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**MATERNAL AND NEONATAL
HEALTH (MNH) PROGRAM**

Quarterly Report

1 January 2001–31 March 2001

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)**

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ABBREVIATIONS AND ACRONYMS

ANM	Auxiliary Nurse-Midwife
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
BDC	Basic Delivery Care
BDD	Bidan di Desa [means “Midwives” in Bahasa]
BKKBN	National FP Coordination Board
BP	Birth Preparedness
BPP	Birth Preparedness Package
CA	Cooperating Agency
CBOH	Central Board of Health
CCP	Center for Communication Programs
CDC	Center for Disease Control
CEDPA	Centre for Development and Population Activities
CR	Complication Readiness
CST	Curriculum Strengthening Team
CTS	Clinical Training Skills
DEPKES	Indonesia Ministry of Health
DFID	The Department For International Development (formerly ODA)
DHMT	District Health Management Team
DHS	Demographic and Health Surveys
EMNC	Essential Maternal and Neonatal Care
EOC	Essential Obstetric Care
ESA	East and Southern Africa
FCHV	Female Community Health Volunteer
FHD	Family Health Division
GHC	Global Health Council
GOB	Government of Bolivia
GNC	General Nursing Council
G/PHN	Global/Population, Health and Nutrition
IAG	Inter-Agency Group
ICM	International Confederation of Midwives
IEC	Information, Education and Communication
IP	Infection Prevention
IPC/C	Inter-Personal Communication/Counseling
IPT	Intermittent Presumptive Treatment
IR	Intermediate Result
JHU	Johns Hopkins University
JICA	Japanese International Cooperation Agency
MCH	Maternal and Child Health
MCHW	Maternal Child Health Workers
Meneg-PP	Ministry for Women’s Empowerment
MER	Monitoring, Evaluation and Research
MMR	Maternal Mortality Ratio
MNH	Maternal and Neonatal Health
MOH	Ministry of Health

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MOU	Memorandum of Understanding
NGO	Nongovernmental Organization
NMR	Neonatal Mortality Rate
NSMP	Nepal Safe Motherhood Project
PAC	Postabortion Care
PAHO	Pan-American Health Organization
PATH	Program for Appropriate Technology in Health
PBC	Patan Birthing Center
PI	Performance Improvement
POGI	Indonesia OB/GYN Society
PQI	Performance and Quality Improvement
QAP	Quality Assurance Project
RCHS	Reproductive and Child Health Section
RCQHC	Regional Center for Quality of Health Care
REDSO/ESA	Regional Economic Development Services Office/East and Southern Africa
RM	Registered Midwifery School
RPM	Rational Pharmaceutical Management
SIDA	Swedish International Development Agency
SM	Safe Motherhood
TA	Technical Assistance
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TRH	Training in Reproductive Health
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
UTH	University Teaching Hospital (Zambia)
WCA	West and Central Africa
WHO	World Health Organization
WRA	White Ribbon Alliance
ZIHP	Zambia Integrated Health Project

1. EXECUTIVE SUMMARY

In support of USAID/G/PHN Strategic Objective 2, the Maternal and Neonatal Health (MNH) Program is demonstrating continued success towards “*Increased use of key maternal and nutrition interventions*” in Africa, Asia and Latin America program countries. As outlined in the FY01 Workplan, the Program continues to support an integrated approach to improved maternal and neonatal survival through increased collaboration, improved maternal and neonatal care, improved policy environment both nationally and globally; and, increased demand for quality maternal and neonatal health services at all levels. The MNH Program continues to support a global agenda and actively pursues partnerships, information, state of the art technologies and approaches to not only strengthen the global Safe Motherhood agenda but to also benefit national level programming. At the country level and globally, the MNH Program implements strategies that build on lessons learned, promote supportive policies, create and strengthen partnerships, set standards to strengthen the continuum of care, and mobilize communities to demand quality maternal and neonatal health services. Based on global and country level workplans that outline activities as per life-of-program (LOP) results and outputs, there is ample evidence that Program activities are indeed “ramping up” towards real results.

Ministry of Health capacity is central to the Program’s ability to move ahead with implementation at all levels in program countries. Because the MNH Program is supporting a health systems approach in increasingly decentralized national environments, all country programs are working with ministries of health to build their capacities while also laying a foundation for Safe Motherhood programming at the national level. At the same time, the Program is actively pushing implementation at the district and local levels. Challenges at the country level cannot be understated. From civil unrest in Bolivia and Indonesia to political disruption in Nepal and change in ministries of health in Guatemala, Tanzania and Zambia, the Program is working to maintain momentum towards the institutionalization of key approaches and results.

MNH Program technical experts visit the field regularly and work with country teams to design and strengthen technical approaches, build linkages among and between program components, dialogue with key counterparts, identify new avenues for implementation and troubleshoot challenges and constraints.

Highlights during the second quarter include:

- MNH Program support for and participation in the International Confederation of Midwives (ICM) workshop entitled “International Technical Consultation of Midwifery Leaders: Meeting of the Minds” to strengthen the leadership role of midwives in reducing maternal and newborn mortality
- MNH Program support for and participation in the 11th Congress of the Society for the Advancement of Reproductive Care (SARC) to highlight key interventions of the Indonesia program and share lessons learned regarding programming for maternal and neonatal health
- Launching of the White Ribbon Alliance in Zambia as a catalyst for change and awareness raising around maternal mortality at the country level
- The relaunch of the “alert” husband/Suami Siaga campaign and expansion to West Java in support of birth preparedness at the community and household levels

- Clinical standardization of hospital and MOH staff in Guatemala resulting in a significant reduction of routine episiotomies among primiparas in one Department level hospital
- Development of a set of financial planning tools targeting low to non-literate populations in Nepal to be used as part of the Birth Preparedness Package (BPP)
- Clinical Skills Training course conducted for seventeen expert clinicians from the Regional Expert Development initiative underway in Africa.

2. PROGRAM DEVELOPMENT AND MANAGEMENT

Priority activities during the second quarter for the MNH Program management team included the initiation of the Expanded Management Review from USAID/Washington, the development of a technical package for country teams for the FY02 workplan process, negotiation with USAID field missions for MNH Program resources; and, continued support for country level programming through partner dialogue, deployment of technical advisors to the field and exchange of information in Baltimore among Program advisors.

Expanded Management Review

In FY00, USAID/Washington called for a Management Review of the MNH Program. The review focused primarily on the overall management and administration of the program as well as the organizational structure of JHPIEGO as per the award office. In the first quarter of FY01, the MNH Program's USAID/Washington CTO, discussed the need to hold an Expanded Management Review (EMR) of the Program. The EMR is typically only conducted once during life of project and can be substituted for an external evaluation. Its scope is broader than that of a standard management review in that it assesses whether the project is on track to meet its objectives and gathers information for use in designing the next results package. Its focus is on achievement of results and impact rather than on management processes as in the standard management review.

Given the expanded scope of the EMR, it was agreed that the process would include three country case studies—one from each of the MNH Program's geographic areas, Latin America, Africa and Asia. Guatemala was selected for Latin America.

The review team, consisting of Patricia Stephenson, USAID/W/G/PHN CTO, Judith Robb-McCord, MNH Program Deputy Director, Michele Kline, MNH Program Senior Financial Advisor, Edgar Necochea, JHPIEGO/LAC Team Leader, traveled to Guatemala in early March to conduct the Expanded Management Review and to work with USAID/Guatemala and MNH/Guatemala to identify issues affecting program performance. Review team participants in Guatemala included Lucrecia Peinado, USAID/Guatemala, Program Development Specialist and Oscar Cordon, MNH/Guatemala Country Representative. As designed, the EMR process allowed the team ample opportunity to critically review program performance within the context of USAID and MNH Program managerial and administrative systems.

The specific objectives of the trip were to:

1. Review what specific results will be achieved by MNH over the life of the project.
2. Identify the progress the MNH Program has made since the "transition period" (MotherCare/MNH) in project implementation and detect specific areas that need attention during the next year.
3. Identify what progress the MNH Program has made toward accomplishing the project's benchmarks and expected end-of-program results. Clarify expectations for communicating progress.
4. Identify what improvements can be made in the way the MNH Program is managed that will improve project performance, maximize efficiencies and reduce costs.

5. Review and determine next steps toward finalization of the MNH Program work plan and budget.

In summary, the review team found that the MNH Program in Guatemala (MNH/G) has a strategic objective framework that corresponds to and supports USAID/Guatemala's SO framework. The team made significant progress towards identifying what results should be achievable within the timeframe of the Program and emphasized the need to streamline and focus activities toward achieving stated results. Workplans for the Program need to not only work towards results but must also reflect a level of effort that is within funding levels.

The team found that MNH/G is actively engaged in a variety of partnerships towards the improvement of maternal and neonatal health in Guatemala. The most critical partnership is with the Ministry of Health at the central and local levels. Key counterparts in the MOH report that the Program has been responsive to their strategic priorities; technical assistance is adequate and has been respectful of MOH policy and direction. MNH/G has responded adequately to the Ministry's demand that the Program be actively engaged in planning at the local level. The MNH Program is working to transfer technical capacity to Ministry of Health counterparts. The Program is also actively building partnerships with the NGOs such as CARE and other donors at the local level.

There are a variety of actors involved in the MNH Program in Guatemala. These include, most notably, counterparts at the MOH at the central and local levels, the Mission's bilateral program, Calidad en Salud, USAID/Guatemala Office of Health, USAID/Washington and the MNH Program in Baltimore. There has been some confusion regarding the various roles/responsibilities of key partners, particularly USAID/Guatemala and MNH/Baltimore as per management and oversight of the Program. The review team developed a roles and responsibilities matrix that was well received by all parties.

The U.S.-based review team will travel to Nepal in the second quarter to conduct the second country case study for the Expanded Management Review.

FY02 Workplan

In June 2001, teams from the various MNH Program countries will travel to Baltimore to work with the Baltimore-based Program team to finalize their FY02 workplans. The planning process for this exercise was initiated in the second quarter. The MNH Program Management team worked very closely with JHPIEGO senior management throughout the quarter to outline what needs to happen to ensure an efficient and effective process.

The MNH Program team recognized that the country teams needed up-to-date information on the Program's global strategic and technical direction and agreed to develop a Technical Update Packet. This packet will be shared with the country teams as well as JHU/CCP, PATH and CEDPA headquarters in April. The packet will include information and guidance on the development of the workplan, timelines for submission for each region and technical update sheets for each Program component as well as a broad overview piece on the MNH Program.

At the Program's partner meeting in February, the MNH Program Management team discussed the workplanning exercise and emphasized that the workplans would be developed at the country

level and that the Program would work to ensure fully integrated workplanning. The team also highlighted that the exercise in June would provide further opportunity for the partners to work with the various country teams to finalize their workplans and ensure that the activities scheduled were technically sound and inclusive of technical support from the appropriate partner agency.

FY01 Resource Allocation

Given that the 2nd quarter of the Program overlaps with USAID's R4 "season," the country programs were asked by each USAID mission to submit their resource requests for FY01 resources. The MNH Program Management team worked with the JHPIEGO regional offices to outline and review projected needs and to present these to Missions. Requests are being finalized at the Mission level. Final numbers will be available to the Program in the 3rd quarter. Country programs also submitted reports to Missions highlighting accomplishments to date. Several country programs were also asked to submit information to Missions for the results section of their R4.

Program Management also worked with USAID/W to outline the core resource request. This information was presented and is under consideration in the Global Bureau Office of Health and Nutrition. As per this exercise, the Program also prepared and presented a broad overview of accomplishments to date to USAID/W. Participants in this meeting were largely from the Global Bureau Office of Health and Nutrition. The Program highlighted various activities as per the Strategic Objective framework and outlined how activities were contributing to results at both the national and global program levels. Activities highlighted included the development of the *MCPC* in collaboration with WHO and key partnerships with UNICEF, the World Bank, ICM, ACNM, Ministries of Health and local NGOs towards improved collaboration, resource mobilization and information sharing. The team also discussed capacity building with local partners and some international organizations for Safe Motherhood programming and highlighted work in Burkina Faso with Mwangaza, a community-based social mobilization organization; and, work with Ministries of Health and various teaching institutions for the development of training packages in Zambia, Indonesia, and Guatemala. Activities in support of strengthened service delivery included the knowledge and clinical skills updates and standardization for service providers through pre-service and in-service training; and, the development of Master Trainers initiated in Africa in the 1st quarter.

The team also emphasized the importance of demand creation and social mobilization for action around Safe Motherhood and gave examples of successful initiatives such as the induction workshop for community leaders, mayors and NGOs held in two municipalities in Guatemala for the implementation of the "municipalities promoting health and peace strategy."

Technical Initiatives

Malaria

As per dialogue with both USAID/Global Center for Population, Health and Nutrition (G/PHN) and the Africa Bureau Office of Sustainable Development (AFR/SD), the MNH Program has been working to outline a program of assistance to support the Agency's Malaria Plus Up. Given the complementarity of the Agency's Malaria Plus Up with the Roll Back Malaria Initiative (RBM), the MNH Program will work closely with both AFR and G/PHN as well as WHO, CDC and other partners key to RBM to actualize the goals and objectives of both the RBM initiative and the Abuja Summit Declaration.

