collaboration is demonstrated by the following coordinated efforts:

1. Organized a planning meeting in Kathmandu (3 July) among all key implementers of SM efforts to reach consensus on the goals, objectives, structure, and logistics for an upcoming workshop on behavior prioritization for maternal and neonatal survival.
2. Designed and developed the SM behavior prioritization workshop, in collaboration with NSMP/OPTIONS. The workshop was planned for August 2000, but was postponed until November due to Ministry of Health scheduling conflicts.
3. Worked with National Health Training Center (NHTC), UNFPA and NSMP on a standard national inservice training curriculum and approach for MCHW refresher training.
4. The MNH Program in Baltimore provided technical assistance to strengthen the Safe Motherhood Network's capacity to mobilize and coordinate, including increasing the network's involvement in MNH/Nepal's BCI.
5. Continued providing technical support to the NSMP hospitals as they strengthen their capacity to conduct competency-based SM clinical training for MCHWs.
6. Participated in the ADB regional workshop in Malaysia in August 2000 in support of the Nepal policy team.
7. Met with the Nepal Nutrition Intervention Project-Sarlahi (NNIPS) to discuss potential areas of collaboration on research, vitamin supplementation and other maternal health and

nutrition issues.

8. Continued ongoing discussions with United Mission to Nepal, UNICEF and GTZ about opportunities to integrate birth planning, message pre-testing and localization, service delivery strengthening and training activities at their project sites.
9. Met with JSI to discuss approaches and lessons learned on materials development for FCHVs and to identify areas for collaboration with their FCHV-related projects.
10. Led meetings among interested organizations and donors on the role of volunteerism and experiences to date working with community health volunteers to build consensus for and help shape the volunteerism study.

For MNH/Nepal, policy-relevant research activities have been developed and approved by AID/Washington's Asia Near East Bureau. Two research activities have been developed to support technical interventions: a study on the role of volunteerism to support maternal and neonatal health programs' particularly workload, motivation and retention issues of the FHCV program; and formative research on family, community and VDC financial planning to feed into the development of a health financing tools for birth planning. These activities were reviewed by the research subcommittee of the RHCC and FHD and then approved by the SMSC. Both activities begin in FY2001.

Improved quality of services

A central goal of training activities for MNH/Nepal is to strengthen the ability of SNs, ANMs and MCHWs to provide quality maternal and neonatal health care. Due to UNFPA's large-scale MCHW training project, work during this year has focused on the SM curricular components for inservice training of MCHWs. As reported in earlier reports, the 8 modules of the MCHW training package have been developed and field tested. Data has been analyzed, and the findings from the 31 MCHW field-test have been drafted. NHTC has called a meeting in November 2000 to discuss field-test findings, reach consensus on a standard MCHW inservice training curriculum, and finalize the materials. The MCHW finalized curriculum; and, materials will be adapted in FY2001 for inservice training of SNs and ANMs.

A Maternal and Neonatal Health Clinical Update was conducted for approximately 50 key trainers, clinicians and program staff in July in Kathmandu to build awareness of international best practices. Efforts to develop a national SM training strategy, however, have been slowed by FHD until the MCHW inservice field-test findings are available and consensus is reached. Following the November NHTC workshop, a national SM training strategy will be drafted with FHD support. A workshop will be conducted to review and revise the training strategy in FY2001.

In continued support of the development of the 3 NSMP hospitals as SM clinical training sites, on-the-job followup technical assistance and support was provided to the trainers as they conducted Phase II of training for MCHWs on pre-eclampsia/eclampsia and prolonged labor. Discussions to formalize the partnership between NSMP and MNH/Nepal have progressed, and followup technical assistance to trainers and training site by JHPIEGO will be included. To strengthen another clinical training site, in this quarter discussions with UMN and the Patan Birthing Center were reinitiated with the newly-appointed hospital director. Interest remains

strong in strengthening the service delivery and training capacity of this Kathmandu-based SM clinical training site. With a formal commitment of institutional collaboration activities will begin in the first quarter of FY2001.

All perservice training activities have been planned for FY2001.

Increased access to and demand for services

The foundation of results for this program component is to bring consensus of SM stakeholders on prioritized recommended SM behaviors and development of messages through a central level workshop with a Technical Working Group including media personnel and advertisers. During this quarter, technical assistance was provided to JHU/CCP from the MNH Program in Baltimore to identify best practices and develop a strategy for the workshop, originally scheduled for the end of August. JHU/CCP and CEDPA worked together with government counterparts and other interested donors and organizations on the planning of the workshop. In fact, NSMP and MNH/Nepal agreed to co-sponsor the workshop and share technical and financial resources. In August, the workshop was postponed due to Ministry of Health scheduling conflicts, and has been rescheduled as currently titled "Speaking with One Voice: Prioritizing Behaviors for Improved Maternal & Neonatal Survival" for 6-10 November 2000. Technical experts in behavior change communication and community mobilization from the MNH Program in Baltimore will participate in the workshop. The output of the workshop will be both a set of behaviors that can be promoted nationally and locally at the district level. Taking advantage of the postponement, a behavior change intervention team of 3 from JHU/CCP and CEDPA traveled in September to 2 districts (Dhankuta and Dhanusha) to talk to women, families, service providers, volunteers and communities in order to understand the local issues, perspectives and realities, and explore common ground on maternal health, use of services and birth planning, and also to invite representatives and alternates for the consensus workshop. The information gathered during this trip, as well as findings from studies in Nepal, will be incorporated into the consensus workshop as "Village Voices."

Results of the workshop will shape the SM component of RH IEC strategy to be developed in FY2001 by NHEICC and FHD with technical assistance from MNH/Nepal. The final result of these activities will be the strategy and messages disseminated to key stakeholders and implemented both at the national and district level. Working in districts where ongoing projects can leverage existing communication channels and resources, it is anticipated that localization will occur in 5-6 districts in the future.

Efforts to improve quality of maternal and neonatal care provided in the form of job aids or counseling materials will be developed based on the prioritized desirable behaviors and standardized message guidelines.

In the area of birth planning, several steps to provide action-oriented information to families, communities and providers on key behaviors and practices were accomplished in this quarter. In addition to participation in the message development activities described above, CEDPA has completed its work on the conceptual framework for the birth preparedness package (BPP). Information has been synthesized into 4 areas of focus: preparation during pregnancy (antenatal

care and education), planning for birth and postpartum care, complication readiness and health financing. Behaviors from the "Speaking With One Voice" workshop will be integrated into the materials adaptation and development process in early FY2001. Field-testing of the BPP will also begin in FY2001 in Kailali, but interest from other projects, donors, INGOs and NGOs will be explored for broader geographic field-testing.

Other accomplishments

Mechanisms to monitor progress and evaluate indicators for both internal review and external reporting are being established, beginning the finalization of the M&E framework. The framework and its indicators will serve as the foundation of the baseline data collection activity to be conducted in MNH/Nepal program areas in Fall 2001. Local R&E technical expertise from research firms and consultants have been identified and will be contracted for all research and evaluation activities planned by MNH/Nepal.

3.2 Latin America/Carribean

3.2.1. Bolivia

During FY00, MNH successfully started up the MNH Program in Bolivia. MNH opened an office in La Paz which is shared with JHU/CCP. An MNH/Bolivia Program Director as well as technical, administrative and support staff were hired. MNH/Bolivia developed a close working relationship with key partners such as the MOH central and district levels, PROSIN, USAID, BASICS, GTZ, COPI, medical and nursing schools and a variety of local NGOs.

During FY00 the MNH/Bolivia team, in collaboration with its partners, developed a tool to identify priority districts for maternal and neonatal health. The mapping tool is noteworthy because it uses existing data sources including DHS and National Health Information System (SNIS) data to identify priority districts.

The MNH/Bolivia program's biggest achievement was the development, in very close collaboration with the MOH and other partners, of a MNH/Bolivia program strategy. This strategy aims to develop integrated networks for maternal and neonatal survival in 17 districts in Bolivia. Each integrated network is comprised of a network for Maternal and Neonatal Health Services and a Community Network. The goal of these networks is to work together to promote maternal and neonatal survival, particularly through increases in skilled attendant at birth. This strategy is outlined in a document developed by the MNH/Bolivia team.

1) Meetings will be held with key stakeholders to develop a comprehensive BCI strategy

Completed. MNH/Bolivia has worked with key stakeholders from the MOH central and district levels, from PROSIN (the USAID funded bilateral project with the Bolivian MOH), USAID, BASICS, COPI (the Italian foreign assistance agency) and local NGOs to develop a comprehensive BCI strategy which is called "Community Networks for Maternal and Neonatal Health." The community networks will work to increase access to skilled birth attendants and other EMNC services by pregnant and postpartum women and their babies and to promote beneficial practices such as early and exclusive breast-feeding. The community networks will also serve as a mechanism to assure the quality of services in the services networks.

2) An assessment/analysis of data sources will be conducted

Completed. MNH/Bolivia team members worked with representatives from the MOH, PROSIN, USAID and GTZ to develop a mapping tool to identify priority districts for MNH intervention. Districts were chosen that had a significant maternal health problem but which also had sufficient institutional capacity to respond to those problems if given technical assistance. Seventeen districts were chosen, most of which are located in peri-urban areas.

3) A workshop to reach consensus on indicators will be conducted

Completed. In July, two MNH/Baltimore staff members traveled to La Paz to work with the MNH/Bolivia team and other relevant stakeholders to develop a results framework and indicators for the MNH Program in Bolivia. MNH is now working with JHU/CCP to finalize the indicators

for the community networks component of the program.

4) Incountry registration will be completed, key staff will be hired and an office will be opened in La Paz

In process. During the fourth quarter of FY00, two key staff were hired for MNH. An IEC specialist was hired to support the development of the community networks (this person is a JHU/CCP staff member). A financial administrator, to be shared with JHPIEGO's TRH program, was also hired. Both staff will begin working full time in October 2000. The incountry registration is still in process. It is hoped that registration will be granted by December 2000.

5) Meetings will be held with partners to develop an integrated MNH workplan and budget

Completed. MNH/Bolivia worked with PROSIN, the USAID funded bilateral project with the MOH, to develop integrated PROSIN/MNH workplans and budgets for each of the 17 districts.

6) Workplan and budget will be presented to USAID/Bolivia for funding approval

Completed. USAID/Bolivia participated in the development of the MNH/Bolivia workplan for FY01.

7) National plan development workshops will be conducted

Completed. The National Maternal and Neonatal Health Plan was finalized by the MOH during the fourth quarter of FY00. This plan was developed with support from MNH/Bolivia and other partners. The Plan will be printed and disseminated during the first quarter of FY01. MNH/Bolivia will provide financial support for printing.

8) Baseline needs assessment will be conducted in Beni, Pando, Potosi and Tarija

When the Bolivia FY/00 workplan was written it was thought that MNH/Bolivia would work in these departments. At the request of the MOH, MNH/Bolivia worked with the MOH, GTZ and BASICS to develop mapping tools to determine priority districts for intervention. Using a series of weighted indicators, this tool was developed and used to conduct the assessment.

9) A desk review of maternal and neonatal health indicators and programs will be conducted

Completed. It was determined that the mapping tool would be more efficient than a desk review for assessing maternal and neonatal health indicators and identifying priority districts.

10) Groups, organizations and other key stakeholders will be identified

Completed. National and local level partners have been identified for both the community networks and the services networks.

11) Meeting will be held with key stakeholders to discuss the formation of partnerships

Completed. Meetings have been held at the national and local levels. Activities are progressing most rapidly in the four districts of El Alto.

12) Client satisfaction with EMNC services will be assessed
Planned for FY01.

13) Clinical training will be conducted
Planned to begin in the first quarter of FY01.

14) IPC/C training to improve provider/client interaction will be conducted
Planned for FY01.

Additional Activities Conducted:

Needs Assessment at District Hospitals in El Alto
MNH/Bolivia team members, in conjunction with counterparts at the MOH, conducted a needs assessment at district hospitals in El Alto. El Alto is an economically marginalized peri-urban area which abuts La Paz and which has very troubling health indicators. This needs assessment addressed facilities, equipment, drugs and supplies and health care provider knowledge of essential maternal and neonatal care. A knowledge questionnaire completed by physicians, nurses and nurse auxiliaries at these facilities revealed considerable lack of knowledge about the management of obstetric and neonatal emergencies.

Community Mobilization
During the third and fourth quarters of FY00 the MNH/Bolivia team conducted community mobilization activities in four districts, all of which are located in El Alto. This municipality has initiated a social mobilization program to increase the use of maternal and neonatal health services with MNH, COPI (Italian foreign assistance), UNFPA and PAHO. The program will train 600 *manzaneras* (female volunteer health promoters) to identify the pregnant women and families with children under five living in their assigned blocks. The manzaneras will educate these families about the free services of the *Seguro Básico de Salud* (National Health Insurance), assist women in birth planning and transport, participate in quality assurance activities at health services, promote healthy practices including exclusive breastfeeding and contribute to the community maternal and neonatal death and health surveillance systems. During the fourth quarter of FY00, MNH began training the *manzaneras* to assist women with birth planning and to recognize obstetric and neonatal emergencies. MNH also provided sweaters and bags for education materials with the *manzanera* logo to facilitate identification by community members.

3.2.2. Guatemala

***Advances in Essential Maternal and Neonatal Care Workshop* Successfully Held in the Latin American Region**

A team of midwives and ob/gyns from JHPIEGO and the MNH Program recently facilitated an "Advances in Essential Maternal and Neonatal Care Workshop" during 21 to 24 August 2000. Held in Panajachel, a town in the highlands of Guatemala, the workshop was held for internal MNH staff of Bolivia, Honduras, Guatemala and Peru and served as a technical update in Maternal and Neonatal Health Care.

Specific objectives of the workshop were as follows:

- Review the current WHO Safe Motherhood Initiative and current clinical approaches
- Present the evidence supporting the clinical decisions contained in the new WHO/JHPIEGO Reference Manual "*Managing Complications in Pregnancy and Childbirth*"
- Review how clinical and scientifically-based evidence can influence current clinical practice and decision making processes for the reduction of maternal and neonatal mortality
- Standardize Essential Maternal and Neonatal Care (EMNC) clinical knowledge of those individuals involved in the MNH program
- Share and understand the program plans of the various MNH country programs of Latin America
- Demonstrate JHPIEGO's models, approaches, and the trainer development pathway

Over 25 participants from Bolivia, Guatemala, Honduras and Peru, including MNH staffpersons, MOH and USAID officials, attended the workshop and reported it to be highly beneficial and informative. Moreover, the workshop created an excellent forum in which representatives from the various countries could interact and share valuable experiences and lessons learned. Facilitators were Annie Davenport and Gloria Metcalfe, midwives from Chile; and, Jeff Smith, Miguel Espinoza and George Gilson, Ob/Gyns from Baltimore, Peru and New Mexico, respectively.

The workshop utilized a symptom-based approach to cover the following topics:

- Normal Labor and Childbirth, including the use of the partograph and active
- Management of the third stage of labor
- Normal Newborn Care
- Refocused Antenatal Care
- Rapid Assessment and Shock, including the use of blood and blood products
- Headache, Hypertension, Blurred Vision and Convulsions
- Vaginal Bleeding in Early Pregnancy, including postabortion care and ectopic pregnancy
- Vaginal Bleeding in Late Pregnancy and Labor
- Vaginal Bleeding after Childbirth
- Fever During and After Childbirth, including the use of antibiotics
- Newborn Resuscitation
- Unsatisfactory Progress in Labor

- Postnatal Care

The main focus of the 4-day workshop was discussion of key evidence-based information about the clinical contents of the EMNC Package. There was a clear shift in thinking during the workshop from a perspective of personal clinical experience to an expression of knowledge of or request for evidence to support clinical approaches. As well, the participants appreciated and found useful a session that reviewed basic principles of epidemiology and biostatistics related to the interpretation of clinical research.

The training methodology utilized was lecture-based as well as participatory, using techniques such as case studies, guided imagery exercises and demonstrations. Presentation graphics developed for this workshop are being revised and will soon be made available on the ReproLine® website.

All topics were actively discussed and debated by the majority of the participants, including the representative from USAID/Guatemala and representatives from the Ministry of Health of Guatemala. Every participant was interested in using the information presented for promoting their own strategies and workplans, either in particular hospitals or community advocacy promotion, or in curriculum development at the preservice level. Presentations on the third day of the workshop gave details regarding how country programs plan to use this information.

MOH/Guatemala Visits the PROQUALI Project in Brazil

In August 2000, an official delegation of the Guatemala Ministry of Health was accompanied by Edgar Necochea, Director of the Latin America and Caribbean Office of JHPIEGO, and Oscar Cordon, JHPIEGO/Guatemala Country Representative, to Brazil. The purpose of this trip was to observe the implementation experience of Project PROQUALI (a model for Performance Improvement) in two states of the Northeastern region in Brazil, the Secretariats of Bahía and Ceará; to review lessons learned and to assess the feasibility of adapting such a model for implementation in Guatemala.

Dr. Ruben Gonzalez, Chief of the Department of Service Development; Ms. Daisey Gladys Gutierrez, Advisor to the MOH in Health Education; and, Dr. Mario Enrique Castillo of the Maternal-Child Division were commissioned by the Minister of Health in Guatemala to visit the PROQUALI sites and meet key stakeholders. These visits allowed the team to be exposed to different processes that PROQUALI developed to establish a functional accreditation system.

As a result of the visit, the MOH/Guatemala team confirmed their commitment in developing instruments for their accreditation system that will be implemented in Guatemala. Overall, the MOH/Guatemala team was highly impressed and has asked the Guatemalan Minister of Health to utilize the PROQUALI model as the platform from which to initiate the same process at a national level in Guatemala, pretesting and adapting the tools and approaches to the country reality. Moreover, the delegation has also requested the Health Minister for the opportunity to use this accreditation model as one way to implement the Reproductive Health Policy at the local level, as well as to support the decentralization process at the municipal level nationwide.

To support this endeavor, JHPIEGO will provide the Guatemalan MOH technical background and assistance for the implementation of the accreditation and performance improvement model in Guatemala, specifically through the MNH Program in the area of maternal and newborn health.

MNH Guatemala: A Synopsis of FY00

During FY00, efforts were made to finalize the smooth transition from the MotherCare Project to the MNH Program (or Proyecto de Salud Materno Neonatal (PSMN)) in Guatemala, and thus begin the new phase to ensure scale-up and institutionalization of all interventions. MNH/G continued to build on previous project activities that had taken place in the six health districts of el Occidente (Quetzaltenango, Sololá, San Marcos, Totonicapán, Retalhuleu and Suchitepequez), and has added El Quiche, a war-torn district that has been left with few resources as a result of the decade-long civil war. Moreover, MNH/G has agreed to provide limited technical assistance on an as-needed basis to the Eastern districts of Jalapa, Jutiapa, Santa Rosa and El Progreso.

In early 2000, USAID/Guatemala awarded a bilateral project, "Calidad en Salud" (Quality in Health) to URC, whose partners include JHPIEGO, JHU/CCP, Population Council and AVSC. The bilateral's activities will focus on strengthening reproductive health services in many of the same districts where MNH/G will be working. Since considered by USAID/Guatemala to be their pillar projects, and given JHPIEGO's and JHU/CCP involvement in both the bilateral and MNH/G, the teams have worked together in extremely close coordination with the newly-installed MOH (as a result of recent government elections) over the past several months to ensure synergy of activities.

The MOH Divisions of Regulation, Integrated Systems and Human Resources have expressed great interest in working in conjunction with MNH/G on maternal and neonatal health activities, and a substantial period of the past year was dedicated to a series of joint planning meetings with the MOH to ensure that all MNH/G activities are in accordance with MOH policies and priorities and have the potential for institutionalization. Collaboration efforts have been extremely successful, and MNH/G is well-accepted by the MOH as an instrumental part of the commitment to the reduction of maternal mortality in the country. Therefore, to strengthen the local MNH/G team, efforts have been made over the past year to provide trainings, technical and programmatic updates, and other staff development activities to ensure the team's ability to adequately meet the MOH challenge.

MNH/G continues to work closely in country with other projects, such as PCI, JSI/FPLM, CARE, HOPE, and with other international agencies such as the IDB, UNICEF, UNFPA, WHO/PAHO, GTZ, and EU. MNH/G also works with Universities (San Carlos de Guatemala, Landívar, others), nursing schools (graduate and auxiliary nurses) and professional associations (Physicians College, OB/Gyn Association, Pediatrics Association). Activities have been conducted in conjunction with JHPIEGO's TRH program which has been incorporated into the URC/QAP bilateral Calidad en Salud.

A desk review of all MotherCare/Guatemala activities was conducted and finalized in FY00. During the month of February 2000, MNH/G and MOH representatives held field visits to

various project sites to further analyze and review previous project activities and interventions. After field visits were complete, a joint meeting between MNH/G, Calidad en Salud and the MOH was held to conduct a SWOT (strengths, weaknesses, opportunities and threats) analysis, and reach consensus on overall maternal and neonatal health strategies.

To consolidate all collected information, the PSMN team held an internal workshop in March 2000 to develop a results framework. Following a logframe approach, the team agreed upon an overall strategic objective, results in three areas (Service Delivery, Demand Generation and Institutionalization), products/outputs that would be required to reach those results, and inputs/activities that would be required to produce those outputs. A draft of this results framework was prepared incountry and then shared with the MNH Technical team in Baltimore for their review and input.

Between March and April, a series of joint planning meetings were held with the MOH to present the MNH/G results framework and discuss opportunities to complement MOH and MNH/G activities based on the country's overall maternal and neonatal health priorities and plans. Meetings were successful in ensuring that all planned MNH/G activities were in strong accordance with the MOH's policies, and that all activities would be implemented in close conjunction with both local-level and central-level MOH officials–thus ensuring the sustainability of interventions.

During May 2000, a last set of workshops were held to finalize the results framework and develop the MNH/G 2001 operational workplan, outlining all activities, responsible groups, chronogram, costs, funding sources, etc. During this entire process, MNH Program external staff from JHPIEGO and JHU/CCP, as well as technical consultants provided considerable support and assistance to the MNH/G local team to ensure that Guatemala's plans followed the overall MNH Program approach.

Throughout this quarter, the PSMN has been conducting a number of meetings and planning sessions with various key stakeholders to foster sustainability and potential scale-up efforts.

MNH/G will be operating under the transition workplan for FY2000; however, the strategic direction of the MNH/G may be modified in FY2001 subject to the findings of the desk review and joint planning meetings to take place with the new government officials in the second or third quarter of FY2000.

1) Women's groups, committees and organizations will be identified

The MNH/Guatemala team has identified and established links with a number of women's groups and local organizations who will support and promote health-seeking behavior of obstetric complication.

2) NGOs and coordinating organizations will facilitate meetings among women's group and local organizations

Ongoing in the communities where we are working. We have established agreements with several agencies in these areas.

3) Meetings will be held among key stakeholders to identify areas of collaboration and coordination

Related to the outcome of 'safe motherhood collaborators functioning in coordinated fashion,' MNH/G has been continuously working with other agencies, NGOs and CAs to determine the potential for collaboration and coordination. For instance, MNH/G and URC (with the newly-awarded bilateral, *Calidad en Salud*) are working closely together to develop and implement a joint workplan.

4) Coordination meetings will be held with project intervention hospitals, medical and nursing schools

Have been conducted and is ongoing. MNH/G teams have been in constant communication with project intervention hospitals to ensure coordination of activities. MNH representatives have also been working very closely with medical and nursing schools to establish plans for further development in preservice education.

5) Meetings and workshops will be held among MNH staff, NGOs, MOH and donor agencies

MNH/G has facilitated strengthening ties among various collaborators in the area of safe motherhood through ongoing meetings and discussions.

6) Tools will be implemented to assess and utilize community feedback.

Completed and ongoing. JHU/CCP consultant traveled to Guatemala to strengthen the local MNH team and MOH officials in participatory data collection methodology. Tools were developed and have been implemented to assess community feedback, particularly in the area of client satisfaction, quality dimensions of quality of care, and client preferences with regard to the provision of health services.

7) Meetings will be held with key stakeholders.

Related to the IEC material dissemination plan, this has also been ongoing. JHU/CCP will provide support to monitor the behavior change interventions of MNH/G.

8) TA will be provided to initiate data registration and analysis in 1 health department of El Quiche

Ongoing TA has been provided to the area of El Quiche by MNH/G staff. MNH/G has supported El Quiche also by collaborating with other agencies who work in this region.

9) TA will be provided to strengthen data collection and computerization in 1 other health department

TA has been ongoing in this area.

10) Meetings will be held with JHPIEGO/TRH to develop collaboration.

Ongoing. The TRH representative participates in MNH/G staff meetings on a regular basis to ensure collaboration whenever possible.

11) Joint training will be conducted for Infection Prevention in collaboration with JHPIEGO/TRH.

Infection Prevention training was conducted in FY99.

3.2.3 Honduras

In Honduras, the MNH Program is focusing its interventions in the following areas:

- Implementation of national protocols at the two largest referral hospitals, Hospital Escuela (HE) in Tegucigalpa and Hospital Mario Catarino Rivas (HMCR) in San Pedro Sula, to ensure standardized and evidence-based care;
- Strengthening of hospital-level epidemiologic surveillance systems at HE and HMCR to ensure informed decision-making, implementation and analysis of decisions; and,
- Strengthening of preservice education to address long-term change among provider practices and behavior.

On 1 August, the MNH Program hired a local consultant, Dr. Flerida Ondina Linares Flores, to facilitate the implementation of activities incountry and to serve as a link between MNH, the MOH, USAID/Honduras, the two hospitals where MNH is currently working, the Universidad Nacional Autonoma de Honduras (UNAH), and other CAs working in the area of maternal and neonatal health.

On 15 May, and again on 18 May, the MNH team met with Dr. Gustavo Vallejo, Dean of the Faculty of Sciences and Medicine at the UNAH, to explore potential areas for collaboration in preservice education for maternal and neonatal health. Dr. Vallejo expressed his full intent to collaborate and was most enthusiastic about upgrading preservice education in Obstetrics and Gynecology (OBG). He placed special emphasis on early introduction into the OBG curriculum of a more clinically and community oriented focus that would be more relevant to the needs of the students and the country. He appeared to be very open to introducing new educational modalities in OBG to supplement traditional lecture-based learning ("clases magistrales"). He also was very interested in improving coordination between the university-based and the hospital-based faculty, a problematic issue in the way the current system functions. He made the link between preservice education and implementation of national norms, emphasizing that such norms should be introduced early in the curriculum and consistently reinforced by the faculty in the clinical years so that the student could be expected to utilize them once out in practice. He also recognized the importance of a greater emphasis on the preservice teaching of medical ethics and the humanistic approach to the woman patient so that from the inception of their training students would incorporate these principles into their practice style.