The MNH Program's malaria strategy will focus primarily on key countries in East and Southern Africa and will work to build upon lessons learned and experiences gained to date to build a regional effort that is appropriate, sustainable and realistic. In outlining initial thinking for the Program's Malaria Plus Up Strategy, the Program will emphasize the role of the Regional Center for Quality of Health Care as central to information exchange and state-of-the-art technical support in the region. The Program also hopes to link Tanzania—where support is targeting strengthened antenatal care—and Zambia to experiences in Kenya and Malawi. Both Tanzania and Zambia are poised to implement Intermittent Presumptive Treatment using sulfadoxine-pyrimethamine (SP) using ANC as the platform for reaching pregnant women.

In West Africa, the MNH Program will continue to support work in Burkina Faso with CDC to add to the body of knowledge in that region regarding the effectiveness of IPT using SP, service delivery implications and benefits of this approach for both the mother and the neonate. This information, once established, will be used to promote dialogue in the region with other countries and to inform the decision making process around managing malaria in pregnancy. The MNH Program will also explore opportunities to work with the West Africa Regional Program (WARP) and the Sante Familiale et Prevention du SIDA Project in Abidjan as a platform for regional action.

As per guidance from G/PHN and AFR/SD, the Program will support the bilateral programs in both Uganda and Senegal to implement their malaria strategies with particular focus on the dissemination of the antenatal component of the new national malaria treatment guidelines in Uganda; and, a policy review of technical and programmatic state of the art information/experiences concerning IPT with SP in Senegal.

Nutrition

Given the importance of broadening the MNH Program's role in the area of nutrition as related to improved maternal and newborn survival, a review of nutrition interventions across the MNH Program was conducted during the 2nd quarter. The review covered nine MNH Program countries—Bolivia, Guatemala, Honduras, Peru, Burkina Faso, Tanzania, Zambia, Indonesia and Nepal—and global tools such as the Birth Preparedness/Complication Readiness matrix. The review found that nutrition interventions are “most commonly found integrated into a larger package of services, e.g. iron supplementation is included in antenatal services; breastfeeding in postpartum services.” Nutrition interventions are manifested in birth preparedness, antenatal care, and in postpartum and newborn care. Nutrition indicators are listed for Zambia (% of respondents who have heard about antenatal malaria treatment, antenatal iron supplementation and postpartum vitamin A; and, # of clients with ANC according to guidelines—this includes nutrition interventions) and Indonesia (% of live births in which newborns are appropriately managed including the initiation of breastfeeding within two hours of birth).

Partner collaboration is evident globally and in a number of countries. In Bolivia, PROSIN, the USAID bilateral program, is building on MotherCare's work on iron supplementation and the MNH Program is focusing on normal delivery to round out the maternal and child health program. In Indonesia, PATH is addressing ANC and postpartum micronutrient supplementation while the MNH Program is focusing on birth and the early neonatal period. In Zambia, Burkina Faso and Tanzania the Program is working with the Ministries of Health to integrate antenatal malaria prevention and control—an intervention that directly impacts

maternal and newborn survival. This work is in partnership with WHO at the country level and supports the broader global Roll Back Malaria Initiative.

At the global level, the Program is promoting the adoption of best practices in maternal and newborn care by working in collaboration with other partners to develop and disseminate basic reference manuals. These include: *Basic Care in Pregnancy and Childbirth*, *Managing Complications in Pregnancy and Childbirth* and *Management of the Sick or Low Birthweight Newborn*. Nutrition is also included in the knowledge updates that have been held in regional meetings in Africa and Latin America as well as in a number of countries such as Burkina Faso. Topics include: malaria and anemia in pregnancy, ANC nutrition including micronutrients, care during labor (encouraging food and drink) and nutrition for the sick and low birthweight newborn.

Gaps identified included active support for improved dietary intake in pregnancy and counseling for HIV+ women regarding lactation and Parent-to-Child Transmission (PTCT). The Program will need to look at these gaps and determine what action is feasible and appropriate given resources—both human and fiscal—Ministry of Health directives and mission requests for assistance at the country level. The Program expects to meet with the FANTA Project in the 3rd quarter to share information and explore opportunities for a partnership. Program Management will also meet with the G/PHN HIV/AIDS Division to discuss a potential role for the Program in PTCT.

Country Program Development

Yemen

At the request of the USAID/W Asia and Near East (ANE) Bureau, two advisors from the MNH Program traveled to Yemen during the 2nd quarter to work with a project definition team to develop a plan for USAID assistance in Yemen. Specific objectives of the mission included:

- 1) Assess opportunities for program activities in maternal/child health and education.
- 2) Based on assessment, recommend specific activities, timeframe, budget, partners, and procurement mechanisms.

USAID/W has allocated \$4 million ESF funds to Yemen--\$2 million for Fullbright scholarships and \$2 million for education and/or health. Although the current funding is only for one year, the project definition team was ask to plan around the concept of a three year program, anticipating additional funding in the coming years. HM Ambassador Barbara Bodine briefed the team on the background and parameters of the assignment, and also accompanied the team to several meetings with ministers.

In Sana'a, the team was able to meet with the Minister of Planning and Development, Minister of Social Affairs, Minister of Education, several Under-secretaries and unit heads within the Ministry of Public Health and the Ministry of Planning, and representatives of UNDP, UNFPA, WHO, UNICEF, GTZ, World Bank, European Commission, AMIDEAST, Embassies of the Netherlands and Germany, and consultants in the area of democracy and development and health sector reform. In Hodeidah, the team met with the Director General of Hodeidah Health Office, the DG of Hodeidah Education Office, and the ADRA field office. Site visits were also made to two health centers, a training center, and a school. Through these visits the team was able to

develop a picture of donor assistance in Yemen in the areas of health and education, to determine areas of substantial assistance and gaps that need attention and support.

Although the final report and recommendations, specific activities, timeframe, budget, partners, and procurement mechanisms have not been completed, the team determined that an outstanding need in the field of education (also with health implications) is basic education for females. Although the needs in the area of maternal and child health are vast, the team determined that focus should be given to family planning and capacity building for female health care workers (community midwives and murshidaat.) The team also determined that in order to achieve sustainability the project would need to be community based and carefully linked to the structures within the systems of health and education.

3. TECHNICAL PROGRAM COMPONENTS

3.1 IR 1: Increased collaboration among organizations promoting maternal and neonatal survival

Networking and collaboration remain central to the Program's effectiveness at the country, regional and global levels. Throughout the 2nd quarter, the MNH Program team worked with the International Confederation of Midwives (ICM), UNICEF, WHO, the Global Health Council, the Society for the Advancement of Reproductive Care, the Latin-American Center for Perinatology (CLAP) and others to advance the international Safe Motherhood agenda. At the country level, the Program continued to work with groups such as the Center for Malaria Training and Research in Burkina Faso, the White Ribbon Alliance in Zambia and Indonesia, the Safe Motherhood Sub-committee in Nepal, and CARE in Guatemala. These partnerships facilitate global alliances for Safe Motherhood, work towards the standardization of approaches through information sharing and exchange of technical resources, advance the agendas of key groups such as ICM and create opportunities to scale up MNH Program activities.

In February, ICM and the MNH Program co-sponsored the workshop "*International Technical Consultation of Midwifery Leaders: Meeting of the Minds*" in The Hague, Netherlands. Thirty countries were represented in this important forum. The meeting was convened to explore ways the midwifery profession can strengthen their leadership role in reducing maternal and newborn mortality globally. More information on this meeting can be found under IR 3: Improved Policy Environment for Maternal and Neonatal Care.

The MNH Program also supported twenty participants to attend ICM's two-day Africa regional conference "*Achieving Midwifery Partnerships with Women for Safe Motherhood.*" Approximately 160 midwives from Botswana, Ethiopia, the Gambia, Ghana, Guinea, Ivory Coast, Kenya, Malawi, Senegal, South Africa, Tanzania, Senegal, Sierre Leone, Sudan, Uganda, Zambia and Zimbabwe participated. In addition, a few representatives from Asia, Latin America, Europe, and North America were present. The conference was opened by the First Lady, the Minister of Health and Child Welfare, and several other government and nursing council officials. The keynote address, "*Safe Motherhood: A Call to Action,*" set the tone for all of the sessions that followed. The presentation looked at: the reality of the tragedy of being born a female in the world; the vision of ICM for women and midwives and strategies for action which are ongoing in the world; and a call for the conference attendees to participate in this action. Participants were moved by the realities and inspired by the challenge. Midwives from several African countries presented studies and activities in their own countries. The conference gave the MNH Program participant time to meet with various ICM officials including the General Secretary of ICM and the Board of Directors of ICM as well with midwives who may be able to work with the Program in the future

The day prior to the conference a workshop was convened on the role of the midwife in Safe Motherhood. The theme of the workshop, "*Human Rights in Safe Motherhood: Midwives Partnership with Women*" was requested by the midwives of the Africa Region. The workshop brought together 35 midwives from Botswana, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Malawi, Senegal, South Africa, Tanzania, Sudan, Uganda, Zambia and Zimbabwe. In addition, resource people came from WHO, IPAS, and the MNH Program. The workshop objectives were:

1. To provide participants with an understanding of the significance of the following in the promotion and achievement of Safe Motherhood: a) health as a human right, b) empowering women for health, 3) advocacy for Safe Motherhood
2. To enable midwives to consider the importance of their role in forming strong partnerships with women, in order to assist them to recognize their role in the promotion of their own health and that of their family as a foundation for Safe Motherhood and to support them in developing it.
3. To provide the participants with a unique opportunity to share experiences and to learn with and from each other

At the workshop, presentations were made on '*Human Rights and Reproductive Health,*' '*Domestic Violence as a Violation of Women's Reproductive Rights and the Midwife's Role,*' '*Human Rights and Safe Motherhood,*' and '*Human Rights and Post Abortion Care.*' The MNH Program sponsored a representative from the National Malaria Control Committee in Malawi to give a presentation on '*Human Rights and Malaria in Pregnancy.*'

Throughout the day, in discussions after presentations and during group work, the interaction was lively as the midwives shared examples of human rights abuses from their own experiences and experiences of women they have cared for. The midwives became more and more animated as they realized the roles they can have in human rights in safe motherhood and reproductive health. Individual action plans were presented in the final session, and included a variety of plans including ensuring privacy in their clinic for HIV counseling; incorporating human rights into the ethical code for nurses which is being revised in Zimbabwe, introducing human rights in safe motherhood into the white ribbon campaign in Zambia, and incorporating human rights into the preservice curriculum for midwives in several countries. The plans showed how human rights plays out in HIV/AIDS, domestic violence, postabortion care, and other areas of maternal health.

Also in February, the MNH Program was one of the sponsors of the 11th Congress of the Society for the Advancement of Reproductive Care (SARC) held in Bali, Indonesia. MNH Program staff and partners gave presentations to highlight key interventions of the Indonesia program. These included: basic delivery care, preventing birth complications, strengthening preservice education of midwives and using social mobilization to link providers, families and communities. The Program also supported two sessions at the conference: *Performance Improvement* and *The MNH Program in Indonesia*. Dr. Azrul, Director General for Community Medicine, presented his paper on "*Public Health and Preventive Aspects of Maternal and Neonatal Care.*"

In pursuit of a malaria strategy that is supportive of the Roll Back Malaria Initiative (BM), the MNH Program met with representatives from the WHO/Geneva RBM office. These meetings provided an opportunity to discuss possible strategies and opportunities to partnership in East and Southern Africa (ESA), to discuss the research effort in Burkina Faso underway with the Centers for Disease Control (CDC), and to identify key partners for USAID's Malaria Plus-Up. WHO/Geneva is particularly interested in the Program's relationship with the Regional Center for Quality of Health Care in Uganda and is supportive of the Center hosting a regional meeting that would highlight the management of malaria in pregnancy in ESA. This meeting would include delegations from Zambia, Kenya, Uganda, Malawi, Tanzania and possibly Zimbabwe and would highlight lessons learned in Malawi and Kenya. Recognizing that the most effective

vehicle for malaria and pregnancy program implementation is the reproductive health service delivery system, the meeting would also emphasize the strategic linkages between reproductive health programs and malaria control programs.

Late in the 2nd quarter, two representatives from JHPIEGO traveled to WHO/Geneva to attend the capacity building workshop for IMCI pre-service training and to develop consensus on the current revision of the manual *Care of the Sick and Low Birthweight Newborn*. Approximately thirty participants representing a variety of institutions and organizations working with IMCI and/or preservice education participated in the workshop. The objectives of the workshop included sharing recent country experiences and lessons learned regarding orientation, planning, implementation and review of IMCI preservice training in medical, nursing and other health professional schools. It was agreed that JHPIEGO and the MNH Program should keep abreast of the development of any future IMCI content as it relates to the neonatal period and that the development of JHPIEGO materials, particularly the manual *Care of the Sick and Low Birthweight Newborn*, should be coordinated with any IMCI material on the neonate.