Followup to this issue will be directly discussed with the Dean again in October 2000 once hospital-level interventions are underway.

1. Meeting with key OB/GYN hospital staff will be held to establish subcommittees to review protocols.

In August, key hospital staff from HMCR and HE were invited to participate in the Advances in Maternal and Neonatal Health Regional Workshop held in Guatemala (see Guatemala report for more details). During this time, these key individuals expressed their full support to the national protocols and norms currently in place in Honduras. These norms were recently published by the

Honduran MOH, and both hospital representatives agreed to implement those protocols rather than create others.

2. National protocols will be reviewed and updated by subcommittees.
See #1. National protocols were accepted by key hospital representatives, so an additional review and update by subcommittees was not necessary.

3. Followup visits will be held.
Completed. In August, Miguel Espinoza, Bill Terry and Anjou Parekh traveled to Honduras to followup on incountry activities, particularly at the HMCR and HE. Specifically, they worked to finalize plans for implementing the national protocols for the principal causes of maternal death with the Department of Obstetrics and Gynecology and the Department of Epidemiology at HMCR and HE, finalize plans for strengthening the epidemiologic surveillance system, with the Department of Obstetrics and Gynecology and the Department of Epidemiology at HMCR and HE, meet with other CAs to discuss potential collaboration efforts, and meet with MOH representatives and USAID/Honduras to discuss project activities.

4. Preparatory meetings with hospital epidemiologists and clinical staff will be held.
Completed. During the August visit, a visible attitude change was noted on the part of Dr. Benjamin Abdu of HMCR and Dr. Ricardo Ochoa Alcantara of HE regarding the use of the national protocols at the two referral hospitals. Both expressed their motivation and strong commitment to ensuring the implementation of the norms in the Departments of Ob/Gyn. To this end, several interventions were discussed and agreed upon. These included:

- Use of "verification lists," based on the national norms, to measure specifically and objectively the adherence to protocols. Given that both Drs. Abdu and Ochoa have selected pre-eclampsia as the first complication to be assessed, a verification list for the management of severe pre-eclampsia was presented in draft form. The verification lists would also serve as a quality assurance tool to allow the staff to identify weaknesses in the management process which lead to inadequate care.
- Review of all cases with a specific diagnosis or symptom. This will provide information as to the correct diagnosis of specific conditions for which protocols should be used. In addition, it will enable hospital and project staff to accurately determine the number of cases of, for example pre-eclampsia, so as to make a correct assessment of the case fatality rate. The verification list will also be used for didactic purposes during routine clinical discussions. This allows the team to review "near-misses" in addition to maternal deaths and reinforce positive behaviors that lead to maternal survival, rather than only negative behaviors leading to maternal death.

5. Current data collection, reporting, analysis and utilization practices will be identified.
Completed. In August, the MNH team met with Ms. Paula of HMCR, and Dr. Alma, Mr. Gerardo Samayoa and Dr. Rosa Kafati of HE to discuss progress to-date of the epidemiologic surveillance system. It was agreed that the Departments of Epidemiology would conduct ongoing monitoring of obstetric complications in conjunction with the implementation of the verification lists in the departments of Ob/Gyn. Currently, there is a shortage of staff in the Department of

Epidemiology at HMCR, but there is agreement to implement the surveillance system. The Department of Epidemiology at HE is staffed by two physicians, a computer programmer, and secretary.

The MNH team also met with Dra. Georgina Diaz, Head of the Statistics Department at the MOH, to introduce her to the MNH Program's involvement in the two hospitals. Dr. Diaz expressed her support and interest in continuing discussions with MNH to explore collaborations.

6. Ideal data collection reporting, analysis and utilization practices will be determined.
Completed. (Refer to #5 above).

7. Followup visits will be conducted.
Completed. (Refer to #3 above).

3.2.4 Peru

During FY00 Peru, like many of its neighbors in the Andean region, experienced considerable political unrest. President Alberto Fujimori was re-elected to an unprecedented third term amid widespread reports of fraud, and inaugurated in the face of mass protests by the supporters of the opposition. During the fourth quarter of FY00 President Fujimori's closest advisor was accused of bribing opposition members of congress. An incriminating videotape strengthened this claim, which led to further protests. Ultimately, President Fujimori announced new elections for March 2001 and stated that he would not run in that election.

The political instability in Peru, coupled with uncertainty among MOH and USAID/Peru authorities as to the best role for the MNH Program, led to considerable delays in program start-up. However, in October 2000, MNH staff members had a series of successful meetings with MOH and USAID counterparts which outlined the role for MNH/Peru in upcoming years. The following needs for technical assistance were outlined by the MOH and USAID:

1) Improving the use of existing data to measure maternal mortality and to use this information for decision making and priority setting; and,

2) Developing clinical training centers in EMNC at the secondary level district hospital level in peri-urban Lima

There is a possibility that the MNH/Bolivia team, which has experience using existing data sources to estimate maternal mortality, may provide TA to the Peruvian MOH for this activity. Local MNH staff will work to coordinate the clinical training component. The MOH is interested in developing training centers at the secondary level because the current training center at the tertiary center Maternidad de Lima has a high-tech approach which does not reflect the reality of health facilities in rural or peri-urban areas. MNH expects program implementation to begin in earnest in FY01.

3.3 Africa

3.3.1 Burkina Faso

For Burkina Faso, activities associated with development of an M&E plan were completed and/or revised in September - October 2000. Draft project indicators were shared with various project partners for comment. Research protocols must be reviewed by an ethical review board, thereby delaying program plans. Data collection is expected to start in May 2001, pending review of an ethical board.

For the BCI activities, the assessment of community capacity was done during the overall project assessment trip in March 00. Meetings were held with various project partners. The Mwangaza scope of work was developed in August-September 2000, and additional work will be done to refine the BCI strategy as the project is implemented.

The exploratory visit and TA needs assessment were conducted in March 2000 as part of the overall project assessment. TA needs will be continually assessed over the life of the project. Project staff have been hired. A local project advisor was hired in May and a finance/admin assistant was hired in September.

The MOH convened a meeting of the SM committee in August. The local MNH project advisor and the JHPIEGO country representative attended. The RH PNP were developed. The draft was formatted at JHPIEGO and sent back to Burkina in September 2000. Printing is to be paid by the World Bank. Dissemination will be handled by the MOH. However, the MNH program will use the PNP as the basis for training and supervision and will disseminate the PNP as part of effort in the District of Koupela to improve the quality of care and standardize services.

The preservice curriculum is expected to be finalized during a workshop to be held in January 2001. A limited distribution of the curriculum will be made but wide dissemination throughout the region will be done after the curriculum is tested in 1-2 countries. In-service training materials have not yet been adapted/developed. That is expected to begin in December 00 or January 01.

Development of job aids may be included at a later date. Other training materials and BCI materials will be identified and adapted as needed.

Work on the activities related to malaria have been revised and postponed to correspond with the timing of the rainy season.

3.3.2 Guinea

In April 2000, USAID /Guinea requested the Maternal and Neonatal Health project to provide technical assistance for the revision of the national SM program document which was written in 1997 but was never officially adopted. In July 2000, this activity was launched in Guinea through two initial activities including a situational analysis of maternal health in Guinea and a national workshop to redefine the strategic focus, objectives, and activities. The draft document resulting from this workshop will be presented to the Guinea Ministry of Health for validation in November 2000.

The MNH team initially met with USAID / Guinea health specialist, Dr. Mariama Bah, who gave an overview of USAID activities in the reproductive health sector in the country, and explained their shift in strategic focus from family planning to MCH/FP and STD/HIV/AIDS. The MNH team then met with representatives of the Guinea MOH Division of Reproductive Health (*Division de la Santé de la Reproduction - DSR*) team, including Dr. Morrisanda Kouyaté, Division Chief of RH; Dr. Séré Kaba, National Coordinator of the SM Program; and Dr. Medina Rachid, Head of section of Reproductive Health for Men and Women (*Division des Hommes et Femmes).* Their expectations included a review and update of the current SM strategy based on international standards, formulation of a clear and comprehensive strategy, and technical assistance for the adoption and validation of the revised document. Dr. Kouyaté emphasized that the current community financing strategy, MURIGA, should be included in the strategy. Dr. Kouyaté also expressed a desire for MNH technical assistance in the design and adoption of a national action plan for the SM program which would include the participation of international donors and partners involved in SM activities in Guinea.

The MNH team and Dr. Séré Kaba met with representatives of several multinational organizations which support SM activities in Guinea in order to learn of the specific activities they support and seek their input in revising the strategic focus and objectives of the SM program. The team held a brief meeting with the UNICEF SM representative, Dr. Yatara, to discuss the efforts they support in the prefecture of Dabola and seek their support in the revision of the program. Brief meetings were also held with Dr. Christophe Brun of the World Health Organization (WHO) and Dr. Mahmadou Kaba of the United Nations Population Fund (UNFPA).

Situational analysis of maternal health in Guinea

In order to formulate a current situational analysis of maternal health in Guinea, simultaneous site visits to MH service delivery points in seven rural prefectures and four urban communes in the four geographic regions of Guinea were conducted from 23-29 July. A total of four teams, consisting of members of the national revision team and service providers with previous assessment experience, conducted site visits to one or two rural prefectures or urban communes. Within each prefecture or urban commune, several different service delivery points were assessed including the prefectural maternity, an urban health center, a rural health center, and a health post. The sites were chosen on the basis of accessibility within the time period allotted to data collection and the opportunity to compare recently renovated centers to non-renovated health centers within a prefecture.

The tools used for data collection had been designed by the MNH team in Baltimore and adapted for use in Guinea by the national revision team. A total of five tools were used for data collection including: 1) facility assessment tool, 2) service provider interview, 3) client exit interview, 4) family interview, and 5) non-governmental (NGO) representative interview.

Following the site visits, the MNH team completed a qualitative situational analysis from information gathered during site visits. This report includes a review of the methodology, analysis of strengths and weaknesses of maternal care centers visited, and recommendations for the safe motherhood program. The MNH team, accompanied by the National Director for Public Health, the Secretary General of the MOH, the Head of the Division of Reproductive Health, and the national SM Coordinator met with the Minister of Health, Dr. Saliou Diallo reviewed the results of the situational analysis. The Minister was very open to the results of the situational analysis and emphasized the need to improve community participation in the struggle against maternal mortality.

National workshop

From 2-5 August, the national maternal health workshop was held for approximately 30 participants from all levels of the health care pyramid in Guinea. These participants included regional health inspectors, prefectoral health directors, service providers from both rural and urban health care sites, and representatives from local and international NGOs. As a result of the diversity of participants, who represented all regions of Guinea, there was very active participation of all levels throughout the workshop. The approach taken was participatory, including individuals from the MOH and all sites visited in order to increase participation in the development of the SM program. This approach and the workshop were very successful.

Following the successful completion of the National Revision Workshop, the MNH team debriefed USAID and DSR representatives on the previous month's activities and the next steps needed in the revision of the SM program. The MNH team discussed how the MNH project could provide technical assistance in the implementation of a revised SM program. USAID commented that many future decisions regarding direction of their technical expertise would depend on decisions of the DSR. Dr. Bah also confirmed that funding would be funneled through the current bilateral agreement in Guinea (the PRISM Project).

In a debriefing with representatives of the DSR, all parties agreed that the objectives of the month's activities had been met as planned and successful, and that the information will permit the MNH consultant to complete a draft revision of the SM program document.
The team discussed tentative dates for a validation workshop that will combine both finalization of the document and development of a national SM action plan. This workshop is now planned for early November 2000.

3.3.3 Tanzania

Performance Improvement for Antenatal Care
During the quarter, the MNH Program continued to work with the Reproductive and Child Health Section of the Tanzania Ministry of Health (RCHS/MOH) and USAID/Tanzania on the National Package of Essential Reproductive and Child Health Interventions (NPERCHI). Comments made following the consensus meeting held 28 June 2000 were incorporated in July and the RCHS/MOH also circulated the document during August and September to gather staff feedback on the Integration and Management of Childhood Illnesses (IMCI) section. Once this feedback is received, and the MOH's Director of Preventive Services signs the preamble to the NPERCHI, the document will be completed, printed and distributed. Once the NPERCHI is disseminated, it will act as a guide to District Health Management Teams (DHMTs) as they plan and monitor health programs in their districts. It is expected that the use of the NPERCHI by DHMTs throughout Tanzania will result in coordinated, evidence-based RCH efforts within the country.

In July, meetings were held with the RCHS/MOH, USAID/Tanzania, AVSC, CCP/PCS, INTRAH, and MSH to discuss the RCHS/MOH annual workplan and coordinate CA performance improvement program technical assistance. The RCHS/MOH discussed their expectations for the Performance Improvement initiative with the CA representatives. This 5-day meeting resulted in a revised and approved RCHS/MOH workplan as well as agreed upon next steps for the development of this important initiative.

In August, Dr. Harshad Sanghvi, MNH Medical Director, and Dr. Pius Okong, MNH Consultant, visited Dar es Salaam to provide TA to the RCHS in the planning of the initial activities scheduled for the antenatal care (ANC) program. During the trip, Dr. Sanghvi and Dr. Okong participated in the selection of the 4 ANC initiative pilot districts and the two zonal training centers (CEDHA and Iringa Primary Health Care Institute) to be involved in the ANC initiative. The four pilot districts selected (Arumeru, Iringa Rural, Ludewa, and Monduli) are located in the Arusha and Iringa provinces and were chosen to represent a cross-section of the Tanzanian population.