The JHPIEGO team also worked with their WHO counterpart to review revisions made to the *Care of the Sick and Low Birthweight Newborn* manual. Chapters reviewed included: Possible Severe Infection, Breathing Difficulties, Hypothermia and Jaundice. It was agreed that the MNH Program would continue to revise the manual. Revisions will be sent to WHO/Geneva for review and comment. It was agreed that an effort would be made to make the manual less complex and more user-friendly.

3.2 IR 2: Improved maternal and neonatal care

The MNH Program's service delivery component emphasizes a select number of maternal and neonatal health interventions that can be expected to have the greatest impact on reducing maternal and neonatal mortality. One of the MNH Program's strategies is to promote these interventions through an extensive effort to train and develop regional clinical experts (midwives and physicians) in these updated health care practices and clinical training skills. The process of developing these regional experts is underway in the Africa and Latin America regions, and is being actively planned for the Asia region.

In November/December 2000, MNH/JHPIEGO staff conducted technical updates for skills standardization in essential maternal and neonatal care (EMNC) skills in Uganda. Complementary to the development of clinical competency, the training process is intended to develop leadership skills in the advocacy and promotion of key elements within the essential maternal and neonatal care (EMNC) package. In addition to the seventeen clinical training experts, an additional five participants participated in the knowledge update to equip them as agents of change and advocates for the evidence based practices in the EMNC package. At the end of the training, each participant signed a document to commit to institute specific changes in their facilities.

Between February and March 2001, visits were made to seventeen participants in eight African countries—Burkina Faso, Kenya, Ghana, Malawi, Tanzania, Zambia, Zimbabwe, and Uganda. These visits provided opportunity to strengthen and reinforce skills which had been learned at the original standardization activity, to support participants in on-site problem solving, to motivate

towards excellence, to interact with supervisors and colleagues, and to evaluate their performance and accomplishments thus far. The evaluation examined the following:

- competency in sentinel clinical skills
- self reported confidence
- progress in implementing commitments to institute change and disseminate newly acquired knowledge and skills

Data on sentinel skills and self-reported confidence have not yet been analyzed, and will be included in future MNH reports. Preliminary findings for 6 participants indicate that participants have been successful at implementing change at their facilities. For example, in their maternity ward in Uganda, two midwives were able to institute active management of the third stage of labor for all women, and to re-organize the labor ward so that all women labor and birth in the same bed. In addition, these midwives are working to coordinate the training and service delivery systems. They are arranging a series of short updates for instructors at midwifery and medical schools on active management of third stage of labor, birthing in alternate positions and use of the partogram. An obstetrician in Ghana has also instituted substantial changes at her facility. She is working to re-organize ANC visits to improve quality of services, and has developed an “emergency drill” in the outpatient clinic in her facility. This drill includes posters and illustrated instructions of who does what and when during an emergency.

After the follow-up site visits, in March, 2001, a Clinical Training Skills course was conducted for the seventeen expert clinicians. During this course, participants learned how to plan training, create a positive learning climate, make interactive presentations, use competency-based assessment instruments, develop job aids and training aids, and manage clinical training and skill development.

Promotion of the MNH Program’s clinical guidelines and training materials continues through the workshops conducted in the development of the regional clinical experts. Participants are introducing the manuals and training materials in their own clinical practice sites, clinical training sites and educational institutions. Participants have also introduced key practices into regional curricula (SONU), national curricula (Zambia) and local training (Burkina Faso.)

Preparations for similar regional training is also continuing in the Latin American region. Training sites are being developed, participants selected, and models, equipment and training materials have been obtained for clinical site preparation.

The MNH Program, in collaboration with other USAID funded projects (BASICS, LINKAGES, ACNM) and international organizations such as WHO, continues to make progress in the development of clinical standards and guidelines. *Managing Complications in Pregnancy and Childbirth* has been finalized, is being printed, and will be ready for launching at the GHC meeting in June. The accompanying manual for normal, *Basic Maternal and Newborn Care* is in draft and should be ready for review by June, also. Likewise, the *Care of the Sick and Low Birthweight Newborn* manual should be complete this summer.

Postpartum hemorrhage is the predominant cause of maternal mortality in the countries in which the MNH Program has activities, as well as globally. The MNH Program has emphasized

interventions that contribute to the prevention and management of postpartum hemorrhage in the materials which have been developed, interventions that are promoted, and strategies which are developed. Currently the MNH Program is developing a study in four districts in Indonesia to demonstrate the safety, acceptability, feasibility and programmatic effectiveness of misoprostol in preventing postpartum hemorrhage among women who do not have access to a skilled provider at birth.

Examples of strengthened maternal and neonatal care at the country level include positive changes in service delivery at hospitals in Guatemala and in Burkina Faso where providers were trained in new evidence-based standards, the finalization of the core curriculum content units (CCUs) for preservice training in Indonesia, and the implementation of the verification checklists to evaluate the effectiveness of the national protocols for the management of hypertensive illness during pregnancy, childbirth and the postpartum period in two Honduran hospitals.

3.3 IR 3: Improved policy environment for maternal and neonatal survival at the national level

During this quarter, the MNH Program and the International Confederation of Midwives (ICM) co-sponsored and conducted a workshop of worldwide midwifery leaders that focused on identifying issues that must be addressed in order to strengthen midwifery as a profession. Midwifery is seen as a central element to promoting the MNH Program's efforts to increase skilled care at birth. The workshop, "*International Technical Consultation of Midwifery Leaders: Meeting of the Minds*," included participants from approximately thirty countries. Countries represented included: India, China, Philippines, Japan, Paraguay, Mexico, Brazil, Uganda, Zimbabwe, Malawi, Ghana, Tunisia, Egypt, Lebanon, West Indies, Australia, New Zealand, the U.K and the U.S. In addition to practicing midwives, participant organizations included WHO, WHO/SEARO, FIGO, the International Confederation of Nurses (ICN), specialized training/educational institutions, ICM Member Organizations, MNH Program partners and CAs working in the field of maternal and neonatal health such as, the Policy Project, and SARA. Participants felt that the workshop provided an excellent opportunity for extensive networking between and among individuals as well as organizations.

Working together, participants developed strategies and action plans to address the following priority issues: form partnerships and collaborative networks with other organizations working to improve women's health; work to include midwives in policy-making groups; promote the philosophy of midwifery care; improve the status of the midwifery profession; increase the availability of information about evidence-based practices; and, strengthen the development of human resources.

Discussions were held regarding the necessity of standards, guidelines and the need for evidence-based information for practitioners in the field as well as the purpose they serve for policymakers and educators. The various international standards /guidelines under development with WHO were discussed and a briefing was provided on the IAG conference held in Tunisia. The paper entitled "*Skilled Attendance at Delivery: A Review of the Evidence*" was provided to all participants.

Participants identified improved policy environment for maternal and neonatal survival at the national level as a priority issue that must be addressed by midwives if progress is to be made in maternal and neonatal health and survival. Credibility, visibility and understanding of what midwifery offers to maternal and neonatal health and well-being must be highlighted at the national policy level in order to affect positive change. Participants agreed that it is crucial that midwives and other proponents participate in policy dialogue and have “a seat at the table” in order to set agendas and impact policies related to maternal and neonatal health and survival. Participants developed action plans on this issue during the workshop. The MNH Program plans to continue contact with participants to monitor activities and advances undertaken as a result of this conference.

Follow on activities to this workshop will contribute to improving the policy environment for maternal and neonatal health both globally and at the national level. A follow-on activity that is being designed is a “Leadership Development” program for midwives. This effort will likely be implemented with the Policy II Project. It is anticipated that this effort will contribute to increasing the number of midwives around the globe who have the capacity to effectively support policy dialogue and change at the country level.

The MNH Program also continued to work with ICM to further define Program support for field testing of ICM’s *Provisional, Essential Competencies for Basic Midwifery Practice*. ICM tested the instruments to be used in this exercise in March and hopes to initiate actual fieldtesting in July after country-level researchers are standardized in the study protocols. The Program expects to fund the full cost of the field testing and will work with ICM to review findings and outline next steps for country level support.

During the 2nd quarter, the MNH Program Policy/Finance component arranged technical assistance to the MNH/Nepal Program in support of community-based finance activities related to the Birth Preparedness Package. Development Alternatives Inc. (DAI) traveled to Nepal in February to conduct and train a local organization in Participatory Rapid Assessments (PRAs). This tailored PRA exercise was conducted with a series of target groups including women, husbands, and in-laws. The purpose was to document the timeline and magnitude of financial needs associated with pregnancy and childbirth. Based on the PRA data and analysis, a set of financial planning tools for low to non-literate audiences was developed. In addition to training local organizations in conducting the PRA’s, compiling and analyzing the data, DAI also provided training to the local organizations in a pre-testing protocol for the financial planning tools and provided guidance in planning pre-test activities. DAI was also responsible for developing a training plan for the use of community mobilizers in promoting and disseminating the financial planning tools. DAI, MNH/Nepal staff and local organizations worked collaboratively throughout this process. One item of particular note is how the team collaboratively worked with local artists to develop a complete set of Financial Planning Tools (pictorial) for pre-testing with the Birth Preparedness Package.

At CEDPA’s request, DAI also worked closely with USAID, counterparts in His Majesty’s Government (HMG/N) and numerous other Safe Motherhood stakeholders in Nepal. Presentations and workshop sessions were held with these partners during the course of the assignment. All engaged actively in discussions about the research, findings, methodologies and made constructive suggestions for further work. It is perceived that these activities helped to

establish a level of buy-in to the financial planning tools and the BPP in general. This has strengthened the potential for the success of the tools as they are piloted and rolled out.

The PRA process revealed that participants in the studied areas have very limited access to sustainable financial services, particularly flexible savings products. The “group savings” vehicles in use in the area are sub-optimal, in the sense that participants who contribute to these funds can only access their money by *borrowing it back*. The need to pay interest in order to access one’s own savings is costly and inefficient. It was recommended that further work be done to develop more appropriate financial products, especially related to medical expenditures.

Also during this quarter, significant progress was made in advancing efforts to cost specific maternal and neonatal health care interventions. The MNH Program has joined resources with MSH /RPM Plus Project. Both organizations are committed to working collaboratively to cost specific interventions, modify existing models, and conduct additional activities as needed. For this fiscal year, the areas to be costed include:

1. The Ante-Natal Care package
2. Post-Abortion Care Services
3. Treating Malaria in Pregnancy
4. Treating Pre-Eclampsia

While specific countries have been chosen to initiate the activities and refine/develop the “models,” the plan is to design these tools in a manner that can readily be applied in various settings/countries. The results of this exercise will be useful to policymakers, planners, decision makers and key influentials in determining the allocation and use of funds for maternal and neonatal healthcare.

At the country level, the MNH Program worked with the Ministry of Health to develop the new Maternal and Neonatal Health Policies, Norms and Protocols (PNP). The Global Policy team will work with MNH/Burkina Faso to support the dissemination of the PNP. In Indonesia, at the invitation of the MOH, the MNH Program participated on the technical working group that reviewed and provided advice on the development of a national strategy by WHO’s Making Pregnancy Safer initiative. The strategy, which was finalized and accepted, links all Safe Motherhood activities and approaches. In Nepal, the MNH Program continues to support the Family Health Division’s Safe Motherhood Sub-committee (SMSC). This sub-committee provides a valuable forum for partner coordination. It is expected that the agenda will expand to include policy dialogue around Safe Motherhood.

3.4 IR 4: Increased demand for quality maternal and neonatal services at all level

The Social Mobilization team has made excellent progress in detailing its global conceptual framework and methodology. During January and February, the Social Mobilization team worked with a Program consultant to engage in critical reflection and strategic analysis of how the team and its TA will best contribute to the goals and objectives of the MNH Program at the global and country levels. Together they outlined:

- The conceptual framework for social mobilization and integration of gender;

- How the social mobilization approach will lead to increased use of skilled birth attendance and capacity-building of collective action for safe motherhood;
- The unique role of coalitions to foster awareness and action for safe motherhood at multiple levels;
- The key steps in the methodology;
- An outline for monitoring and evaluation using quantitative, qualitative and participatory methods; and linked the social mobilization outcomes with the MNH Results Framework; and,
- The main components needed in a resource manual being created to link social mobilization and gender issues with maternal survival.

The team also worked with a number of program countries throughout the 2nd quarter to strengthen the social mobilization component of their portfolios and to build linkages with other technical components. In Burkina Faso, the Program's social mobilization consultant worked with Mwangaza and MNH Program affiliates to outline the goals, objectives, indicators and budget for the social mobilization component at different levels for the MNH program. The items are currently under review and will be finalized by the Burkina/MNH Program team in April. The indicators address the following levels in the health system: national, district, health center, CoGes, community leaders, village TBAs, households and women. As a result of this work the outcomes for the community demand component have been revised to: improved birth preparedness and complication readiness among families and communities; the CoGes strengthen the link between health providers, TBAs and community members; and community and organizational networks are strengthened to support improved maternal and neonatal health. Please see the Burkina section for more details.