Dr. Sanghvi and Dr. Okong also worked with the RCHS/MOH and USAID/Tanzania to initially plan for the upcoming needs assessment scheduled for November 2000. The composition of the needs assessment teams were negotiated and detailed information regarding district health facility and provider presence was gathered for each of the 4 selected districts. A meeting was also held with Dr. Sanga, the Director of the RCHS/MOH, to integrate her comments into the MNH workplan. Following this meeting, the workplan was revised and was re-submitted to USAID/Tanzania in September.

3.3.4 Zambia

Due primarily to administrative and political hurdles, initial progress for early FY00 was slow for the Zambia/MNH program. But following the May 00 relocation of JHPIEGO/ESA Associate Director, communication and logistical issues have been improved. The signing and approval of both a subagreement with the General Nursing Council and a task order with JHU/CCP have improved the facilitation of activities. The General Nursing Council now has the capacity to take financial responsibility for activities and its monthly financial reports. Political barriers have been somewhat relieved with a change in leadership at the University Teaching Hospital, and the reconciliation of a long-term national physicians' strike.

In the last quarter of FY00, activities were completed successfully and expeditiously. It is expected that this pace will be maintained throughout FY01. At this point, communicative relationships have been formed with key incountry partners and government representatives; and program efforts are strongly supported.

BCI

1) Community mobilization project plan will be developed and approved

Initiated in 4th quarter FY00, and scheduled to be completed in 1st quarter FY01. The MNH Social Mobilization Director, Nancy Russell, traveled to Zambia 25 June - 09 July 2000 to meet with local NGOs and government representatives to identify a lead NGO to be secretariat of the Safe Motherhood Network, and to develop a plan for a Safe Motherhood Network which builds on the strengths of local organizations.

2) Community mobilization project plan will be developed and approved

Though the meetings held in the 3rd and 4th quarters with local NGOs and government representatives have been constructive and much interest in the Safe Motherhood Network has been demonstrated, the project plan is still in the development process and some political obstacles have been encountered in country. It is expected to be completed in the 1st quarter FY01.

3) Meetings conducted to assist communities and NGOs in strengthening referral and finance systems

This activity, dependant upon the finalization of the strategy for and establishment of the Safe Motherhood Network, is expected to take place during the 3rd and 4th quarters of FY01. It was originally scheduled to begin in the 4th quarter FY00.

4) MNH mobilization events will be sponsored

This activity originally scheduled for the 4th quarter FY00, is now scheduled to begin during the 4th quarter of FY01.

POLICY

1) Meetings and workshops will be conducted with key stakeholders

Preliminary clinical protocols have been developed in the course of the GNC midwifery activities, involving the GNC, clinical midwifery faculty and trainers, and Ob/Gyn staff from the University Teaching Hospital and two other hospitals (Ndola and Mufulira).

Initial discussions have been held with MOH and Central Board of Health (CBOH) staff and local partners involved in policy development, and copies of other EMNC clinical guidelines from the region (Uganda) have been provided to key partners for review.

EMNC

1) National EMNC Clinical Guidelines implemented

All EMNC Guidelines activities have been shifted on the timeline, reflecting the need for consensus among government and partners on the need for clinical guidelines. The subject is caught up in a debate in-country over producing integrated guidelines versus subject specific guidelines. JHPIEGO will work in coordination with the ZIHP partners to review, revise and harmonize national EMNC guidelines with the drafts in process as well as with the existing EMNC protocols developed in 4th quarter FY00.

2) Existing Zambian, regional and international guidelines will be reviewed and adapted, taking into consideration the financial implications of EMNH procedures

This activity, originally planned to begin in 3rd quarter FY00, actually began in 4th quarter FY00 and is expected to be completed in second quarter of FY01. In July 00, a team selected by the General Nursing Council, including representatives from the CBOH, the MOH, the GNC and the schools of midwifery, met to review a draft booklet of protocols developed in June 00. The protocols were revised, and learning guides were then prepared based upon the newly revised protocols. Copies of the protocols and learning guides were given to USAID/Washington and USAID/Zambia. These protocols will be used as a catalyst to develop national service delivery guidelines.

3) Meetings will be held with key stakeholders to draft and adopt national EMNC clinical guidelines

This activity, originally scheduled for 3rd quarter FY00, is now rescheduled for 3rd quarter FY01.

4) Draft Zambia national EMNC clinical guidelines will be tested in RM schools and clinical settings

This activity, originally planned to begin in the 4th quarter FY00, is now scheduled to take place during the 4th quarter of FY01.

5) Service sites will be equipped to provide MNH services according to the national guidelines *(joint programming work with JICA)*

This activity is dependant upon JICA funding.

6) RM curriculum will be reviewed

This activity, originally scheduled for the 4th quarter FY00, is now rescheduled for the 1st and 2nd quarters of FY01, following the completion of the site prep, MNH Knowledge Update and Clinical Skills Standardization and Clinical Training Skills Course (1st quarter FY01) activities. Appropriate technical expertise to provide assistance for this activity will be available in Jan 01.

7) RM training for clinical and classroom faculty will be conducted

- MNH Knowledge Update: 28 Aug –08 Sept 00 (Sushie Engelbrecht & Rachel Bishop)
- MNH Clinical Skills Standardization: 26 Sept – 06 Oct 00 (Sushie Engelbrecht, Theresa Kafula, Laura Leigh Brakke & Brandy Feikema)

This activity began in the 4th quarter FY00 as scheduled and will continue through to the3rd and 4th quarters FY01 to reflect the new timeline for curriculum revision

8) MNH knowledge and skills training will be conducted for staff from service sites acting as practicum sites for Registered Midwifery program, including IPC/C training

- Site preparation Activity: 26 June-07 July 00, including IP standardization (Sushie Engelbrecht & Dorothy Andere)
- MNH Knowledge Update: 28 Aug–08 Sept 00 (Sushie Engelbrecht & Rachel Bishop)
- MNH Clinical Skills Standardization: 26 Sept–06 Oct 00 (Sushie Engelbrecht, Theresa Kafula, Laura Leigh Brakke & Brandy Feikema)
- Regular followup visits to practicum sites

9) Curriculum Strengthening Team (CST) will be formed with representatives from the GNC, CBOH and tutors and clinical instructors from three RM schools

Activity started in 3rd quarter FY00 and completed in 4th quarter FY00.

10) RM training for clinical and classroom faculty will be conducted

- MNH Knowledge Update: 28 Aug –08 Sept 00 (Sushie Engelbrecht & Rachel Bishop)
- MNH Clinical Skills Standardization: 26 Sept – 06 Oct 00 (Sushie Engelbrecht, Theresa Kafula, Laura Leigh Brakke & Brandy Feikema)

This activity began in the 4th quarter FY00 as scheduled and will continue through to the3rd and 4th quarters FY01 to reflect the new timeline for curriculum revision.

11) Regular meetings will be held with GNC throughout RM strengthening process

- GNC is regularly working with JHPIEGO to move this initiative forward
- Subcontract established with GNC for preservice activities
- Visit conducted by JHPIEGO/Uganda Finance Analyst to orient GNC/Finance to

JHPIEGO's subgrantee financial reporting procedures (7-12 Aug 00)

12) Meetings conducted on improving birth preparedness

This activity, dependant upon the finalization of the strategy for and establishment of the Safe Motherhood Network, is expected to take place during the 3rd and 4th quarters of FY01. It was originally scheduled to begin in the 4th quarter FY00.

MONITORING, RESEARCH & EVALUATION

1) Workshops will be conducted to develop a M&E plan including:

A) Defining indicators to be monitored for each project component

B) Identifying existing data collection tools and additional tools needed

(Originally planned for 2nd and 3rd quarters FY00 but not yet initiated).

This activity cluster, originally planned to begin the 2nd quarter FY00, was delayed due to scheduling conflicts with key partners. The monitoring and evaluation plan must be harmonized with any existing plans and activities. Timing is, therefore, critical. This activity is expected to resume in the 1st quarter FY01.

2) Formative research initiated to identify appropriate messages and audiences utilizing qualitative and quantitative techniques

3) Incountry or regional training in mobilization and communication strategies will be organized

4) Materials needed for development will be identified

The three activity clusters listed above were scheduled to begin during the 4th quarter FY00 but are now expected to take place during the 1st and 2nd quarters FY01, pending the establishment of the network and finalization of the network strategy.

3.3.5 REDSO/ESA

MNH activities in Uganda with the Regional Centre for Quality of Health Care (RCQHC) are dependent on the RCQHC schedule of activities and priorities. Progress has been made in the selection of the malaria advisor (CDC-supported) and MNH advisor (JHPIEGO-supported). The Centre and REDSO/Nairobi have identified and interviewed a short list of top candidates for both positions and are in the final recruitment phase. As the technical advisors are not yet on board at the Centre, the MNH activities continued to be delayed. Tentatively, the two short courses are scheduled for Spring 2001.

1) Short course on malaria better practices developed

Delayed pending selection and hiring of CDC-supported malaria advisor. (Discussions have been held with CDC about the prospect of starting work prior to the official hiring of the advisor, if they are identified and could be contracted short-term in the interim.)

2) Training conducted for staff at RCQHC on malaria better practices as applied to maternal and neonatal mortality

Delayed pending selection and hiring of CDC-supported malaria advisor.

3) TA provided by MNH advisor for malaria short course

Delayed pending selection and hiring of CDC-supported malaria advisor and MNH advisor, and development of the course.

4) Short course on maternal and neonatal health better practices developed

The first steps in this process were initiated by the Reproductive Health Advisor at the Centre. In July and beginning of August 2000, the Uganda Country Representative and RCQHC RHA gathered as many documents, journal articles, studies, ESA region country specific needs assessments as possible regarding maternal health better practices to help identify/prioritize issues in the Africa region for the MNH better practices short course. Results of this desk review were used as the basis for discussion during the 9-10 August Expert Committee meeting to discuss and identify the key contents of the MNH better practices short course for development of a draft course outline.

5) Training conducted for staff at RCQHC on maternal and neonatal health better practices

Rescheduled for 19-23 March 2001.

6) TA provided by MNH Advisor for maternal and neonatal health better practices short course

Recruitment for this post has been slow, due to disappointing responses, which has delayed recruitment of the MNH Advisor. The Centre and REDSO/Nairobi are conducting the final interviews with the top candidates. The Centre hopes to have the MNH advisor on board by end of November.

4. BUDGET

Please see attached

Year: 2000 | Printed: 11/21/2000 1:49 pm
Month: September | User ID: kmcclure
Program Version# 2.06 | Report# 201
Offices: 'ARO', 'CECAP', 'CEN', 'CORE', 'CSO', 'ESA', 'EXO', 'IRO', 'ITO', 'J3CA', 'LAC', 'LPS', 'MNH', 'OMC', 'REO',
Award Category: 'MNH1'

Cumulative Fund-Expense Report

Office Country	Cumulative Funding Appropriate thru 09/30/2000	Cumulative Actual Expenditure thru 09/30/2000	Cumulative Funding Carry Forward	Anticipated Funding 10/01/2000 - 09/30/2001	Total Funding Available	Projected Expenses 10/01/2000 - 09/30/2001	Variance to Funding
Asia Regional Office							
Indonesia	$10,200,000	$2,058,579	$8,141,421	$5,000,000	$13,141,421	$5,503,000	$7,638,421
Nepal	$1,640,000	$441,048	$1,198,952	$100,000	$1,298,952	$751,000	$547,952
Asia Regional Office Total:	$11,840,000	$2,499,628	$9,340,372	$5,100,000	$14,440,372	$6,254,000	$8,186,372
East and Southern Africa							
Redso/ESA	$400,000	$0	$400,000	$100,000	$500,000	$150,000	$350,000
Tanzania	$550,000	$132,096	$417,904	$0	$417,904	$250,000	$167,904
Zambia	$950,000	$152,649	$797,351	$300,000	$1,097,351	$750,000	$347,351
East and Southern Africa Total:	$1,900,000	$284,744	$1,615,256	$400,000	$2,015,256	$1,150,000	$865,256
Latin America and Caribbean							
Bolivia	$1,675,000	$326,283	$1,348,717	$800,000	$2,148,717	$859,000	$1,289,717
Guatemala	$2,055,000	$1,087,516	$967,484	$600,000	$1,567,484	$1,527,000	$40,484
Honduras	$450,000	$123,462	$326,538	$250,000	$576,538	$250,000	$326,538
Peru	$337,000	$78,627	$258,373	$0	$258,373	$100,000	$158,373
Latin America and Caribbean Total:	$4,517,000	$1,615,888	$2,901,112	$1,650,000	$4,551,112	$2,736,000	$1,815,112
West Africa							
Burkina Faso	$800,000	$189,297	$610,703	$500,000	$1,110,703	$529,482	$581,221
Guinea	$106,000	$51,762	$54,238	$75,000	$129,238	$107,540	$21,698
West Africa Total:	$906,000	$241,059	$664,941	$575,000	$1,239,941	$637,022	$602,919