The Directors for Behavior Change and Social Mobilization and Technical Advisor for Gender were in Indonesia from February 14-March 15. While there they assisted the BCI team to develop an integrated work plan, discuss staffing needs and facilitate adjustments as needed, participate in BCI team-building; and provide TA for the social mobilization framework and activities. An integrated work plan was developed that linked all the MNH Program partners and activities, as well as streamlined Indonesia plans with global leadership objectives for social mobilization and gender. Serious staffing needs were analyzed and recommendations made, including the hiring of a Sr. Technical Advisor for Social Mobilization, tools development specialist to create a guide for community-service provider interactions and advocacy, and a documentation specialist to capture the process. To foster greater BCI integration and team building several group meetings were held, and a decision made that the team would move into one MNH Program office to foster greater communication and an MNH Program (rather than individual organization) identity.

Technical support for social mobilization and gender was provided to all staff (in Jakarta and Bandung), as well as information given about the framework in a presentation to USAID. Technical assistance also assisted with the strategic planning of future activities and events, including International Women's Day and Kartini Day. Guidelines and tools for event planning and evaluation were developed.

In Nepal the Birth Preparedness Package is being tested. During this quarter a team of consultants from DAI worked in Nepal, primarily with the CEDPA field office, to develop and

test financial tools for the BPP. Please see the Nepal country report and the Policy section for more details.

The Director of Social Mobilization and a Technical Development Officer traveled to Zambia in March/April to: 1) provide guidance and strengthen the capacity of the Zambia White Ribbon Alliance for Safe Motherhood Coordinator to work effectively with the Alliance; and 2) facilitate a workshop to help the Alliance develop a one-year work plan that will guide them following the launch of the white ribbon during March.

Assistance to the coordinator included: orientation to the MNH Program and the WRA; filing an Alliance contest entry to the Global WRA contest; preparing for the workshop; developing personal relations with Alliance members; further understanding of roles and responsibilities (of coordinator, secretariat, members); gaining a clearer vision for Alliance; acquiring resources; and engaging in strategic planning including monitoring and evaluation.

The workshop was held 31 March – 1 April, and 33 participants representing fourteen NGOs attended. The objectives of the workshop were to: understand what the WRA is; define roles and responsibilities of members; evaluate the launch and its activities; engage in team-building; identify and demonstrate barriers in safe motherhood; and develop a work plan. Key workshop results include: clear understanding of the Alliance (national and global); individual and organizational commitment demonstrated; networking and team-building; high participation; next steps and follow-up activities detailed; strategic planning and evaluation process imparted; group ownership of the issues and future actions fostered; core group of members created; and personal understanding of how maternal mortality affects individuals and communities. By the end of the workshop a mission statement, vision and one-year work plan were created, to be ratified by the Alliance at a large group meeting in the near future.

In addition, while in Zambia the Social Mobilization team facilitated a discussion on advocacy with the General Nursing Council during their curriculum development workshop supported by the MNH Program.

During the 2nd quarter, the Director for BCC worked with the M&E team to review tools for qualitative formative research and for quantitative baselines for the BCI component in Indonesia and Nepal. The tools were developed by independent research agencies selected competitively in each country, and were reviewed for finalization by BCI and M&E staff in country and in Baltimore. The Director also collaborated with the M&E team to ensure that programmatic dimensions were captured in the design of the instruments as well as in the actual questions. The fieldwork started in Indonesia. The instruments are being finalized in Nepal. The tools developed in Indonesia served as a prototype for those developed in Nepal with appropriate adaptation for local context and program priorities.

3.5 Monitoring and Evaluation

The Monitoring, Evaluation and Research team in conjunction with in-country staff succeeded in developing draft or finalized frameworks for all MNH Program countries during the 2nd quarter of FY01. Also during this period, the team presented the global M&E framework for the MNH Program to the USAID/W SO2 team and discussed how indicators included in the MNH Global

framework are being operationalized. Feedback from this presentation resulted in only slight modification to the global framework. As the Program moves forward, the M&E team will continue to extract common elements from across individual MNH Program country frameworks for reporting at the global level.

During the 2nd quarter a variety of activities to initiate the development of baseline surveys or actual baseline data collection were undertaken in five MNH Program countries. In Indonesia, formative research was completed for baseline data collection for the behavior change component of the Program. Baseline surveys will go to the field and are expected to be completed during the 3rd quarter of FY01. In Guatemala, qualitative research examining adults' expectations of quality of maternal and newborn care was completed in order to integrate family and community perspectives on quality into the criteria for health facility accreditation. The assessment of these criteria in approximately four facilities was completed in March. Approximately six additional facilities will be assessed during the 3rd quarter. In both Nepal and Burkina Faso, qualitative research was completed in preparation for the baseline surveys covering behavior change interventions that will be conducted during the 3rd quarter of FY01.

A pretest of the surveillance form to be used in Honduras to monitor obstetric complications and progression of complications to more severe states was completed during the quarter. In May, the MNH Program team, in collaboration with the Centers for Disease Control and Prevention in Honduras, will conduct a workshop in the two MNH Program hospitals implementing surveillance. The purpose of this workshop will be to present to local providers the data available from this system and to discuss expanded use of these data.

MNH Program Research

- 1) **Dissemination of information on improved quality of services using social networking techniques:** Previous plans to conduct this research in Nepal were canceled during the 2nd quarter of FY01. Concern expressed by USAID/Nepal regarding the relative importance of service delivery-related activities to research activities was the primary reason for cancellation. During the 2nd quarter, discussions were initiated with UNICEF/Bangladesh regarding possible collaboration on this research topic. Bangladesh was considered because of their previous efforts at upgrading clinical sites and because of plans to expand these efforts under the Averting Maternal Deaths and Disability (AMDD) program. USAID/Washington, UNICEF/Bangladesh and the AMDD program sponsors at Columbia School of Public Health have all expressed interest in moving forward with this plan. A scope of work for technical assistance from the Center for Communication Programs has been drafted. It is anticipated that an initial trip to Bangladesh will be made to begin concrete plans for study implementation during the summer of 2001.
- 2) **Community-based distribution of Misoprostol to decrease postpartum hemorrhage:** Final approval of the protocol to conduct a SAFE study on the community-based use of misoprostol was received from USAID/Washington in March of this quarter. Data collection instruments are being developed and the logistics of implementation are being finalized. It is anticipated that data collection will begin in the 3rd to 4th quarter of FY01.
- 3) **Burden of malaria in pregnancy:** During the 2nd quarter, initial preparation for the assessment of malaria in pregnancy in Koupele District, Burkina Faso was conducted. The research proposal received preliminary approval from both CDC and Hopkins Bayview Institutional Review Board. In addition, terms of reference and a budget were developed

with the National Center for Research and Training in Malaria (CNRFP). CNRFP will implement and supervise the data collection on the ground in Burkina Faso.

- 4) **Volunteerism:** The consultant hired for this work traveled to Nepal during the 2nd quarter to collect background information to plan the research study.

3.6 Information Dissemination

The MNH Program information dissemination efforts support and advance the Program's leadership in the field of safe pregnancy, childbirth and newborn survival by identifying the most relevant information in each of the Program's focus areas and conveying it effectively to key audiences, both international and national. In this quarter the MNH Program has disseminated information that emphasizes not only the paramount human value of saving mother's and newborn's lives but also the essential policy and program interventions necessary to achieve this goal.

This information dissemination includes:

- Providing resources to increase capacity for organizations and promoting maternal and neonatal survival;
- Contributing to the development and dissemination of resources for improved maternal and neonatal survival; and,
- Increasing global collaboration.

Throughout the 2nd quarter, Program representatives took an active role in several maternal and neonatal related fora including:

- Participation in the International Confederation of Midwives (ICM) Hague meeting
- Participation in the ICM Harare meeting
- Participation in the Society for the Advancement of Reproductive Care (SARC) Bali meeting
- Zambia White Ribbon Alliance

Program representatives also worked to produce the MNH Program Updates, The Board of Trustees Workshop Report and the *Managing Complications in Pregnancy and Childbirth* manual. The ISD team also developed a Global information dissemination plan.

Increased global collaboration among partners requires that the MNH Program technical team participate in conferences/workshops to build partnerships for action. The ICM and the Maternal and Neonatal Health Program (MNH) welcomed representatives from 30 countries to a workshop entitled "International Technical Consultation of Midwifery Leaders: Meeting of the Minds" from 4-6 February 2001 at The Hague, Netherlands. As the primary care givers for women during their childbearing years, midwives are the key to improving the survival and health of mothers and their newborns. This meeting was convened to explore ways the midwifery profession can address the issues and could strengthen their leadership role in reducing maternal and newborn mortality globally.

Approximately 160 midwives from African countries gathered for the ICM Mid-Triennium Conference: "Achieving Midwifery Partnerships with Women for Safe Motherhood on 16-17

March 2001 in Harare, Zimbabwe. The conference was opened by the First Lady of Zimbabwe, the Minister of Health and Child Welfare, WHO's regional representative and several other government and nursing council officials. The keynote address: "Safe Motherhood: A Call to Action" set the tone for all the sessions that followed. The workshop brought together 35 midwives from Botswana, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Malawi, Senegal, South Africa, Sudan, Tanzania, Uganda, Zambia and Zimbabwe. The MNH Program supported the attendance of some of these midwives. Resource people came from WHO, IPAS and the MNH Program.

MNH/Indonesia was one of the sponsors of the 11th Congress of the Society for the Advancement of Reproductive Care (SARC). In addition to supporting two sessions at the conference, the MNH Program sponsored a booth where conference participants were able to review tools and materials such as Reproline®, and the Basic Delivery Care video produced by MNH/Indonesia.

The Board of Trustees Workshop Report is under production. The workshop was held last September on Implementing Global Maternal and Neonatal Health Standards of Care. The centerpiece of the report will be the Strategy Paper "*Implementing Global Standards of Maternal and Neonatal Healthcare at Healthcare Provider Level: A Strategy for Disseminating and Using Guidelines.*" The Workshop Report will be produced in English and Spanish and will be distributed at the Global Health Council meeting in June.

The World Health Organization and JHPIEGO, working both independently and in collaboration with each other, continue to develop four evidence-based technical manuals that form an essential maternal and newborn healthcare package and specifies the continuum of care necessary to improve maternal and neonatal outcomes. These guidelines bring together global lessons learned, international scientific evidence and diverse perspectives and serve as a one-stop-shop for collective global experience from which individual countries can benefit. The first of these manuals, *Managing Complications in Pregnancy and Childbirth*, has been printed and will be distributed by WHO in April 2001.

The MNH monthly newsletter *Update* was published in January, February and March. In January the Update highlighted the *Basic Care in Pregnancy and Childbirth* manual. The February issue highlighted country activities and the March issue features the ICM meeting in The Hague. The mailing list has grown to over 300 recipients. The Update is published in hard copy, electronic copy and featured on the MNH Program Website.

An Information Communication Advisor is supporting the MNH Program global dissemination needs. The advisor has conducted meetings with all technical areas, Program Partners and Program Directors. A list of new global communications for dissemination is evolving. Communication dissemination plans include Country Profiles (CPs), Technical Area Profiles (TAPs), Clinical Reports (CRs) and Best Practices (BPs). The MNH Program has agreed to sponsor the development of one of PATH's *Outlook* publications. This six - eight page publication will feature the formal launch of the *Managing Complications in Pregnancy and Childbirth* manual at the Global Health Council and will highlight the purpose of international standards for maternal and neonatal health and the dissemination, adaptation and utilization (DAU) process at the country level.

New information dissemination items for the MNH Program are under development. The ISD team is working to develop Technical Area Profile sheets on each of the Program technical components, Country Profile sheets for each of the MNH Program countries and briefs on MNH Program best practices. These will highlight information about skilled providers, the TBA, interventions for the newborn, and other aspects of the MNH Program. Some of these will be published for the Global Health Council meeting in June.

4. COUNTRY AND REGIONAL PROJECTS

4.1 Asia

4.1.1 Indonesia

Country Framework

Strategic Objective: Improve the health of women and children

Intermediate Result 1: Policy environment for reproductive and child health improved

Intermediate Result 2: Health service systems strengthened to improve access, quality and sustainability

Intermediate Result 3: Women, families and communities empowered to take responsibility for improving health

Summary

The MNH Program in Indonesia is USAID's principal intervention to achieve its strategic objective: Health of women and children improved. In this capacity, the MNH Program is providing technical support for performance and quality improvement activities, complemented by policy reform and behavior change communication and social mobilization activities to increase skilled attendance at birth. Promoting the use of a skilled attendant at birth is one of the main elements of the program and currently, the Bidan de Desa is the program's main target. The emphasis is on training the bidan to provide quality obstetric services, thereby preventing postpartum hemorrhage or recognizing it in a timely manner and effectively managing the case.

To this end, the MNH Program has been an integral part of updating maternal and neonatal health standards of practice in Indonesia. MNH Program staff are working with the government and professional organizations to develop a pocket guide (based on the MCPC and NRD) to be a user-friendly reference and basis for maternal and neonatal health practice. This guide will be completed and launched during the summer, a significant achievement affecting the quality of clinical practice of all providers in Indonesia. The Basic Delivery Care (BDC) training package and the core curricular content units (CCUs) have been finalized and are being used in preservice education. Maternity service sites in both Jakarta and West Java are being strengthened to be clinical training sites for both preservice and inservice training. The Swami SIAGA communication campaign has been relaunched with a focus on safe motherhood and the Pita Putih's efforts for social mobilization have taken off. The West Java region, MNH Program's intervention region, has a very active Pita Putih association that will help to link communities with improved maternity services.

The MNH Program is now housed in one office area, combining staff from the three agencies - JHPIEGO, PATH and JHU/CCP. This physical proximity greatly increases the feeling of unity and team spirit among staff. The MNH Program staff continues to grow to respond to the increasing number of activities in the program. Twelve new staff positions will be filled during the next few months. During this quarter the MNH Program Director left and a transition team was put into place. In April a new management structure will be developed and candidates recruited and hired.

The government is in the process of restructuring (decentralization) to give more authority to the districts, the prime implementers of program activities. It is still unclear the roles and responsibilities of the various government levels - provincial and district, i.e. who will be responsible for the strategic planning functions and who is responsible for assuring that programs are implemented in a timely and effective manner. MNH Program staff continues to have good relations with government counterparts at all levels and other donors working in maternal and neonatal health. Good collaboration with other donors is essential for the scale-up of MNH activities.

Implementation of program activities continues at a steady pace and as scheduled, in most cases. There has been some slippage in data collection in the BCI formative research activity. This will be recuperated during the next quarter. Developing quality clinical training sites is one of the largest challenges that the Indonesian MNH Program faces.

Results

Intermediate Result 1: Policy environment for reproductive and child health improved

Supportive government policy is the underpinning of progress in reducing maternal deaths. The MNH Program is an active participant in a technical committee headed by WHO and the Indonesian government to prepare a strategic plan for "Making Pregnancy Safer." The MNH Program was asked to submit a discussion paper that reviews safe motherhood policies for Indonesia. This paper is being used by the committee as the basis in its deliberations to develop a "Making Pregnancy Safer" strategic plan. In March, the committee presented the strategy for review and approval.

Collaboration is an essential component of the Indonesia program. WHO, UNICEF, AusAid and the World Bank are the main donors supporting maternal and neonatal health activities. The MNH Program has a good ongoing collaboration with these agencies and meets with them on a regular basis to ensure coordination of efforts at a national and local level. UNICEF is working in certain districts in West Java and there are discussions as to how MNH/Indonesia and UNICEF can collaborate. For example, UNICEF is interested in using MNH Program's site assessment tools in their assessment process. Also, UNICEF and the Healthy Start Program, a USAID funded program, want to use MNH Program's Pita Putih approach to social mobilization in the districts where they are working. MNH/Indonesia and UNICEF also are discussing jointly identifying districts where the programs will scale up. The MNH Program is collaborating with AusAid and government in reviewing the DIII midwifery curriculum and has developed the four core curriculum content units (CCUs) to support basic delivery care. These will be incorporated into the curriculum revisions.

The MNH Program continues to work with the government at the national, provincial and district levels. The MNH Program supported the provincial and district work planning process. MNH/Indonesia held a workshop last year to strengthen the advocacy skills of government staff working in MNH. These staff have successfully lobbied for an increase in the maternal and neonatal health budgetary allocation at the district level. A study is being carried out to look at the effect of increasing budgetary allocations on coverage and quality of services. Another research study will look at the costs of supporting the Bidan di Desa (village midwife) and

propose different scenarios for their sustainability. Technical working groups meet regularly with staff of the MNH Program technical components to discuss program strategies and implementation.

Intermediate Result 2: Health service systems strengthened to improve access, quality and sustainability

The Performance and Quality Improvement (PQI) technical component continues to work to assess and strengthen maternity services sites. These will become the clinical training sites for inservice and preservice training. The MNH/Indonesia technical team has worked with the hospitals to define their needs and quality improvement activities. Infection prevention and MNH knowledge updates were held at Budi Kamuliaan Hospital, the training center in Jakarta. Six sites have been assessed in West Java. They will begin the quality improvement process during the next quarter. MNH continues to use four training centers in East and Central Java that were developed during the previous project.

A sample of midwives in East and Central Java are being followed-up to document skills and practice according to the BDC. Preliminary results are positive. "Peer reviewers" coach the midwives during their visit and indicate what skills need to be strengthened through continuing education.

The Basic Delivery Care (APD) video was finalized and being distributed to DIII midwifery schools and provincial and district training centers. Modification of the CTS ModCal for Indonesia has begun. This computer-assisted learning software is another way of reaching a larger number of maternal and neonatal health preservice trainers in the program's scaling-up process. The CCUs have been introduced into six DIII midwifery schools. As faculty are oriented to the package, each year the number of midwifery schools using the package will increase.

A national strategy for management of bleeding in early pregnancy (PAC) has been developed with input from the MNH Program. The MNH Program technical assistance team and the Indonesian government have been working closely to identify several provinces (Lampung, South Sumatra, South Kalimantan and West Java) where the PAC initiative can be launched. Muhmedijah, an Islamic faith-based NGO that runs a network of health care facilities has agreed to be a key player in strengthening PAC services and training in their network of hospital and clinics.

Discussions on the use of misoprostol to test a community-based approach to reducing post-partum hemorrhage are continuing. A technical working group has been formed to provide guidance for the study. A proposal has been developed and preliminary site selection has taken place. The proposal has been submitted to the Indonesian IRB (Institutional Review Board) and will also have to be approved by the JHU IRB before activities can begin.

Intermediate Result 3: Women, families and communities empowered to take responsibility for improving health

The "Swami SIAGA" (alert husband) campaign is being expanded to include "alert" midwives (bidans), families (keluarga) and communities (masyarakat). The BCI team is discussing how these campaigns can support the Pita Putih efforts at the community level. For example, Pita

Putih sponsored a major event on International Women's Day, March 8 to raise awareness about the role the community plays in saving women's lives. The focus was on being a "Desa Siaga" (alert village), coordinating efforts with the SIAGA communication campaign. Seventeen villages have embraced the "alert community" initiative. The Desa Cimahi community committed to identifying potential blood donors that could be called upon to donate blood when needed in obstetric emergencies. Pita Putih activities continue to mobilize communities. Community-based organizations' skills at facilitating group discussions to mobilize for birth and emergency preparedness are being strengthened. Pita Putih has entered the Global Health Council contest for the White Ribbon Alliance. This will be an excellent way to provide more visibility to their efforts. Members of Pita Putih are also being asked to participate in both national and local radio programs to explain safe motherhood.

The behavior change communication unit (JHU/CCP) has been working with the PQI team to identify topics for the radio vignettes that will be broadcast to bidan di desa. These radio broadcasts can reach a large number of bidans to update their MNH knowledge. Group discussions with the bidans will follow the broadcasts. A workbook and other written materials will be distributed to all bidans to facilitate learning. Increasing effective communication skills will be a major part of the vignettes. JHU/CCP will also develop IPC/C materials that will strengthen the bidans communication skills and that can be used in her practice.

Projection for Next Quarter

During the next quarter, the new management structure will be hired and in place. Dr. Noel McIntosh will travel to Indonesia to recruit and help orient the team when they are hired. The MNH Program will work with the provincial and district level government to finalize 2001 workplans and performance indicators. There will be discussions regarding the extent to which the Program can support various activities in these workplans. Providing computers to facilitate the collection of data monitoring is under discussion. MNH/Indonesia will continue to collaborate with other donor agencies. Meetings with UNICEF will be held to agree on new intervention districts in West Java. MNH/Indonesia will participate in meetings to finalize the MPS strategy and discuss its operationalization. MNH/Indonesia will continue to work with AusAid on the review and revision of the midwifery curriculum.

Technical assistance to strengthen the maternity service sites that will be used as training centers will move ahead. Site assessment results will be discussed with the various facilities in West Java. MNH infection prevention, updates and clinical training will be provided to staff at these maternity service sites. The PQI team will work with the monitoring and evaluation unit to discuss how midwives can be effectively followed-up to document changes in practice. Sub-agreements with POGI (Indonesian Obs/Gyn Society) and Muhmedijah NGO to implement PAC activities will be finalized. Follow-up on preparing for the study on management of post-partum hemorrhage - getting IRB approval, agreeing on sites and discussing the implementation of the study - will be done with the technical working committee. Pita Putih will continue to provide support and strengthen the community-based organizations. Pita Putih and the CBOs will prepare for Kartini Day events to promote safe motherhood. A press conference will be held to involve the media in promoting the event. A story telling guidebook will be developed with Pita Putih, giving them another tool to help mobilize the

community and Pita Putih will expand into at least three more districts. JHU/CCP will develop the scripts for the radio vignettes for the distance education program for bidans.

The FY02 work plan will be drafted in May and reviewed by Baltimore and the mission. Discussions will be held with government officials and the MNH's Program Management Unit (PMU) concerning next year's workplan. A representative from the MNH Program components, PQI and BCI and the West Java program manager will travel to Baltimore to present the workplan and discuss its implementation.

4.1.2 Nepal

Country Framework

Strategic Objective: Support the government's efforts to promote the adoption of appropriate maternal and neonatal health behaviors and increase the use of quality maternal and neonatal health services

Intermediate Result 1: Improved safe motherhood (SM) policy environment and coordination

Intermediate Result 2: Increased quality of SM services

Intermediate Result 3: Increased access to and demand for SM services

Summary

Throughout the second quarter, MNH/Nepal continued to work with the Family Health Division (FHD) of the MOH and other partners to strengthen the national SM Program. Through support for the Safe Motherhood Sub Committee (SMSC), MNH/Nepal is actively promoting the FHD's capacity to lead and coordinate its national SM Program. The SMSC continues to provide a valuable forum to a wide range of key partners in Nepal to promote and discuss issues vital to the Program's success. During this quarter, MNH/Nepal worked with National Health Education, Information and Communication Center (NHEICC) and others towards the standardization of key safe motherhood messages and contributed significantly to the continued development of the SM IEC strategy. The team also supported the development of financial planning tools for incorporation into the Birth Preparedness Package (BPP) as an approach to improve access to obstetric services in the event of a complication at the household or community level. Support for improved quality of essential maternal and neonatal care services continued with the development of the National Safe Motherhood Training strategy and the Maternal and Child Health Worker (MCHW) training package. MNH/Nepal is also working to build the capacity of the Patan Hospital Birthing Center as a national training site for auxiliary nurse-midwives (ANMs) and staff nurses (SNs). Discussions regarding MNH/Nepal support for a Resource Center at FHD are ongoing. Issues such as the sustainability of such a center are being discussed.

A key constraint to program activities is the growing political unrest throughout Nepal. The U.S. Embassy has issued a travel advisory for its staff, prohibiting travel to five districts and restricting travel to another fifteen. MNH/Nepal is clearing all field travel through the Regional Security Office prior to travel. Work to date has not significantly been affected.

Results

Intermediate Result 1: Improved SM policy environment and coordination

To institutionalize coordination and policy dialogue for SM, the SMSC continues gain momentum as the forum for SM issues and is supported by MNH/Nepal. This quarter a new SMSC Coordinator was recruited and began work. The committee continues to meet on a monthly basis. Priority actions include finalization of the new National 15-Year SM Plan and the development of its monitoring plan with indicators.

MNH/Nepal is also working with the SMSC to produce a newsletter. The newsletter will be disseminated widely to a number of key audiences, including other government divisions, donor agencies, INGOs, NGOs, district level managers and healthcare providers and will serve as a source of information regarding the national SM Program. Following comprehensive discussions with FHD and the SMSC, it was agreed that the first issue of the newsletter (January-April) would include the government's SM policy, program highlights from each of the SMSC members and information about the White Ribbon Alliance (WRA).

As a member of the SMSC, MNH/Nepal also reviewed the draft 15-Year National SM Plan and provided comments to FHD. The Plan is in the process of being finalized and will serve as the framework for future strategies and activities of the national SM Programme.

The MNH/Nepal team continues to meet with other partners such as UNFPA and DFID to discuss technical issues and to identify opportunities for program collaboration. Discussions are underway with UNICEF regarding their needs for training in SM clinical skills, postabortion care and infection prevention (IP) for staff at their four district hospitals. These facilities are being strengthened to provide comprehensive EOC through UNICEF's "Women's Right to Live and Health" Project (the Gates Foundation-funded Columbia University "Averting Maternal Death and Disability" Project). Save the Children's "Saving Newborn Lives" project is designing an activity for start up in Nepal. The MNH/Nepal team continues to meet with the Saving Newborn Lives (SNL) staff to discuss possible program linkages. Also during this quarter, the issue of creating a new "nurse-midwife" cadre was raised during the training strategy development workshop. A nurse-midwife group was formed as a result and will meet on an ad-hoc basis to explore the feasibility of creating a cadre of service providers.

Activity also began on the study of volunteerism in Nepal, funded by the ANE Bureau. Dr. Judith Justice, an anthropologist with extensive experience in Nepal, will implement the study. During this quarter, she traveled to Nepal and worked with key stakeholders to gather information to revise and finalize the original study design and initiated work with the research team. In the next quarter, the literature review on volunteerism will be completed, and data collection will begin. MNH/Nepal continues to share this information with the MOH and other partners to inform policy dialogue and decisions regarding the use of volunteers particularly at the community level in Nepal to advance the SM agenda.