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Office Country	Cumulative Funding Appropriate thru 09/30/2000	Cumulative Actual Expenditure thru 09/30/2000	Cumulative Funding Carry Forward	Anticipated Funding 10/01/2000 - 09/30/2001	Total Funding Available	Projected Expenses 10/01/2000 - 09/30/2001	Variance to Funding
Country Total:	$19,163,000	$4,641,319	$14,521,681	$7,725,000	$22,246,681	$10,777,022	$11,469,659
CORE							
Core - Information	$703,169	$142,943	$560,226	$0	$560,226	$342,000	$218,226
Core - Program Development	$3,782.561	$3,782,421	$140	$0	$140	$1,799,000	-$1,798,860
Core - Research	$582,587	$217,749	$364,838	$0	$364,838	$1,370,000	-$1,005,162
Core - Technical Strategies	$3,020.493	$727,112	$2,293,381	$0	$2,293,381	$4,241,000	-$1,947,619
Unearmarked Funds	$2,339,290	$0	$2,339,290	$7,752,000	$10,091,290	$0	$10,091,290
Core Total:	$10,428,100	$4,870,225	$5,557,875	$7,752,000	$13,309,875	$7,752,000	$5,557,875
Grand Total:	$29,591,100	$9,511,544	$20,079,556	$15,477,000	$35,556,556	$18,529,022	$17,027,534

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Offices: 'ARO', 'CECAP', 'CEN', 'CORE', 'CSO', 'ESA', 'EXO', 'IRO', 'ITO', 'J3CA', 'LAC', 'LPS', 'MNH', 'OMC', 'REO', 'TRH', 'WAO'
Award Category: 'MNH1'

Core Fund-Expense

Office	Country	Areaorg	Description	Cumulative Funding Appropriate thru 09/30/2000	Cumulative Actual Expenditures thru 09/30/2000	Balance Remaining to Carry Forward	Anticipated Funding	Total Funding Available	Projected Expenses 10/01/2000 - 09/30/2001	Variance to Funding
CORE										
	Core - Information Dissemination									
		B612030	Print Media (Info/Diss.) - MNH Program	-$7,081	-$7,081	$0	$0	$0	$0	$0
		B662034	PSS - MNH Program	$58,785	$4,708	$54,077	$0	$54,077	$56,000	-$1,923
		B762011	Information Dissemination	$651,465	$145,316	$506,149	$0	$506,149	$286,000	$220,149
	Core - Information Dissemination Total:			$703,169	$142,943	$560,226	$0	$560,226	$342,000	$218,226
	Core - Program Development									
		B612022	Operations - MNH Program	-$32	$0	-$32	$0	-$32	$0	-$32
		B612024	Program Development - MNH Program	$3,782,593	$3,782,421	$172	$0	$172	$1,799,000	-$1,798,828
	Core - Program Development Total:			$3,782,561	$3,782,421	$140	$0	$140	$1,799,000	-$1,798,860
	Core - Research									
		B642024	Mon/Eval/Research - MNH Program	$582,587	$217,749	$364,838	$0	$364,838	$1,370,000	-$1,005,162
	Core - Research Total:			$582,587	$217,749	$364,838	$0	$364,838	$1,370,000	-$1,005,162
	Core - Technical Strategies									
		B612031	Maternal & Neonatal Health Care	$554,100	$154,406	$399,694	$0	$399,694	$271,000	$128,694
		B612032	Behavior Change Interventions	$588,176	$142,108	$446,068	$0	$446,068	$899,000	-$452,932
		B612033	Policy Development	$593,740	$2,357	$591,383	$0	$591,383	$636,000	-$44,617
		B612034	Health Finance	$845,513	$36,809	$808,704	$0	$808,704	$0	$808,704
		B662035	Technical & Training Supp. - MNH Program	$237,537	$249,763	-$12,226	$0	-$12,226	$1,930,000	-$1,942,226
		B762010	Materials Development	$201,427	$141,668	$59,759	$0	$59,759	$505,000	-$445,241
	Core - Technical Strategies Total:			$3,020,493	$727,112	$2,293,381	$0	$2,293,381	$4,241,000	-$1,947,619

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Office	Country	Areaorg	Description	Cumulative Funding Appropriate thru 09/30/2000	Cumulative Actual Expenditures thru 09/30/2000	Balance Remaining to Carry Forward	Anticipated Funding	Total Funding Available	Projected Expenses 10/01/2000 - 09/30/2001	Variance to Funding
			Unearmarked Funds	$2,339,290	$0	$2,339,290	$7,752,000	$10,091,290	$0	$10,091,290
CORE Total:				$10,428,100	$4,870,225	$5,557,875	$7,752,000	$13,309,875	$7,752,000	$5,557,875

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Annex A: Matrices of MNH Activities According to Plan - Fourth Quarter FY2000

- "X" indicates the quarter in which the activity was originally planned to take place. The shading indicates when the activity was initiated and/or completed.
  Brief commentary on each of the activities listed for the July - September quarter can be found in the body of the report.

GLOBAL LEADERSHIP

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Essential Maternal and Neonatal Care						
Adoption of international standards and/or guidelines for maternal health and nutrition to improve quality of health provider performance.	Prototype ECPC finalized, reviewed, and distributed.	X	X	X		Meetings will be held with WHO and JHPIEGO/TRH to finalize Emergency Care in Pregnancy and Childbirth manual (ECPC).
	Prototype Care of the Sick Newborn manual finalized.		X	X	X	Two meetings will be held with WHO to develop and review the Care of the Sick Newborn manual.
	Spanish version of ECPC finalized.				X	ECPC manual will be translated into Spanish.
	Prototype BMNC maternal and newborn care manual developed, reviewed, refined, and published	X	X			Meetings will be held to develop the Basic Maternal and Neonatal Care (BMNC) manual.
				X		Manual will be reviewed by WHO, ACNM, ICM and other selected international health care providers.
	Indonesia National resource document finalized and 5000 copies distributed.				X	Meetings will be held with stakeholders and partners in Indonesia to develop national guidelines based on ECPC and BMNC manuals.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Strengthening of training systems (supervision) to improve health worker performance in essential maternal health care skills.			X	X	X	"Supervision for Performance Improvement" learning package will be developed with JHPIEGO/TRH.
				X	X	Support supervision activities will be initiated in one country.
Improvement in capacity and capability of preservice and inservice training programs to provide safe pregnancy, birth, obstetric, postpartum, and postabortion care.	MNH Clinical Skills Training Strategy developed and refined.	X				Meetings and workshops will be held with an international team of expert midwives and physicians to develop draft Clinical Skills Training Strategy and Learning Resource Packages
	Learning Resource Packages (LRP) for EOC and Basic Maternal and Neonatal Health Care developed, refined, finalized for two reference manuals and field tested in one country.		X			Draft packages will be reviewed by key stakeholders and a group of international and regional experts.
			X	X		Draft packages will be field-tested in at least one country
				X		Learning packages will be reviewed by international and regional experts/stakeholders.
				X		Revised and refined learning resource package will be incorporated into preservice training in one country.
	ReproLine updated to include MNH topics.			X	X	Twelve key MNH topics will be identified, researched and developed for ReproLine.
Strengthening of training systems (preservice and inservice) to improve health worker performance in essential maternal health care skills.	Preservice curriculum strengthening packages /materials for midwifery, nursing, and medical schools and clinical sites developed and integrated into at least one country.	X	X			Training needs assessment and curriculum review will be conducted.
				X		Training strategy will be developed in at least one country.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Inservice training strengthening materials incorporated into inservice training materials for skilled health care providers.		X	X		Training materials/tools and approaches will be adapted to local needs.
					X	Training materials/tools and approaches will be incorporated in local educational and training systems.
Behavior Change Interventions						
Identification, development, evaluation of effective strategies, tools and programs for operationalizing the pathway to maternal survival.	BCI strategy revised and shared.		X			BCI Strategy will be reviewed by an external panel of partners.
			X			Workshop will be conducted to discuss BCI strategy with communication and social mobilization experts.
	Tools for community capacity assessment developed.		X	X		Workshop will be conducted to review, adapt and develop tools for assessing community capacity with behavior change experts.
	BCI strategy usefulness demonstrated in the field.			X	X	BCI strategy will be field tested in MNH focus countries.
	Selected Asian counterparts familiar with BCI strategy.			X		Workshop will be conducted to share BCI approaches with selected counterparts from Nepal and Indonesia and promote cross-fertilization.
Improvement of policy environment for maternal and neonatal health and nutrition through increase public and private support.	White Ribbon Alliance activities developed.	X	X	X	X	Director of Social Mobilization will contribute to the development and implementation of activities for the global White Ribbon Alliance.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	One to two day symposium conducted.				X	One to two day symposium will be organized in DC to sensitize international and US policymakers around MNH issues and the White Ribbon Alliance.
	Proposal for "Summit for the World's Moms" submitted.				X	MNH will propose a "Summit for the World's Moms" for national and international policy makers.
	Strategic advocacy plan adopted and disseminated.				X	Strategic planning session organized as followup to the White Ribbon events.
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Manual for community involvement in maternal health completed		X	X		Collaboration with NGO Networks and POLICY project will continue to develop a community manual to improve demand for quality maternal services
	Adapted CPI module drafted		X	X	X	The CPI structure within the MAQ Client Centered Approach module of the MAQ Exchange will be reviewed for applicability and adaptability to maternal health services
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Draft negotiation guidelines developed.		X	X	X	Negotiation guidelines and techniques will be developed for facilitating dialogue between community and provider groups
Improvement in capabilities of families, communities, and providers to enhance maternal and neonatal survival through increased knowledge and participation.	Adapted Social Mobilization manual completed and available to communities.		X	X		Social Mobilization manual will be adapted for maternal survival focus.
	Lessons learned from PROQUALI project compiled.		X	X		PROQUALI project and similar efforts will be reviewed.
Improvement in the quality of maternal and neonatal health services through strengthened health worker performance.	Prototype job aids developed			X	X	Job aids for midwives will be developed

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Heath Finance						
Improved capability of women and communities to participate in the design, implementation and evaluation of programs to improve maternal and neonatal health	Community financing assessment reports completed in 2 countries	X	X			Gather and review gray literature
			X	X		Conduct assessment in Nepal and one LAC country
	Action research designs and implementation plans in place in 2 countries				X	Design action research questions and formulate plan of action
Improved capacity of countries to use cost information in developing programs for promoting and providing birth preparedness and for communities to overcome finance barriers to care	Usefulness of costing tools at community level assessed	X				Undertake activity planning with partners
			X	X		Conduct community assessment in Indonesia
	Costs of alternative treatment options demonstrated			X	X	Apply CES tool in Zambia
Policy-Development						
Increased commitment to improved maternal and neonatal survival by raising awareness of key stakeholders.	MNH Policy strategy and MNH advocacy strategy completed and implemented.	X	X			MNH will collaborate with FUTURES group to finalize and refine the MNH policy strategy and the MNH advocacy strategy.
	Approaches for decision making about allocation of resources to MNH policies identified.	X	X			Lessons learned from the POLICY Project on increased resource allocations policies for maternal and neonatal health at the municipal and/or district levels will be determined.
			X	X	X	Lessons will be scaled up in Bolivia and Guatemala.
	Advocacy tools adapted and disseminated to national and global stakeholders.	X	X			Existing advocacy tools developed by the POLICY project will be modified to build upon the advocacy skills of community leaders and other skakeholders.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
				X	X	Adapted advocacy tools will be disseminated to national and global stakeholders.
	Policy planning tools identified and adapted to national, municipal and/or district levels	X	X	X		Existing policy planning tools developed by the POLICY project will be adapted to national, municipal, and/or district levels in 2-3 countries.
	MNH presentation adapted and presented to national and global leaders.	X	X	X		Presentations highlighting safe motherhood issues will be adapted to raise awareness among donors and incountry counterparts.
Review existing policy planning tools and adapt them to various levels - municipal, district and national.	Policy planning tools identified and adapted to national, municipal, and/or district levels.	X	X			Existing policy planning tools developed by the POLICY project will be identified and adapted in 2-3 MNH countries.
	Advocacy tools identified, adapted, and disseminated to key stakeholders.	X	X			Existing advocacy tools developed by the POLICY project will be identified and adapted to build upon the advocacy skills of community leaders and other local stakeholders.
			X	X	X	Adapted advocacy tools will be disseminated to key stakeholders at the national and global level.
Identify and assess existing policy barriers which inhibit maternal and neonatal survival.	Policy barriers that impact access to and delivery of maternal health services identified and disseminated to national, regional and international stakeholders.	X	X			Policy barriers that impact access to or delivery of safe motherhood services in 2-3 countries (Bolivia, Guatemala, and/or Indonesia) will be assessed.
			X	X	X	Identified policy barriers will be disseminated to national, regional, and international stakeholders.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Strategic planning workshop conducted and results disseminated to national and regional leaders.			X		Workshop will be conducted among policymakers and local stakeholders in two MNH countries to assess the impact of current policies on maternal and neonatal survival and to identify more appropriate policies and the steps required to implement them.
Information Dissemination						
State of the art resources packages, lessons learned and other approaches to improving maternal and neonatal survival disseminated to global audiences	Monthly *"MNH Updates"* electronic newsletter disseminated to collaborators and appropriate agencies	X	X	X	X	Mechanisms to gather data in order to produce monthly *"MNH Updates"* and disseminate electronically to USAID and partner CAs will be established
	Reducing Perinatal and Neonatal Mortality completed and disseminated	X				Joint dissemination plan developed with the Child Health Research Project at JHU/SPH.
		X				Distribution lists will be reviewed and publication sent accordingly.
		X				Electronic files will be provided for inclusion on ReproLine.
		X				Press releases will be sent through MEASURE Communication.
	Distribution database developed	X	X	X	X	Distribution lists will be gathered, reviewed and combined into a distribution database.
			X			Contractor will be identified to develop distribution database.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Resource center materials database developed	X	X	X	X	Resource materials collected by MNH will be entered into a database. Meetings will be held with JHU/CCP/PIP to develop mechanisms to include MNH Materials on PopLine.
	MNH participation in various national and international conferences		X	X	X	MNH staff and collaborators will participate in a number of conferences including the White Ribbon Alliance events in Washington D.C. in May, Beijing +5 2000, International Federation of Gynecology and Obstetrics (FIGO), ICM, American Public Health Association (APHA), Global Health Council (GHC) and SOTA
	MNH and ReproLine linked to Reproductive Health Search project	X				MNH and ReproLine websites will be linked to the Reproductive Health Search project, an information resource on the internet being developed by members of the Population, Health, and Nutrition Materials Development Working Group
	What's New Newsletter on maternal health behavior change materials produced and disseminated with JHU/CCP	X	X			MNH staff will collaborate with JHU/CCP to produce an issue of the Media/Materials Clearinghouse's (MMC) *What's New* Newsletter devoted to Safe Motherhood IEC materials produced worldwide
	MNH website updated	X	X			The design and content of the existing MNH website will be updated bi-monthly and linked to an increasing number of resources and services that can be provided by the MNH partners