Intermediate Result 2: Increased quality of SM services

Towards the development of a National SM Training Strategy, FHD and the National Health Training Center (NHTC) conducted a workshop this quarter to which MNH/Nepal provided technical assistance and logistical support. Participants in the workshop included staff from the Institute of Medicine (IOM), the Center for Technical Education and Vocational Training (CTEVT) and international NGOs. During the workshop, a draft training strategy was reviewed and revised. Having incorporated feedback from discussions, the revised draft was presented at the March SMSC meeting for comment. The SM Training Strategy will be finalized in the next quarter, ideally after the National 15-year SM Plan is finalized. With the new SM training strategy, discussions will continue among NHTC, FHD and MNH/Nepal

over the next six months to discuss needs for assistance in implementing the strategy and will identify ways to support SM training priorities.

In an effort to strengthen the quality of maternal and neonatal health services, MNH/Nepal continues to support the evolution of maternal and child health workers (MCHW) inservice training. Building on the consensus reached in November 2000 for a national refresher training curriculum, MNH/Nepal been working with NHTC on a technical working group to revise and finalize a training package. NHTC is the government's coordinating institution for refresher training. The district-level learning package for MCHWs, developed in January 2000 has been integrated into the new NHTC curriculum and is no longer a separate training package. The approach taken with the DLLP of training MCHWs in district hospitals (instead of classrooms at regional training centers) has been adapted by NHTC.

NHTC is the lead in the materials finalization process, with several meetings scheduled in April to reach consensus on outstanding technical issues and to finalize the training package. Once finalized, UNFPA is supporting the printing of the training package in sufficient quantities for the next few years. Based on NHTC interest, MNH/Nepal may provide assistance to NHTC to manage these trainings.

For ANMs and SNs, because their core competencies for SM are so similar, it was originally envisioned that one curricular component could be developed and incorporated into existing curricula. In country consensus, however, favors revising curricula by cadre. For ANM inservice training, NHTC has been working with UNFPA support over the past year on a new three-week national ANM refresher training curriculum and training package on reproductive health (almost entirely SM). In May, NHTC will host a workshop to review and finalize the materials. MNH/Nepal has been asked to provide technical input at this workshop.

Based on the content of the finalized ANM package, MNH/Nepal will adapt or supplement the national curriculum to meet the training needs of Patan Hospital Birthing Center (PHBC). In line with current NHTC priorities, MNH/Nepal will focus its efforts on supporting MCHW and ANM training and table its proposed work with NHTC on SN inservice training curriculum over the next six months.

In addition to the inservice training for ANMs and SNs, the initiation of preservice activities was scheduled to begin next quarter. MNH/Nepal has decided to postpone work with preservice education systems and focus on continuing to build on work to date that strengthens inservice training systems. Continued work with inservice systems will be strategically focused by selecting facility-based training sites and developing trainers that are affiliated with preservice schools.

At Patan Hospital Birthing Center (PHBC), significant progress was made in this quarter towards the strengthening of clinical training capacity at PHBC. The assessment was conducted this quarter, and a meeting was held to discuss findings with PHBC staff, nursing supervisors and hospital gynecologists. The first phase of activities began with the first of three six-day knowledge updates conducted for PHBC staff. The other two updates will be conducted in April. Key staff from other training institutions, NHTC and FHD are participating in the knowledge updates and will be included in future clinical skills training,

in order to develop their clinical training capacity. Grand rounds were conducted by MNH/Nepal staff on the international SM movement and efforts in Nepal, and lunchtime lectures for hospital physicians and staff are being held on new SM clinical practices. A MOU between MNH/Nepal and Patan Hospital was drafted and will be signed in the next quarter.

Intermediate Result 3: Increased access to and demand for SM services

The behaviors identified in the "Speaking with One Voice: Prioritizing Behaviors for Improved Maternal and Neonatal Survival" (organized by MNH/Nepal in collaboration with FHD and co-sponsored by Nepal Safer Motherhood Project in November 2000) were refined by the technical working group (TWG) during the Safe Motherhood IEC Strategy workshop (sponsored by NSMP, collaborated with MNH/Nepal and conducted by NHEICC) this quarter. The behaviors were refined and grouped into three major focus areas and were incorporated into a draft SM IEC Strategy. This strategy is under the umbrella of the new 15-year National Safe Motherhood Plan to reduce maternal mortality.

The SM IEC Strategy workshop recommended as next steps a Message Development workshop and Advocacy Workshop. NHEICC conducted the Advocacy Workshop with technical assistance from NSMP and MNH/Nepal participation in February. NHEICC/DoHS with technical assistance from MNH/Nepal conducted a workshop "Developing Messages for Improved Maternal and Neonatal Survival" in March with the TWG and other SM stakeholders who participated in the "Speaking with One Voice: Prioritizing Behaviors for Improved Maternal and Neonatal Survival" and the SM IEC Strategy workshop. Ms. Yasmin Khan, Message and Materials Development Specialist from Bangladesh Center for Communication Programs, facilitated the workshop. The workshop taught participants the principles of effective message design. The participants then used the behaviors identified from the "Speaking With One Voice" workshop and refined in the "SM IEC Strategy Workshop" to translate the behaviors into core messages tailored for identified audiences. Outcomes of the workshop are being reviewed. The workshop report will be delivered in April. Messages will be developed into prototypes that will be pretested before finalization.

To develop tools to help pregnant women, families and communities plan financially for childbirth, formative research is being conducted. The primary objective of this formative research is to provide support in the design, development, and pre-testing of tools to help pregnant women, families and communities plan financially for birth and obstetric and neonatal complications if they occur. These financial planning tools (FPT) are being developed for inclusion in a more comprehensive Birth Preparedness Package (BPP) being developed by MNH/Nepal that will focus on birth planning, financial preparedness and complication readiness. The BPP is to be used by community mobilizers such as the Female Community Health Volunteers (FCHVs) to educate and assist women and their families to prepare for childbirth.

The research was started in January 2001 and involved a team of researchers consisting of an in-country research organization (Valley Research Group), members of local NGOs involved in community mobilization (Nepal Red Cross Society, Mother's Club), artists, MNH/Nepal staff and external experts in health finance from the USA-based consulting firm (Development Alternatives Incorporated). The research focused on conducting a

Participatory Rural Appraisal (PRA) looking at the activities and associated costs surrounding childbirth and the ways and means villagers currently use to finance pregnancy, childbirth and obstetrical emergencies if they occur. From this information, FPTs were developed and will then pre-tested next quarter along with the other BPP components.

A recommendation made in the concluding report from the FPT was that the PRA exercise should be expanded to include communities from other areas. The original PRA exercise planned for Kailali District was restricted to two VDCs in the Kathmandu Valley due to security concerns. As a result, two further PRAs were conducted by the in-country members of the FPT team in Udayapur District with assistance from Nepal Red Cross Society and in Baglung District with assistance from the Mother's Club.

The pre-test of the BPP component tools including the FPT will take place in Kailali District in April by the in-country members of the FPT team. The external consultants will return to Nepal next quarter to assist with the data analysis, report writing, dissemination of results and preparation for the pilot test.

Four BPP component workshops were held in January 2001. The aim of these workshops was to bring representatives from government and experts/staff from agencies involved in SM in Nepal together to produce an agreed set of messages for inclusion in the BPP, review existing IEC materials from within Nepal and worldwide and then produce a set of guidelines to direct the artists in the production of a draft set of BPP tools. The artists have now created a set of tools from the directions given by stakeholders. These BPP tools, including the financial planning tools developed out of the separate research task noted, above were reviewed by government and stakeholders at a workshop in March. A report on the recommendations of this review workshop is being prepared, and corrections to the tools will be tested during the BPP Pretest next quarter.

Draft "How to" guidelines on using the BPP for community mobilizers are being developed in collaboration with stakeholders alongside the BPP tools. In the BPP component workshops stakeholders outlined what the guidelines should contain. Currently, work is being done on the exact design and contents of the guidelines and the blank format plans and information that are to be left with individuals and families. The next step will be to develop the training that community mobilizers will receive in order to promote the BPP. This training will be pilot tested in July with the entire BPP.

Other Accomplishments

The M&E framework and its indicators have served as the foundation for baseline data collection in MNH program areas. Valley Research Group (VaRG) has been contracted to conduct the baseline survey. Dr. Pius Mishra from JHU/CCP spent two weeks in Baltimore working with Suruchi Sood and Allisyn Moran to review and revise the tools developed by VaRG to be used for baseline data collection. Since this visit, qualitative instruments (Focus Group Discussions Guidelines and In Depth interviews) have been finalized, and the orientation training for enumerators has been completed. Data collection for qualitative portion is underway in Lalitpur, Baglung and Kailali districts. The questionnaire for the quantitative portion is being finalized.

Projection for Next Quarter

In the third quarter, major activities include: continuation of the strategies review and approval processed; initiation of the fieldwork for the volunteerism study; clinical skills standardization for Patan Hospital Birthing Center staff; participation in the NHTC MCHW and ANM materials finalization activities; progress on message development through technical content standardization and creative artists orientation; and pretesting of the BPP. Additionally, the quantitative and qualitative components of the baseline data collection will begin in the third quarter.

Additionally, program management activities for MNH/Nepal include development of a subsequent 2-year action plan (FY2002-03), participation in the MNH Program expanded management review and workplanning activities in Baltimore in June.

4.2 Latin America

4.2.1 Bolivia

Country Framework

Strategic Objective: To implement seventeen integrated community and services networks to improve maternal and neonatal survival.

Intermediate Result 1: Maternal and Neonatal Health Services Networks Established and Functioning

Intermediate Result 2: Community Networks Established and Functioning

Intermediate Result 3: Institutional Capacity Strengthened

Summary

Since its inception the Proyecto de Salud Materno Neonatal/Bolivia (PSMN/B) has been working with key stakeholders to promote maternal and neonatal survival in Bolivia. Since January 2000 the PSMN/B team has been providing technical assistance to the Ministry of Health. Based on the results of the maternal and neonatal health mapping tool developed by the MOH and PSMN/B, in collaboration with other partners, PSMN/B selected seventeen priority districts in which to work. In order to maximize program impact, PSMN/B chose districts with high rates of maternal and neonatal mortality but sufficient infrastructure and human resources to respond to the problem. For the past year PSMN/B has been working to design and implement integrated community and service networks in these priority districts. The goal of the networks is to ensure that women and newborns have timely access to technically competent, culturally appropriate maternal and neonatal care.

During the second quarter of FY01 PSMN/B continued to collaborate with a variety of partners to implement maternal and neonatal health programs within an increasingly decentralized environment. Key partners include the Ministry of Health at the central, departmental, district and municipal levels, municipalities, local NGOs and donor, lending and implementing agencies. During this quarter PSMN/B achieved considerable progress towards intermediate results 2 and 3. Program implementation of these two components continued at a rapid pace at the central level and in three districts in el Alto, and began in earnest in two districts in Cochabamba. Progress towards Intermediate Result 1 was considerably slower due to ongoing discussions among relevant stakeholders regarding the implementation strategy for the services networks. During the second quarter of FY01 PSMN/B submitted a proposal to the MOH for a clinical supervision system that will incorporate elements of performance improvement and on-the-job training. PSMN/B has plans to aggressively implement activities to strengthen the services networks, pending approval of the supervision proposal by the MOH.

Results

Intermediate Result 1: Maternal and Neonatal Health Services Networks Established and Functioning

During the second quarter of FY01, PSMN/B continued to coordinate program planning and implementation with the Maternal and Child Health Unit of the MOH. PSMN/B also participated

in the annual workplan development workshop for PROSIN and the seventeen priority MNH Program districts. At this meeting a decision was made by the MOH to focus on improving maternal and neonatal surveillance during calendar year 2001 (see institutional strengthening section for more information). At the request of the MOH, PSMN/B developed algorithms for refocused antenatal care, management of pre-eclampsia/eclampsia (PE/E) and management of hypovolemic and septic shock. These algorithms will be used as job aides in MOH health facilities.

During the beginning of the quarter more than 100 providers in three remaining districts received EMNC updates. The knowledge updates focused on normal birth, PE/E and management of hypovolemic and septic shock. PSMN/B developed a document that summarizes the results of the 28 EMNC knowledge updates conducted in November and December 2000, including pre- and post-test results. PSMN/Bolivia also prepared seventeen “Cuadernos de Trabajo” that report on MNH Program technical assistance to date in the selected districts.

Finally, PSMN/B developed a proposal for the development of a clinical supervision model, using a performance improvement approach. This model will build upon and strengthen the existing inservice MOH training system developed by the MOH with TA from JHPIEGO/TRH during the 1990s. The supervision proposal has been presented to the MOH for approval.

Intermediate Result 2: Community Networks Established and Functioning

During the second quarter of FY01, the PSMN/B team, working in collaboration with a wide variety of public and private sector partners, made significant progress towards establishing community networks, particularly in El Alto and Cochabamba.

Central level

At the central level, PSMN/B conducted several coordination meetings with the Maternal and Child Health unit of the MOH and with relevant NGOs working to implement the community networks. PSMN/B conducted a workshop with selected NGOs to develop a strategy for integrating existing community mobilization projects with the PSMN/B strategy. In addition, PSMN/B participated in coordination meetings with the following NGOs and other organizations: PROCOSI, CPC/Bolivia, PROSIN, PCI, BASICS, UNFPA, DIMUSA, CARE, and COOPI. CPC/Bolivia is the NGO formed by JHU/CCP/Bolivia staff. At this meeting plans were made to revive the Lilac Tent and incorporate new maternal and neonatal health content into its activities. Formal agreements with most of these NGOs are now in place, greatly facilitating program implementation.

PSMN/B completed two documents for use in the community networks. “Guidelines for Information, Education and Communication” was developed to provide technical direction in maternal and neonatal health IEC to municipalities and NGOs. PSMN/B also produced a manual titled “Methodology for Training Community Leaders.” The goal of the manual is to assist municipalities and NGOs in training community leaders to be effective advocates for maternal and neonatal health.

Working in collaboration with the local NGO “Esperanza Bolivia”, PSMN/B has strengthened, implemented and disseminated the Community CAI methodology developed by Esperanza Bolivia. CAI stands for Information Analysis Committee. This committee meets quarterly to

review the health service statistics from the previous quarter and to make decisions based on this information. The community CAI methodology incorporates key community members in these meetings.

El Alto

An IEC committee in El Alto was formed in January 2001. This committee is comprised of representatives of MNH/Bolivia, DIMUSA (the Municipal Health Department), and a variety of NGOs and cooperating agencies. An IEC workshop to develop an integrated IEC strategy for El Alto was conducted in March. This workshop was co-financed by PSMN/B and UNFPA. The La Paz Department IEC committee for sexual and reproductive health and PROSIN also participated in the workshop.

In collaboration with COOPI (the Italian foreign assistance agency) and BASICS, PSMN/B developed educational materials for use by the Manzaneras. These materials are intended for use with low or non-literate audiences. PSMN/B also provided TA to the PROCOSI Collaborative Project in el Alto.

The first quality improvement activities began with a PSMN/B sponsored meeting of the “Defensores de la Salud” in el Alto. The Defensores de la Salud are responsible for protecting clients’ and patients’ rights to quality health services, and for ensuring that clients and patients are not charged for services which are covered for free by the Seguro Básico de Salud (basic health insurance program).

Cochabamba

In Cochabamba, PSMN/B worked with PROSIN and representatives from the Sexual and Reproductive Health unit of the MOH in Cochabamba to develop a local IEC strategy for MNH in Cochabamba. PSMN/B also conducted initial activities to organize the Manzaneras (community health promoters) in Cochabamba, using the el Alto experience as a model.

Intermediate Result 3: Institutional Capacity Strengthened

PSMN/Bolivia made considerable progress towards strengthening institutional capacity during the second quarter of FY01. Activities to strengthen the maternal and neonatal mortality surveillance system began in March, at a three-day national workshop to revise the national maternal mortality norms. The workshop brought together representatives from the Maternal and Child Health and Epidemiology units of the MOH. At this workshop it was agreed that MNH/Bolivia would develop a new, simplified maternal and neonatal mortality surveillance form that can be used both by formal health providers and community health workers. The form will include both medical definitions of the causes of maternal and neonatal death as well as the terms that communities use to describe these events. It is hoped that these forms will also be linked to vital registry forms. In addition, MNH/Bolivia developed a paper of recommendations for improving maternal mortality surveillance called “Afianzamiento de la Medicion y Reconocimiento de la Mortalidad Materna en Bolivia” (Consolidation of the Measurement and Recognition of Maternal Mortality in Bolivia) for the 2001 Census. This paper was presented to the National Statistics Institute for their review prior to the 2001 census. This is the first time in Latin America that maternal mortality will be measured using a national census. In addition, the neonatal health mapping tool developed by MNH/Bolivia in collaboration with the MOH,

USAID. PROSIN, BASICS and GTZ was used by Save The Children to determine priority districts for their Gates Foundation funded neonatal survival project.

Projection for Next Quarter

PSMN/B will continue to implement program activities in all three components during the third quarter of FY01, but will place particular emphasis on the implementation of the clinical component, pending MOH approval of the clinical supervision proposal. Once the supervision proposal is accepted by the MOH, PSMN/B will aggressively implement activities to strengthen the services networks. PSMN/B plans to send one or more representatives to a regional clinical skills standardization planned in Guatemala in April.

In early June the Country Representative will travel to Baltimore to participate in the workplan exercise being arranged by the JHPIEGO/Baltimore office. This exercise will give the Country Representative the opportunity to discuss program issues, exchange lessons learned and information for programming in maternal and neonatal health with colleagues from Latin America and MNH/Baltimore, and will help to ensure that the program's direction is in keeping with the broader MNH Program strategy. The services network will be an area of particular focus during this exercise.

4.2.2 Guatemala

Country Framework

Strategic Objective: Increase the adoption of practices and use of services that are key for maternal and neonatal survival

Intermediate Result 1: Accredited a network of quality EOC services

Intermediate Result 2: Increased appropriate use of accredited community and institutional services

Intermediate Result 3: Strengthened policies and norms implemented to sustain an adequate provision of EOC services

Summary

Proyecto de Salud Materno Neonatal/Guatemala (PSMN/G) continues to be actively engaged in a variety of partnerships towards improved maternal and neonatal health in Guatemala, particularly with the Ministry of Health at the central and local levels. Key counterparts at the MOH stated their commitment to the Program based on shared objectives, a concrete plan of action and clear/open communication. The MNH Program has continued to respond to the Ministry's demand that the Program be actively engaged in planning at the local level.

Given the constant turn over of key counterparts at the Ministry, PSMN/G has had to spend a great deal of time at the MOH bringing new people on board with the program. This has caused delays in programming particularly with respect to the Performance Improvement (PI) approach/accreditation model. The PI approach is central to PSMN/G's efforts to institutionalize quality improvement for improved maternal and neonatal survival.

Over this quarter, PSMN/G has continued to work to transfer technical capacity to Ministry of Health counterparts. The MNH Program typically works with MOH counterparts in all aspects of their work. The clinical services team as well as the IEC team have involved Ministry of Health counterparts in the development of the accreditation process for Guatemala, including tools development, the baselines recently conducted at health facilities, and in clinical skills standardization. The teams are also working with the MOH to incorporate the PI approach into their national supervisory system.

PSMN/G has been key to the successful implementation of the Implementing Unit at the MOH and has been actively involved in coordinated planning with the MOH both centrally and locally in an effort to ensure the institutionalization of tools and approaches for improved maternal and neonatal health nationally.

Results

Intermediate Result 1: Accredited a network of quality EOC services

Over the second quarter, clinical training for essential obstetric care (EOC) was conducted at Hospital Roosevelt in Guatemala City. Participants included staff from PSMN/G, the MOH, and nurses and physicians from hospitals where PSMN/G is currently working. The impact of this training has been noted at various facilities. For example, in Coatapeque the physician

and nurse trained are already implementing new knowledge and skills acquired and are communicating this information to colleagues. Hospital policies regarding routine episiotomy have changed to reflect their new knowledge regarding clinical standards. Only one month after the first clinical standardization in December, Coatepeque Hospital records show that routine episiotomies in primagravidaes decreased from 100% to 47%. The hospital staff also developed job aids outlining active management of the third stage of labor as well as the importance of avoiding routine episiotomies if not medically indicated.

Also as a result of the clinical trainings, the Central MOH team reported that in Amatitlan Maternity Hospital, after introduction of active management of the third stage of labor, cost savings have already been reported due to a decrease in the utilization of IV solutions and a reduction in laundry services as fewer linens are soiled by excess blood loss.

Training in Module I of the Performance and Quality Improvement Approach (CaliRed) took place this quarter. This highly successful training included an overview of PI and used a participatory methodology to review how to assess actual performance at the facility level using the baseline tools that had been pretested and modified for use in the field. Immediately following the Module I training, quality teams (consisting of health providers from the various facilities, PSMN/G staff, and MOH central-level officials) conducted baseline assessments in the hospitals and health centers in Solola and Malacatan.

Following the first training in Module I, health area authorities in Solola became highly motivated to implement the process throughout the network of health services in the department including the private sector services of NGOs. They see the process and the tools developed as accessible and easy to use for scaling up.

CARE is involved in the PI process and expects to extend this effort to non-MNH program areas using CARE funds. The MNH Program has been working with donors including PAHO, UNICEF and KFW to share the PI approach and instruments in an effort to expand the activity. PAHO is implementing a quality improvement process in five hospitals—two overlap with the MNH Program. The process is complementary to the PI process. PAHO, UNICEF and KFW have agreed to use instruments from Module I of the PI process developed by MNH for use in districts where they have programs. UNICEF is working in fourteen districts to improve child survival and expects to adapt the PI tool for improved infant health at the facility level.

Intermediate Result 2: Increased appropriate use of accredited community and institutional services

During the second quarter of FY01, the IEC team worked to revise the Quality Criteria for the Performance Improvement process. Specifically, the team used the formative research results from the “Participatory-Video Meetings” conducted with selected communities to ensure that client perspective of quality was included in the pertinent areas of the criteria. Specific feedback was provided for the quality criteria for prenatal visits and IEC/Informed Demand, to assure that what was being measured could be attained at the service sites through the activities implemented under the IEC component of the Program.

Based on the findings of the formative research and PSMN/G's results framework, the IEC team developed a one year detailed action plan. The behavior change communication (BCC) activities for the IEC component of the Program will involve both mass media activities (primarily radio) and a strong community mobilization effort to consolidate the community health committees and to provide the correct information to prepare communities, families and individuals for obstetric emergencies. The 2001 Action Plan will reinforce the PI process at the health service level. Counterparts at the MOH approved the Action Plan and are working with the IEC team to outline next steps and partners for future collaboration.

The community mobilization strategy for the PSMN/G will capitalize on existing health committees in the majority of communities where the Program is working. It is through these committees that the crucial links between the communities and the health centers and posts will be made. In the third quarter, the IEC team will work with MOH counterparts and the PI team to develop criteria for selection of committees and will initiate committee selection in all program Departments.

The IEC team is also working to develop the Birth Preparedness Plan (BPP) as per the global Birth Preparedness/Complication Readiness matrix developed by the MNH Program's BCI team. The BPP will be reinforced at both the health service level and the community level through the community-based health committees. The BPP is included as a criterion for the Accreditation Quality Criteria for the section on *Prenatal Visits*. At the community level, the health committees will promote the Plans to pregnant women as part of their outreach messages.

In discussions with the MOH this quarter, the IEC team also discussed the need for a Ministry counterpart for the PSMN/G IEC team. Having a central level counterpart will assist in the development of the demand component and in the actual transfer of knowledge regarding the implementation of IEC strategies. The team's MOH counterpart agreed and committed to identifying someone within the National Reproductive Health Program to serve as their counterpart.

Intermediate Result 3: Strengthened policies and norms implemented to sustain an adequate provision of EOC services

Based on national norms for basic maternal and neonatal care, service standards to improve quality of EOC services have been defined. Moreover, initial steps to standardize maternal and neonatal care in three training centers have been developed, and the pre-service curriculum for auxiliary nurse education has been revised to incorporate EOC content. The effort involved representatives from both public and private nursing schools. The nursing faculties have requested training in order to implement the curricular changes. It is expected that the revised curriculum will be approved by the Ministry of Health by the end of 2001. Additional work is now underway to revise the curriculum for schools of professional nursing.

The MNH Program has established a very successful partnership with the Nursing School and the Department of Human Resources at the MOH in the curriculum review and revision for nurses and auxiliary nurses and in defining norms of care for nurses and auxiliary nurses. The revision to the curricula includes enhanced EOC components such as PAC, neonatal

care, breastfeeding and family planning within the context of maternal health. The national clinical skills standardization scheduled for next quarter will include a professor from both the Nursing and the Auxillary Nurse schools.

Projection for Next Quarter

Following the Expanded Management Review that was held in Guatemala from 3 – 29 March, the PSMN/G group worked to outline their workplan for the period 1 April – 30 September 2001. The team expects to finalize this workplan by late April and will present it to USAID/Guatemala once they have received feedback from MNH/Baltimore and from the USAID/W/G/PHN CTO.

PSMN/G will also draft their FY02 workplan in May. The Country Representative will travel to Baltimore in early June to participate in the workplan exercise being arranged by the JHPIEGO/Baltimore office. This exercise will give the Country Representative the opportunity to discuss program issues, exchange lessons learned and information for programming in maternal and neonatal health with colleagues from Latin American and MNH/Baltimore and will help to ensure that the program's direction is in keeping with the broader MNH Program strategy.

Towards enhanced demand for quality EOC services, PSMN/Guatemala will focus on identifying community-based health committees, the development of client-provider orientation materials to promote safe motherhood, further refinement of the BPP and the implementation of the mobilization strategy to increase the use of health services for maternal and neonatal health. The team will also continue to implement the PI process and will conduct training in Module II. Towards strengthened service delivery, PSMN/G will work with external advisors to standardize MNH Program teams from Latin America through the regional initiative; and will also conduct their first national clinical knowledge and skills update.