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Improved policy environment for maternal and neonatal health through broadened private and public commitment	BCI workshops and presentations conducted			X	X	BCI workshop presentations will be developed by MNH and CEDPA to support the planned BCI workshop in Asia.
				X	X	Workshop findings and outcomes in English and Spanish will be posted as downloadable files from the MNH Website
	Information dissemination 2-year strategy with a focus on collaboration developed	X	X			Dissemination will be discussed at a partner's meeting to specifically identify strengths, audiences, and opportunities to jointly house, produce, and/or distribute maternal and neonatal health and nutrition information and materials. A strategic plan will be developed that specifies joint dissemination activities, clearly indicating each agency's responsibilities
	Organizational relationships with partners and other organizations formally established through memorandums of understanding and task orders as appropriate	X	X			MNH partners will meet with dissemination counterparts at organizations currently working in Safe Motherhood including MEASURE *Communication*, Care, Family Care International, Marie Stopes International and the Population Council.
		X	X			MNH will also finalize dissemination agreements with the International Confederation of Midwives, FIGO, WHO and ACNM
	Global advocacy packet developed and disseminated.		X	X		MNH Program advocacy packet containing fact sheets and lessons learned will be produced and disseminated.
				X	X	Results from the workshop will be disseminated to national and regional leaders.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Increased capability and capacity of maternal and neonatal services and programs to offer quality services	Global MNH poster developed		X	X		A global EMNC poster (in English, Spanish and French) will be developed for providers in collaboration with JHU/CCP and distributed through partner organizations
	Two global job aids developed and disseminated		X		X	Two global "job aids" (in English, Spanish and French) that can accompany distribution of EMNC training/clinical manuals and/or act as BCI promotion in order to improve quality of care and provider skills will be developed
	Technical assistance to Guatemala and other Latin American countries provided on issues of regional or global significance	X	X	X	X	Technical assistance will be provided to the Guatemala office to develop the parts of its program that have broader regional and global significance: its dissemination strategy, its bilingual English/Spanish website and plans for carrying over the MotherCare Resource Center
		X	X	X	X	Technical assistance will be provided, as needed, to the Latin America region to develop regional MNH materials in Spanish
Monitoring, Evaluation and Research						
System in place to acquire, process, report out and disseminate monitoring and evaluation data for MNH Program's global and country activities	MNH Program monitoring and evaluation framework refined and disseminated	X	X			MNH M&E team will collaborate with MNH staff partners and incountry counterparts to establish the M&E framework.
		X	X			MNH M&E framework finalized and disseminated to key stakeholders

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Program monitoring indicators identified, benchmarked and incorporated into APMS	X	X	X	X	MNH team designated to update APMS to include MNH activities.
		X	X	X	X	MNH M&E framework will be integrated into APMS
	Country-specific monitoring and evaluation plans established for each MNH country	X	X	X	X	MNH M&E team will collaborate with MNH staff, partners and incountry counterparts to develop country M&E plans by: assessing local data sources, determining appropriate indicators and training staff on data collection.
Indicators of progress in maternal health programming IDED	MNH Program research agenda established	X				Potential research questions will be gathered from MNH staff, partners, and external CAs.
		X	X			A technical advisory group (TAG) will be established to review proposed research questions and assist in the selection of issues.

COUNTRY AND REGIONAL PROJECTS

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
INDONESIA						
Communities contribute to the development of an expanded SIAGA strategy.	Expansion of the SIAGA model launched in 2 districts in West Java and SIAGA materials adapted for use to include family, community and providers	X	X			Meetings will be conducted with key stakeholders to develop expanded concept.
			X			Sub-contractors will be identified to conduct formative research and develop messages.
			X	X		Complementary formative research will be conducted.
				X	X	Audiences will be identified, and messages will be developed..
				X	X	Messages will be pre-tested in target areas.
	At least two local NGOs identified and trained to conduct initial community mobilization activities for safe motherhood.	X	X			Community-based NGOs will be identified and their capacity to support community mobilization activities will be assessed.
				X	X	Meetings will be held with identified NGOs to develop a strategy to strengthen community links.
					X	Training will be conducted for NGOs in community mobilization and group facilitation skills.
					X	NGOs will implement at least one community activity in two districts of West Java to raise awareness about and generate interest in maternal and neonatal health issues.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Monitoring systems established and implemented.	MNH/Indonesia indicators established, related indicators being monitored by other organizations identified		X			Workshops will be conducted to define indicators that will be monitored for each component of the MNH/Indonesia program.
			X			Existing data collection tools will be reviewed and additional tools will be developed as needed.
				X		Desk review of existing evaluation studies/research will be conducted
			X			Meetings will be conducted with other SOAG programs to identify cross-program indicators to be monitored and shared, such as maternal anemia levels, contraceptive use, low birth weight.
				X	X	Meetings will be held with CA's in Indonesia that are monitoring crisis indicators to include and/or periodically review MNH/Indonesia and related indicators.
Indications of the safety of the BDC practices assessed	Database established to monitor birth outcomes from a cohort of trained midwives in East Java and Central Java to assess the effect of BDC training on the prevention of complications	X	X	X	X	Ongoing monitoring of birth practices (partograph, active management of third stage of labor) and outcomes (hemorrhage, neonatal asphyxia) by a cohort of midwives and BDD in East Java and Central Java following clinical training in basic delivery care will be conducted.
		X	X	X	X	Completed partographs will be collected monthly and entered into a database.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Common vision and shared understanding among team members of MNH/Indonesia program goals, objectives and activities to decrease maternal mortality.	MNH/Indonesia strategy, management structure and joint workplan developed and approved at appropriate government levels and by all partners and disseminated	X				Meetings will be conducted with GOI to jointly develop a strategy for MNH support to the GOI's Safe Motherhood program.
		X	X			Meetings will be conducted with several units of MOH, other GOI ministries, professional organizations, other donors and partner CA's for MNH/Indonesia develop a joint workplan to support the national, provincial and district program..
			X			Meetings will be conducted at the national and provincial levels to disseminate MNH/Indonesia program strategy and workplan to GOI and donors.
		X	X	X		A management structure for the MNH/Indonesia Program will be established among MOH/government/NGO/CA partners
Common vision and shared understanding among MNH/Indonesia team members concerning the implementation and evaluation of the program.	Maternal and neonatal health coordinating system functioning			X	X	A national level coordination committee will be formed to share information related to MNH/Indonesia program issues and best practices among MOH units, other ministries, NGOs and donors
				X	X	MNH/Indonesia program staff will join the West Java provincial coordination team to ensure communication, collaboration and cooperation with other team members, including other donor-supported programs.
Increased awareness within communities of the problem of maternal mortality and increased political support for reducing it	White Ribbon Alliance activities launched in West Java	X	X			Meetings will be conducted to introduce and form the White Ribbon Alliance in Indonesia.
		X	X			The WRA will be presented to ministers, political leaders, donors at the national level.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
		X	X	X	X	The WR concept will be presented to government leaders, NGOs and communities at the province and district levels.
		X				WR Campaign will be soft-launched on Indonesian Mother's Day (Dec 22, 1999) and other events organized by Ministry of Women's Empowerment (MenPP).
				X		The WRA will be launched nationally on Kartini Day (April 21, 2000).
		X	X	X	X	Monthly coordination meetings will be conducted with members of the WRA
National Resource Document (NRD) for MNH endorsed as the national standards with commitment from key stakeholders and other donors to use the NRD-MNH as the basis for their program activities	NRD-MNH distributed and a dissemination strategy developed	X	X	X		Final revisions and editing of the bahasa Indonesian version of the NRD/MNH/Indonesia will be completed after internal review.
		X	X			NRD-MNH/Indonesia will be translated and externally reviewed to ensure NGR-MNH guidelines correspond to international standards.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X			Workshops will be conducted with writers to incorporate comments from external reviewers.
			X			NRD/MNH/Indonesia will be printed and distributed.
				X		National advocacy meeting will be conducted to endorse NRD-MNH/Indonesia as national standards.
				X		Meetings will be conducted with key stakeholders and donors to disseminate NRD.
	.				X	Workshop will be held to develop an NRD dissemination strategy.
Technical working groups established to provide leadership for MNH/Indonesia activities and coordination between donors, projects and programs.	Three technical working groups addressing maternal and neonatal health issues, including one group having reviewed and updated existing standards according to the NRD-MNH		X			MNH Coordination team will identify key topics, operating guidelines and expected outcomes for technical working groups.
			X	X		Technical working groups will be formed consisting of MOH/GOI/NGOs and donors.
				X	X	Technical working group meetings and workshops will be conducted.
					X	One technical working group will review recently published MNH / RH standards (WHO/Midwifery Standards, UNFPA/RH standards, CHS/SM standards) for consistency with the NRD-MNH.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	Workshop will be held with key stakeholders of existing standards documents to update standards.
	Revised RH framework developed that ensures that MNH/Indonesia program priorities are well integrated with other RH program priorities.				X	MNH/Indonesia program will review the MOH's RH Framework and provide leadership in revising the RH framework.
Key issues in MNH/Indonesia program identified.	An MNH/Indonesia Advisory Group meeting quarterly to provide technical assistance to Depkes, POGI and IBI on MNH/Indonesia maternal and neonatal health issues			X		An MNH/Indonesia Advisory Group will be developed consisting of medical, midwifery, program, public health and consumer representatives to identify and promote key interventions within the essential package of MNH services.
					X	Quarterly meetings will be conducted for the MNH/Indonesia Advisory Group to review program indicators and progress and suggest new directions as needed.
Key national, district and community stakeholders sensitized to the importance of MNH essential package of services.	Advocacy for maternal and neonatal survival being undertaken by stakeholders.		X	X	X	Advocacy workshops will be conducted to sensitize key stakeholders to MNH strategy and MNH essential package.
Health center midwives and local NGOs trained to facilitate community discussions and activities to update knowledge of MNH practices.	Radio learning vignettes developed and used by BDDs and communities.				X	A series of radio vignettes will be developed to update the knowledge of providers about topics in the NRD-MNH. Women and families will be the secondary audience of these spots.
					X	Midwives at the puskesmas and local NGO's will be trained to facilitate group discussions with the BDD and community about the topics broadcast.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Increased empowerment of the community to negotiate for the health care needs.	Options for a model to promote sustainability of the BDD in the community will be identified.			X		A review of models for BDD sustainability will be conducted.
				X		A workshop will be conducted with provincial and district leaders to review BDD sustainability models and identify potential models for communities to adopt
				X		Meetings will be conducted with district planners and community representatives in two districts in West Java to adapt / develop a model for BDD sustainability.
Strengthened coordination, planning and MNH service quality at health centers, district hospitals and preservice schools.	Linkages developed between district hospitals, health centers, and preservice midwifery schools.	X	X	X	X	Community health centers will be developed as satellite clinics of the district hospital to improve the quality of preservice midwifery education and inservice clinical training.
	Essential Package of MNH services addressed in decentralized district health plans.			X	X	Meetings will be conducted to review current models and strategies to support decentralized planning.
				X	X	Meetings will be conducted with district planners to help them plan for meeting the needs of delivering the essential package of MNH services.
Increased awareness among communities of the need to prepare for births and emergencies.	Community savings / financing schemes and emergency notification, transportation and blood donor plans assessed in target regions.		X	X		Review of communities' notification, transportation, financing, and blood donor schemes for maternal and neonatal survival will be conducted by local NGOs with the communities.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	How to support the existing community systems including the use of local financing mechanisms (ie, tabulin, arison) and /or mini-grants from the project to promote local sustainability will be identified.
					X	The system that has been agreed to by the community will be implemented.
Quality of care during childbirth improved	Service providers, clinical instructors and training sites prepared to provide BDC course			X	X	District-level clinical instructors standardized in the BDC course and will be trained to conduct peer review visits to reinforce the implementation of standards in practice following BDC clinical training.
					X	Service providers and clinical instructors at clinical training sites used for preservice and inservice training will be trained to conduct case reviews and maternal-perinatal audits of complications referred and deaths.
					X	Workshops will be conducted with district supervisors to disseminate updated clinical skills checklists from the NRD-MNH.
Providers with updated knowledge of MNH/Indonesia interventions.	NRD-MNH dissemination materials for service providers developed for selected topics.			X	X	Updated knowledge about maternal and neonatal health practices and procedures in the NRD-MNH will be disseminated through print, electronic, radio, professional organizations and interpersonal channels to providers, trainers, supervisors, and BDD.
					X	Midwives at health centers will be taught to facilitate group discussions with the BDD using the print and radio materials to update knowledge of new practices.

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LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Model training centers with improved MNH practices.	Plan developed with institutions to upgrade and institutionalize key MNH/Indonesia interventions.			X	X	Up to four model training and service delivery centers will be assessed and upgraded for key procedures, such as infection prevention, essential drugs and supplies, emergency maternal and neonatal health response, medical records, and maternal perinatal audit.
Performance of District MNH health workers improved in providing the essential MNH package of services in the target district.	BDC training being conducted at clinical training centers in four districts	X	X	X		Qualified trainers will teach BDC in 4 districts in East Java and Central Java.
		X	X	X	X	TA will be provided to develop up to eight district training centers in the World Bank project districts in East and Central Java.
	Up to four provincial level/model training and service delivery sites with satellite clinics prepared with trainers and clinical instructors to teach BDC.	X	X	X	X	Up to four provincial and/or model training and service delivery sites will be prepared: • satellite clinics will be assessed and selected • training equipment and models will be provided • providers (candidate trainers) will be updated and clinically standardized in BDC skills • candidate trainers will be selected and CTS will be conducted • following CTS, candidate trainers will be cotrained in BDC.
		X	X	X	X	BDC orientation course will be conducted for Ob/Gyn and MD backups at hospitals and satellite clinics.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X	X	X	BDC training courses and followup site visits will be conducted for BDD, physicians, midwives and MNH supervisors by the NTCN.
Training skills of faculty members and clinical trainers in providing the essential MNH package of services in the target district have improved.	DIII midwifery faculty members and clinical instructors with updated knowledge and teaching skills, equipped to teach four new curricular units with clinical faculty equipped to teach BDC course	X	X			Four preservice midwifery curricular units for classroom teachers will be completed for normal antepartum, intrapartum, postpartum, newborn care.
			X	X	X	Training will be conducted for faculty and clinical instructors from DIII midwifery schools to update their knowledge and teaching skills for the four new modules.
			X	X	X	Midwifery clinical instructors and faculty will be standardized in the BDC course.
			X	X	X	Midwifery clinical instructors will participate in clinical training skills courses and training practicum to teach the BDC course.
NEPAL						
SM BCC strategy disseminated to key stakeholders.	SM BCC strategy developed within the RH IEC strategy	X				Desk review will be conducted of global and Nepal-specific best practices and lessons learned.
			X			Workshop to finalize SM BCC component of RH IEC strategy and draft guidelines will be conducted.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Birth preparedness plans (BPP) which provide action oriented information to families, communities and providers of key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	BPP strategy defined and drafted	X				A workshop to define objectives and identify audience for BPP will be conducted.
			X	X		Draft BPP will be outlined based on messages in BCC message guidelines.
					X	BPP will be field-tested within communities.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	A monitoring and evaluation (M&E) plan developed.		X	X		MNH M&E team and MNH staff will collaborate with incountry counterparts and key stakeholders to: -identify existing data collection tools and additional tools needed -determine indicators to be monitored for each project component
Collaboration and coordination among SM players established.	SM subcommittee with resource center established and functional	X				Initial meetings will be conducted to establish the Safe Motherhood (SM) subcommittee.
		X				Key stakeholders will be initiated to join the core group.
		X				Core group will be established and its role will be defined.
		X				Secretariat will be established.
		X	X	X	X	Regular SMSC meetings will be conducted.
		X	X	X	X	Newsletters will be published.
		X	X	X	X	Resource center will be established/updated.
Policy-relevant research agenda will be operationalized.	Policy-relevant research agenda in place	X	X	X	X	Meetings will be conducted among stakeholders to develop a research agenda.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
SM BCC messages standardized and guidelines disseminated.	National SM BCC guidelines document published and disseminated.	X				Desk review of global and Nepal-specific best practices and lessons learned will be conducted.
			X			Workshop to finalize SM BCC component of RH IEC strategy will be conducted and guidelines will be drafted.
				X		NHEICC and FHD will be assisted in obtaining HMG approval for national guidelines on desirable SM behaviors.
Birth preparedness plans (BPP) which provide action oriented information to families, communities and providers of key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	BPP strategy defined and drafted	X				A workshop will be conducted to define objectives and audience for BPP.
			X	X		BPP will be outlined and drafted based on messages in BCC message guidelines
					X	BPP will be field-tested within communities.
FCHCs providing improved services	Strategy and plan of action in place to revise FCHV training curriculum and integrate SM training, as well as a module on implementation of the BPP.		X			Workshop to review current FCHV training curriculum will be conducted.
			X			FCHV training curriculum will be assessed.
Service providers providing improved client counseling	Prototypic performance improvement job aids and client counseling materials exist for use by service providers to promote key maternal health behaviors and practices.			X	X	Materials will be developed based on the identified desirable behaviors and standardized message guidelines.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
District-level training center developed and functioning within a district hospital.	Service providers updated in SM clinical skills and competent in clinical training in one NSMP district.	X	X			Training materials and equipment will be provided to upgrade district hospital as a clinical training site.
			X			Team-building workshops for trainers will be conducted.
			X			SM inservice training initiated for district service providers based on revised curricula and RH Clinical Protocols.
				X		Clinical coaching skills course for trainers will be conducted.
	On-the-job followup system established.		X	X	X	Followup and support for newly developed coaches will be provided.
One Kathmandu-based SM clinical training center strengthened.	Service providers updated at Patan Hospital in SM clinical skills and competent in clinical training.	X	X			Training materials and equipment will be provided to upgrade birthing center as a clinical training site.
		X				SM services assessed to determine if onsistent with RH Clinical Protocols.
			X			Team-building workshop for trainers will be conducted.
				X		Clinical coaching skills course for trainers will be conducted.
			X	X	X	Followup and support for newly developed coaches will be provided.
					X	SM inservice training initiated for providers based on revised curricula and RH Clinical Protocols.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Birthing center financial sustainability plan developed based on training capacity.			X		Assistance to develop financial plan to support birthing center for training will be provided.
Supporting training, education and human resource systems strengthened to support SM service delivery and training (such as licensing and accreditation of preservice institutions; RH protocol orientation; RH bibliography development, etc.)	Job descriptions of providers of safe motherhood services reviewed, licensure requirement issues discussed	X	X	X	X	Participation in meetings will be conducted by HMG.
		X	X	X	X	Cadre-specific job descriptions will be reviewed for relevancy to SM training activities.
		X	X	X	X	Meetings will be conducted to build consensus for reviewing licensure criteria.
Training taking place according to approved safe motherhood training strategy	SM Training strategy drafted and finalized.	X				A workshop will be conducted to update key trainers in SM technical information and best practices in clinical training.
		X				A workshop will be conducted to develop training strategy.
			X			A meeting will be conducted to present training strategy.
				X	X	Assistance will be provided to NHTC to manage SM training.
SNs, ANMs and MCHWs capable of providing quality maternal and neonatal health care upon completion of training	SM curricular components for inservice training of SNs and ANMs developed.	X	X			SN and ANM curriculum revision workshop will be conducted to a competency-based training curricula.
				X		A workshop will be conducted to create teaching materials for an on-the-job training package for ANM training.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	SM curricular components for inservice training of MCHWs developed and field tested.	X				A workshop will be conducted to strengthen HMG MCHW training curriculum.
		X				A workshop will be conducted to create training materials for MCHW on-the-job training package.
			X	X		MCHW SM curriculum at 1 district hospital will be drafted and field-tested.
				X		A workshop will be conducted to finalize MCHW curriculum based on field-test results.
	SN and ANM SM curricular components of CTEVT preservice education have been assessed			X		A workshop will be conducted to review current SM training in preservice for compatibility with RH Clinical Protocols.
BOLIVIA						
Key stakeholders using BCI strategy	Strategy for BCI developed and finalized.			X		Assessment of the Lilac Tent, JHU/CCP's rural communication, will be conducted and report will be prepared.
				X	X	Meetings will be held with key stakeholders to develop a comprehensive BCI strategy.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.		X			An assessment/analysis of data sources will be conducted.
			X			A workshop to reach consensus on indicators will be conducted.
MNH Program established in Bolivia.	MNH office in La Paz functioning	X	X			Incountry registration will be completed, key staff will be hired and an office will be opened in La Paz.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Integrated MNH workplan and budget developed, finalized, and approved.		X			Meetings will be held with partners to develop an integrated MNH workplan and budget.
			X			Workplan and budget will be presented to USAID/Bolivia for funding approval.
Coordinated safe motherhood activities being carried out according to national plan	National Maternal and Neonatal Health plan developed and approved by the GOB.		X	X		National plan development workshops will be conducted.
			X	X		Baseline needs assessment will be conducted in Beni, Pando, Potosi and Tarija.
			X	X		A desk review of maternal and neonatal health indicators and programs will be conducted.
Municipal-level advocacy being carried out through social mobilization.	Partnerships developed among key stakeholders.			X	X	Municipal-level capacity will be assessed.
				X	X	Groups, organizations and other key stakeholders will be identified.
				X	X	Meeting will be held with key stakeholders to discuss the formation of partnerships.
Providers render services to clients using appropriate interpersonal skills.	Skills of health providers updated, including clinical skills, IPC/C.			X	X	Client satisfaction with EMNC services will be assessed.
				X	X	Clinical training will be conducted.
				X	X	IPC/C training to improve provider/client interaction will be conducted.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
GUATEMALA						
Local (health) women's committees in Occidente supported to promote health-seeking behavior when an obstetric complication occurs.	Community mobilization strategy developed.		X	X	X	Women's groups, committees and organizations will be identified.
			X	X	X	NGOs and coordinating organizations will facilitate meetings among these groups.
			X			Meetings with key stakeholders will be held to design the assessment.
			X			Community mobilization methodology/strategy assessment will be conducted.
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.		X	X		Workshops will be conducted to develop a M&E plan including: -defining indicators to be monitored for each project component -identifying existing data collection tools and additional tools needed
TBA referral monitoring system functioning	Strategy for monitoring timeliness and appropriateness of TBA referrals developed.	X	X	X		Desk review of MotherCare activities with TBAs will be conducted.
			X	X		Meetings with key stakeholders to discuss and design strategy for TBA monitoring system will be held.
MNH Program presence established incountry through smooth transition with MotherCare.	MNH office functional	X				Meetings will be held with MotherCare/MOH and other key stakeholders.
		X				MNH office will be established.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	A long term strategy paper, action plan, and joint workplan with partners developed and finalized.	X	X	X		A desk review will be completed.
			X			A joint-planning exercise will be conducted in January 2000 with key stakeholders and MNH staff to discuss findings of the desk review.
				X		A follow-up two day meeting will be held with USAID, the MOH and other key stakeholders to develop a strategy, an action plan for implementation, and a joint workplan.
Safe motherhood collaborators functioning in coordinated fashion	Areas for potential collaboration and coordination established with other donor agencies, NGOs, CAs determined.	X	X	X	X	Meetings will be held among key stakeholders to identify areas of collaboration and coordination.
Advocacy strategy to reduce maternal/neonatal mortality implemented.	Advocacy strategy to reduce maternal/neonatal mortality for government authorities developed.	X	X	X		Meetings will be held with POLICY Project representative in Guatemala.
Improved coordination and collaboration with hospitals, schools.	Coordination plans in place with hospitals, health professions schools	X	X	X	X	Coordination meetings will be held with project intervention hospitals, medical and nursing schools
National Safe Motherhood Commission promoted through advocacy efforts.	Establishment of National Safe Motherhood Commission under way.		X	X		Key stakeholders will be identified.
			X	X		Meetings will be held among these key stakeholders.
				X		Partnerships and coalitions among key stakeholders will be formed.
Collaboration mechanisms functioning between MOH, NGOs and donor agencies.	Strengthened ties among safe motherhood collaborators	X	X	X	X	Meetings and workshops will be held among MNH staff, NGOs, MOH and donor agencies.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
IEC materials available and used for safe motherhood in 7 departments	IEC materials disseminated in one new department	X	X			IEC materials developed by MotherCare will be identified.
		X	X			Assessment of current IEC dissemination plan will be conducted.
				X		Dissemination plan will be designed for one new department
BCC strategy being implemented	BCC plan developed with mechanisms for community feedback established		X	X		Meetings will be held to determine BCC strategy.
			X	X	X	Tools will be implemented to assess and utilize community feedback.
Monitoring system for IEC materials dissemination implemented	Monitoring system for dissemination of IEC materials established.	X	X			Desk review will be conducted.
		X	X	X	X	Meetings will be held with key stakeholders.
Quality of services provided in 4 hospitals improved.	Joint workplan developed with QAP in four hospitals.	X	X	X		Meetings will be held with QAPII Project to discuss collaboration, joint workplan.
Data registration and decision-making improved.	Data collection and analysis strengthened in el Quiche		X	X	X	TA will be provided to initiate data registration and analysis in 1 health department of el Quiche
			X	X	X	TA will be provided to strengthen data collection and computerization in 1 other health department
Improved hospital, health department management.	Selected MOH and hospital staff equipped with planning and budgeting skills			X		Training workshops on planning and budgeting skills will be held for staff of hospitals and health department directorates.
Quality of reproductive health services improved in collaboration with JHPIEGO/TRH.	Collaboration plan with JHPIEGO/TRH adopted	X	X	X	X	Meetings will be held with JHPIEGO/TRH to develop collaboration.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
	Physicians and nurses updated in infection prevention through joint TRH/MNH training	X	X	X	X	Joint training will be conducted for Infection Prevention in collaboration with JHPIEGO/TRH.
Improved maternal and neonatal health services in one community	One additional community maternity in operation	X				TA will be provided to one Community Board for the establishment of a new community maternity.
Doctors and nurses competently providing maternal and neonatal health services upon graduation from preservice training institution	Strategy for revision of preservice medical and nursing curricula developed.	X	X			Meetings will be held with medical and nursing schools on revision of the clinical training portion of their curricula.
HONDURAS						
Women receiving and responding to integrated reproductive health messages as a result of IWHC	Integrated Women's Health Campaign (IWHC) includes safe motherhood messages		X			Meetings will be held with JHU/CCP to incorporate safe motherhood elements into the Integrated Women's Health Campaign
			X			TA to JHU/CCP to finalize safe motherhood elements to be incorporated
Case management of obstetric complications improved in two hospitals.	Causes of hospital maternal deaths at MCR and EFM Hospitals identified and recommendations for reducing CFR made.	X				Facility review will be conducted. Confidential enquiry of maternal deaths will be performed.
		X				Findings will be shared and discussed with hospitals, the MOH and USAID counterparts
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	Monitoring and evaluation plan developed.	X				An assessment/analysis of data sources will be conducted.
			X			A workshop to reach consensus on indicators will be conducted.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
National protocols implemented at MCR and EFM Hospitals to standardize care.	National protocols updated to reflect current evidence-based practices and adopted.			X	X	Meeting with key OB/GYN hospital staff will be held to establish subcommittees to review protocols.
				X	X	National protocols will be reviewed and updated by subcommittees.
				X	X	Followup visits will be held.
Data collection utilized in programmatic and technical decision-making. at MCR and EFM Hospitals.	Consensus on operation of surveillance system reached; monitoring of surveillance system established and responsibilities of key personnel and departments identified.		X	X		Preparatory meetings with hospital epidemiologists and clinical staff will be held.
				X		Current data collection, reporting, analysis and utilization practices will be identified.
					X	Ideal data collection reporting, analysis and utilization practices will be determined.
					X	Followup visits will be conducted.
BURKINA FASO						
Lessons learned from project synthesized and disseminated for use by other West African Countries	A monitoring and evaluation (M&E) plan developed.			X		Meeting will be conducted to identify data needed at health center and community levels to implement and monitor project.
				X		Questionnaire to use in data gathering will be developed.
				X	X	M&E Plan will be integrated into possible other data collection schemes and will be collected.
Community mobilized to utilize maternal health services.	BCI strategy developed			X		Assessment of community capacity will be conducted by BCI Technical Team.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
				X		Meetings will be held with key stakeholders to develop the BCI strategy and scope of work for Mwangaza
Guidelines for providing proper prevention/prophylaxis and treatment for malaria in pregnancy disseminated.	Consensus on need for revised PNP on malaria in pregnancy achieved.				X	Workshop will be held to update decision makers and program managers on current malaria prevention, prophylaxis and treatment in pregnancy strategies.
	Guidelines on malaria in pregnancy revised and updated.				X	Workshop will be held to revise PNP for malaria and pregnancy.
	Information necessary for project development gathered.	X				Exploratory visit will be conducted to determine interest in SM, appropriate project site and appropriate partners.
			X			Technical assistance needs visit will be conducted to assess existing health services and practices at health facility and community levels.
Effective coordination of project activities by all partners achieved.	Project staff hired and functioning.		X			Job descriptions will be developed for project staff.
			X			Project staff will be advertised for and hired.
				X		Appropriate logistics for project staff will be negotiated.
	Consensus achieved on roles and responsibilities of partners in integrated work plan.			X		Workshop will be held to develop integrated plan of action with the MOH UNICEF, Plan and other partners.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Collaboration and coordination among SM players established and operationalized	Consensus on function of SM Committee achieved.				X	National RH Guidelines will be formatted, produced and disseminated.
	SM Committee reactivated and functioning.			X		Meeting will be held with the MOH, NGOs and donors to revitalize the SM Committee.
				X		Objectives of SM Committee will be defined and responsibilities will be identified.
				X	X	Regular meetings of SM Committee will be held quarterly.
Provision of services standardized in order to ensure quality of services available	RH PNP updated, revised, formatted and produced.		X			Technical review of maternal health component of RH PNP will be conducted.
			X			Workshop to finalize RH PNP will be held with key stakeholders.
				X		Revised RH PNP will be presented to the MOH for approval.
				X		Revised RH PNP will be formatted, produced and disseminated.
Improved knowledge and skills of birth attendants in providing clean and safe delivery services and fist-line treatment of complications.	Preservice curriculum finalized and produced.			X		Workshop will be conducted to approve finalized preservice curriculum for paramedical personnel - midwives, auxiliary midwives, and nurses.
					X	Curriculum will be revised, formatted and distributed.
	Competency-based training materials updated.				X	Current training materials will be reviewed for consistency with the revised national PNP.
					X	Inservice training curriculum and materials will be adapted to incorporate PNP, including malaria.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Improved quality of care offered by providers.	Job-aids that promote service delivery according to national PNP developed.			X		Workshop to develop job-aids will be conducted with key stakeholders.
				X	X	Job aids will be pre-tested.
					X	Job aids sufficient for national distribution will be finalized, produced and distributed.
TANZANIA						
A minimum list of EMNC services adopted as the national standard	Report of recommendations for minimum list of EMNC services produced.	X				MNH services at all levels of the health infrastructure will be assessed.
			X			Followup meetings will be held with key stakeholders to discuss the report of recommendations for minimum list of EMNC services produced.
ZAMBIA						
Community mobilization plan operationalized.	Strategic plan for MNH mobilization activities developed.		X			Behavior change interventions strategic planning visit will be conducted in January 2000.
			X	X		Participatory assessments will be conducted.
			X	X		Meetings will be held with key stakeholders.
				X	X	Community mobilization project plan will be developed and approved.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Mechanism to monitor progress and evaluate indicators for both internal review and external reporting established.	A monitoring and evaluation plan developed.		X	X		Workshops will be conducted to develop a M&E plan including: -defining indicators to be monitored for each project component -identifying existing data collection tools and additional tools needed
National EMNH Clinical Guidelines implemented.	Draft Zambian National EMNH Clinical Guidelines developed.		X			Existing Zambian, regional and international guidelines will be reviewed and adapted, taking into consideration the financial implications of EMNH procedures.
	Stakeholders updated on EMNH better practices as well as key EMNH clinical skills.			X		Meetings will be held with key stakeholders to draft and adopt national EMNH clinical guidelines.
	Draft EMNH Guidelines' appropriateness, usefulness demonstrated through field testing				X	Draft Zambia national EMNH clinical guidelines will be tested in RM schools and clinical settings.
	A network of public and private stakeholders is established.		X	X	X	Meetings and workshops will be conducted with key stakeholders.
					X	MNH mobilization events will be sponsored.
Increased birth preparedness among community members around three RM schools.	Pilot proposals and concepts developed to strengthen referral and finance systems.				X	Workshops will be conducted to assist communities and NGOs in strengthening referral and finance systems
	NGO proposals for strengthening birth preparedness developed.				X	Workshops will be conducted on improving birth preparedness.
A network of organizations and agencies functioning to advance the advocacy agenda in the target area	Assessment report of current practices and attitudes related to childbirth and care seeking produced and disseminated.		X			BCI strategic planning visit will be conducted in January 2000.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
			X			Assessment of key behaviors and attitudes among women, families, and providers will be conducted .
				X		Assessment will be reviewed by key stakeholders.
	Assessment report of community and NGO capacity produced and disseminated.		X			Assessment of groups, NGOs, CAs working with MNH will be conducted.
				X		Meetings will be held with key stakeholders to foster collaboration among groups.
Communities enabled to identify solutions to maternal health problems that can be addressed at their level; and community plans for activities to increase prompt use of maternal health services in place and operational	BCI Activities (network formation, communication messages and strategies) initiated.				X	Formative research will be initiated to identify appropriate messages and audiences utilizing qualitative and quantitative techniques.
					X	In country or regional training in mobilization and communication strategies will be organized
					X	Materials needed for development will be identified.
Quality MNH services being provided at health centers and hospitals in target area.	Providers in target area equipped with knowledge and skills to provide quality MNH services			X	X	MNH knowledge and skills training will be conducted for staff from service sites acting as practicum sites for RM program, including IPC/C training.
	Facilities in target area adequately equipped to provide quality MNH services				X	Service sites will be equipped to provide MNH services according to the national guidelines *(joint programming work with JICA)*.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
Registered midwifery students graduate with up-to-date MNH knowledge and skills, able to provide quality midwifery services	MNH teaching materials developed and disseminated.			X	X	RM curriculum will be reviewed.
				X		Curriculum Strengthening Team (CST) will be formed with representatives from the GNC, CBOH, and tutors and clinical instructors from three RM schools.
	Registered midwifery clinical and classroom faculty MNH knowledge and skills updated at three RM schools.				X	RM training for clinical and classroom faculty will be conducted.
	GNC sensitized to need for preservice curriculum review and strengthening.	X	X	X	X	Regular meetings will be held with GNC throughout RM strengthening process.
REDSO/ESA						
Better practices in malaria prevention and management being provided in the region	Short course on malaria better practices developed and tested.		X	X		Training course on malaria will be developed
				X	X	Training will be conducted for staff at RCQHC on malaria better practices as applied to maternal and neonatal mortality.
					X	MNH short course on malaria better practicies will be pilot tested in the ESA region.
	Output according to TA provided			X	X	TA provided by MNH advisor
Better practices in maternal and neonatal health being provided in the region	Short course on maternal and neonatal health better practices developed and tested		X	X		Maternal and neonatal health course will be developed
				X	X	Training will be conducted for staff at RCQHC on maternal and neonatal health better practices.

LOP Outcomes	Outputs	FY2000				Activity Clusters
		Oct-Dec	Jan-Mar	Apr-June	Jul-Sept	
					X	MNH short course on maternal and neonatal health better practicies will be pilot tested in the ESA region.
	Output according to TA provided			X	X	TA provided by MNH advisor

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Annex B: Meetings & Conferences Attended by MNH Staff
1 July - 30 September 2000

Attendee(s)	Topic/Name of Conference/Meeting	Dates
K. Jesencky and other JHPIEGO staff	Meeting with PRIME to exchange information on what each agency is doing and discuss possibilities for collaboration.	10 July 2000
K. Jesencky	Presentation by FANTA project on using the PROFILES model to present nutritional conditions in Ethiopia, USAID, Washington, DC	3 Aug 2000
A. Parekh, J. Smith, M.E. Carlsen (MNH), P. Coleman, L. Kramer (CCP) K. Askov, S. Legros (URC)	Coordination meeting with URC and JHU/CCP on Honduras to discuss activities in Honduras and how to work together, JHU/CCP, Baltimore, MD	15 Aug 2000
Representatives from JHPIEGO/MNH, Choice USA Fellowship	Choice USA Fellowship Workshop: Introduction/Orientation to the MNH Program, Baltimore, MD	16 Aug 2000
A. Allison, K. Jesencky, B. Kinzie (MNH) J. Baker, M. Kroeger (Linkages)	Discuss collaboration between Linkages and MNH on issues related to breastfeeding, maternal nutrition and safe motherhood, Baltimore, MD	17 Aug 2000
A. Cameron. K. Jesencky	BBL: Senegalese Grandmothers help improve family health, Washington, DC	18 Aug 2000
A. Allison, H. Sanghvi	XVI FIGO World Congress, Washington, DC	2-8 Sep 2000
Lecturers/speakers: H. Sanghvi (MNH), D. Otolorin, P. Okong, Zahida Qureshi	Panel of African maternal and neonatal experts to discuss "Status of maternal health in Africa", USAID, Washington, DC	5 Sep 2000
Representatives from JHPIEGO/MNH, World Bank, USAID, Delegates from selected countries	Event to discuss "How Can We Work Better Together to Reduce Maternal Mortality?", World Bank, Washington, DC	6 Sep 2000

Attendee(s)	Topic/Name of Conference/Meeting	Dates
A. Allison, K. Jesencky, R. Johnson, H. Sanghvi (MNH) R. Guidotti, P. van Look, M. Islam, J. Zupan (WHO)	Meeting of Collaboration with MNH/WHO, PATH, Washington, DC	7 Sep 2000
Representatives from JHPIEGO/MNH, WHO, World Bank, USAID, JHPIEGO Board of Trustees, MNH Consultants	Board of Trustees MNH Workshop "Implementing Global Maternal and Neonatal Health Standard of Care", JHPIEGO, Baltimore, MD	13-14 Sep 2000
K. Jesencky, R. Johnson, B. Kinzie, N. McIntosh, H. Sanghvi (JHPIEGO/MNH) D. Marsh, D. Oot, A. Tinker (Save the Children) Joy Lawn (Consultant)	Meeting with Save the Children to discuss the potential for a "Newborn Interest"Group, JHPIEGO, Baltimore, MD	14 Sep 2000
A. Allison,	Implementing Programs to Prevent Mother-to-child Transmission of HIV, USAID, Washington, DC	15 Sep 2000
A. Allison, A. Parekh, B. Kinzie, C. Stanton, W. Terry, S. Thaddeus	Final meeting of the MotherCare Project" More Than a Decade of Experience in Safe Motherhood", World Bank, Washington, DC	18 Sep 2000
Carine Ronsmans (Presenter), JHPIEGO/MNH	Brown Bag Lunch: Maternal Deaths and Near Miss Audits, JHPIEGO, Baltimore, MD	19 Sep 2000
B. Kinzie, A. Nash (MNH) Presenter: Jay Ross (LINKAGES)	Presentation by the LINKAGES Project on "HIV and Infant Feeding: A Balance of Risks", USAID, Washington, DC	27 Sep 2000