4.2.3 Honduras

Country Framework

Strategic Objective: Improve pregnancy outcomes for women and newborns in facility-based settings

Intermediate Result 1: Standardized management of obstetric complications through implementation of national protocols and norms

Intermediate Result 2: Improved epidemiologic surveillance systems utilized for decision making at the facility level

Intermediate Result 3: Improved performance and quality improvement at a peripheral hospital

Intermediate Result 4: Technical assistance provided to JHU/PCS in the MOH's Integrated Women's Health Campaign in the area of maternal and neonatal health

Intermediate Result 5: Strengthened ob/gyn component of preservice education in medical and nursing schools

Summary

Over the past quarter, the MNH Program has continued to work in close coordination with key stakeholders at Hospital Escuela (HE) and Hospital Mario Catarino Rivas (HMCR) to begin implementing activities toward the above results. It is important to note that counterparts at both hospitals have expressed a strong commitment to the strengthening of maternal care services and are highly involved in all program interventions and activities, marking a relevant attitudinal change particularly at HMCR where hospital staff had previously expressed resistance to involvement in MNH efforts.

The MNH Program has also strengthened collaboration and communication with key counterparts at the MOH to ensure that interventions are implemented appropriately and are institutionalized.

The MNH Program continues to meet with representatives of the LAMM Initiative, PRIME, URC, PAHO, CDC and JHU/CCP in order to foster incountry collaboration and work jointly where appropriate. The MNH Program will also continue to work closely with USAID/Honduras, the MOH and staff and administration of the two hospitals identified, and the Faculty of Medicine and Sciences for the preservice education component.

Over this quarter, in-country representative Dr. Florida Linares Flores participated in a meeting at USAID/Honduras where she presented the MNH Program workplan and discussed strategies for collaboration with various partners. Moreover, participants discussed new mechanisms for the process of health reform taking place at the national and regional level. All CAs agreed to coordinate their workplans and activities.

Results

Intermediate Result 1: Standardized management of obstetric complications through implementation of national protocols and norms

Job Aids. In support of the development of the Honduran EMNC service delivery system, the MNH Program team in Honduras and a local consultant conducted visits over this quarter with hospital personnel in the program's two target hospitals to discuss the development of job aids. Draft flowcharts for hypertension in pregnancy were prepared in conjunction with hospital staff and will be validated over the next two quarters.

A meeting was held with Dr. Norma Aly, Coordinator of the QAP/Honduras Project, to discuss the MNH Program interventions taking place. She expressed interest in implementing these job aids, once finalized, in Health Region 2 where URC is currently working.

Verification Checklists. Over this quarter, the verification checklists to evaluate utilization of national protocols for management of hypertensive illness during pregnancy, childbirth and postpartum were implemented. In addition to providing measurement for the adherence to protocols, the verification lists have been used as a didactic tool for various levels of clinicians to review critical steps that are required in the provision of care for pre-eclampsia, a job aid to remind clinicians of these critical steps, and a quality assurance tool to allow the staff to identify weaknesses in the management process which lead to inadequate care.

Mortality/Morbidity Committee. The MNH Program also participated in the Morbidity Committee at the Hospital Escuela and has worked with hospital officials in the reactivation of the Mortality Committee.

Intermediate Result 2: Improved and utilized epidemiologic surveillance systems for decision-making at the facility level

Pilot Epidemiological Surveillance System. The MNH Program has continued to provide followup to both hospitals in the area of epidemiologic surveillance. Over this quarter, a hospital-based surveillance system for maternal and neonatal morbidity and mortality was finalized. Many meetings were held with hospital and Ministry of Health staff to review the maternal surveillance form and to make corrections to it. All were enthusiastic about the surveillance system and had suggestions on how to improve the form. In addition, the MOH Division of Statistics hopes that this surveillance system will prove to be useful, so that it may be used by the MOH in all hospitals in the country, as the national maternal and neonatal morbidity and mortality surveillance system. The form was shared with staff from Hospital Escuela in Tegucigalpa, including medical and nursing staff from the hospital wards that attend pregnant women, as well as staff from the Epidemiology Department. Again, all had very good suggestions on how to best design the surveillance form for practical use and sustainability. These proposed changes were made to the form, and the form was then reviewed and modified by the ob/gyn department at Hospital Mario Catarino Rivas in San Pedro Sula.

At this point, the form has been reviewed and approved by all necessary parties, within both hospitals and at the MOH level. In the next quarter, these forms will be printed and registry books created to place in each of the wards in each hospital, a quantity to last during the one-month pilot study to take place over April of next quarter. If, after the study, it is determined that changes need to be made, these will be implemented and enough books will be printed for one year.

Staff at both hospitals, and at the MOH were oriented to the surveillance system and form, as described above. However, because time was spent over this quarter gaining consensus on the system and form, and making necessary revisions, MNH/Honduras was not able to train the staff in filling out the form as expected. Thus, the form will be implemented in the wards by April 1, 2001. In-country representative will work with staff on each ward and will train them in filling out the form.

Baseline Verification List Study. Over this quarter, a baseline study examining the implementation of national protocols and job aids for those protocols related to hypertensive diseases in pregnancy was completed. A total of 213 charts were reviewed in this baseline study, and preliminary findings from the baseline verification list study have been reviewed.

Workshop on hospital level epidemiologic surveillance. Over the 2nd quarter, the MNH Program worked toward establishing a collaboration with the Centers for Disease Control (CDC) in Atlanta given that the CDC has a demonstrated expertise in the area of epidemiologic surveillance systems and has worked with the MOH in Honduras.

The MNH Program and CDC are planning to jointly convene a workshop at each hospital where MNH/Honduras works, to inform and gain buy-in from key stakeholders (hospital epidemiological staff, maternal wards staff, MOH staff, regional staff). This type of workshop would serve to gain consensus on the importance of surveillance and data utilization, identify a practical and sustainable system to use and personnel to implement, and also demonstrate both the utility and limitations of surveillance and data. The MOH is already interested in creating a national surveillance system, though they have been advised to begin in a smaller manner, with one or two conditions. Maternal issues may be one of great interest.

Atlanta-based representatives designated Dr. Jorge Jara, a CDC staffperson seconded to USAID/Honduras, to provide us support in this component. Meetings were held in Honduras with Dr. Jara to discuss the possible CDC-JHPIEGO collaboration on a maternal morbidity and mortality surveillance system and data for decision making. Dr. Jara is willing and able to work with us on this workshop and shared many valuable ideas for the workshop.

Although the workshop was scheduled to take place during this quarter, the workshops are being proposed to be held the week of 15 May 2001. This shift in timing has allowed MNH/Honduras the opportunity to establish strong linkages and consensus with the MOH, hospital staff and CDC with regard to this workshop.

Intermediate Result 3: Improved performance and quality improvement (PQI) at a peripheral hospital

The MNH Program proposed to begin efforts to improve performance and quality of maternal and neonatal health services in Hospital Santa Rosa de Copan (HSRC), a secondary care facility located in Health Region 5 in the Western part of Honduras. Discussions will be held with key counterparts and stakeholders at the HSRC over the next quarter.

Intermediate Result 4: Provided technical assistance to JHU/PCS in the MOH's Integrated Women's Health Campaign in the area of maternal and neonatal health

This quarter, the MNH Program did not provide technical assistance to JHU/PCS in the MOH's Integrated Women's Health Campaign in the area of maternal and neonatal health, given that JHU/PCS activities have shifted in support of an HIV/AIDS initiative in Honduras.

Intermediate Result 5: Strengthened ob/gyn component of preservice education in medical and nursing schools

With regard to preservice education, a team of hospital staff, supported by MNH Program Consultants, traveled to Honduras this quarter and began the initial assessment of the clinical training sites used by UNAH for practical EMNC training in terms of its physical infrastructure, quality of service provision and skills of providers to coach students. Over the next quarter, results of the needs assessment will be reviewed with clinic staff who will work with the team to review and adapt the preliminary action plans developed by the team to strengthen EMNC.

Projection for Next Quarter

Toward standardized management of obstetric complications through implementation of national protocols and norms, the MNH Program will continue supporting the implementation of verification lists and the development of appropriate job aids to assist in the standardization of care. Also, two to three Honduran counterparts will be selected for participation in a Latin America Regional Experts Clinical Training to take place in Guatemala over the next several months.

Toward improved and utilized epidemiologic surveillance systems for decision-making at the facility level, during the week of 15 May, the MNH Program and CDC will jointly convene two 1-day workshops; one in Tegucigalpa for HE, MOH and USAID staff, and the other in San Pedro Sula for HMCR staff and USAID staff. Each workshop will have approximately fifteen participants and will utilize CDC and WHO materials to discuss the importance of surveillance and to have hands-on sessions. These sessions will include the analysis of data generated by the one-month pilot systems implemented in each hospital. The proposed outcomes for the workshops is an understanding of the importance of surveillance, the need for quality data, and the ability to fully utilize data for good decision making. In addition, consensus on the current system, with any minor changes found necessary during the pilot implementation, is hoped for. After the workshop, it is proposed that a series of monthly 'mini-workshops' be held with participants in order to continue capacity building and to address any surveillance issues that arise during the system's implementation.

Also during next quarter, toward improved performance and quality improvement (PQI) at a peripheral hospital, MNH Program staff will travel to Santa Rosa de Copan to meet with key stakeholders and discuss a proposal for the implementation of a PQI model at this facility. Given that JHPIEGO has experience and expertise in implementing this approach, which has proven successful in international settings, and has already developed tools and other materials that can be rapidly adapted for use and implementation in the HSRC, it is hoped that hospital and MOH counterparts will be amenable to the proposal. Moreover, once results are demonstrated, the approach can be replicated at other facilities located in the Health Region 5 and eventually be expanded across the country.

MNH/H will also draft their FY02 workplan in May. Key Honduras team members will be present to discuss program issues and exchange information for programming in maternal and neonatal health with colleagues from Latin America and MNH/Baltimore.

Also in May, two key counterparts from HE and HMCR will travel to Washington, DC to present "Management of Obstetric Complications in Two Hospitals in Honduras," an abstract which was accepted for a panel presentation at the Global Health Conference held on 29 May - 1 June 2001. During that same week, MNH/Honduras will also plan to sponsor a brown-bag seminar at JHPIEGO where both Honduran counterparts will be able to share their experiences and lessons learned with other colleagues working in the field.

4.2.4 Peru

The workplan was received by JHPIEGO/LAC from the Peru field office. The Peru Ministry of Health is in agreement of the workplan. USAID has made several recommendations. The workplan was revised and resubmitted 30 March 2001 and is awaiting approval from USAID.

The five objectives of the Peru MNH Program are:

1. Revise National Reproductive Health Guidelines to include the best practices in MNH
2. Identify and implement the lessons learned in the training process of MNH Program by Proyecto 2000
3. Strengthen technical competency in MNH in ten medical and midwifery schools
4. Strengthen two hospitals in Piura and Cuzco as regional clinical training centers in MNH
5. Develop two TALCS in Arequipa, Lima and Trujillo

4.3 Africa

4.3.1 Burkina Faso

Country Framework

MNH Program Strategic Objective

Regional: Develop an integrated model maternal and neonatal health delivery system beginning in Burkina Faso, which can be used as a training ground for all countries in West and Central Africa

Country: Demonstrate use of maternal and neonatal health services with the coordinated efforts of all partners

Intermediate Result 1: Increased partner collaboration to maximize use of resources and intended results

Intermediate Result 2: Updated policy and improved dissemination procedures to support better maternal and neonatal health outcomes

Intermediate Result 3: Increased access to and availability of quality maternal and neonatal health services

Intermediate Result 4: Improved individual and community norms and behaviors to support maternal and neonatal health outcomes

Intermediate Result 5: Increased capacity for program development and implementation in West and Central Africa

Summary

During the last three months, the MNH/Burkina program staff successfully launched program activities that had been delayed due to staffing changes in JHPIEGO and partner organizations. Program staff have identified precise indicators and monitoring tools for effective program management, and have finalized critical contracts to conduct the program's quantitative and qualitative baseline surveys, as well as the malaria in pregnancy study. After discussion with the USAID Mission representatives in Abidjan, the MNH/Burkina program staff has integrated the MNH Program strategy into the new West Africa Regional Program framework. At the next quarterly meeting, it is essential that the MNH/Burkina staff introduce the revised framework to collaborating partners and review the project mission and workplan to ensure understanding and cooperation.

JHPIEGO regional MNH trainers, the District Health Medical Team, PLAN international, and the MNH/Burkina field advisor have started to make significant progress toward improving the function of health centers in the model MNH delivery system. The field advisor managed baseline performance improvement analyses in four of the twelve health clinics, each of which

now has a strategic plan for service improvement. The most significant service delivery issues needing resolution included: re-training the Koupela referral center surgeon in handling obstetric emergencies so that women need not be transferred an additional 150 KM to the next referral center in Ouagadougou, updating current service providers in MNH knowledge and clinical skills, and supplying the health centers with proper medical supplies and equipment.

The MNH Program field advisor and collaborating partners immediately acted on the items raised during the performance analyses. Two physicians trained in the regional expert development initiative in Kenya retrained the district health surgeon to perform C-sections and attend to maternal complications. The MNH Program field advisor scheduled and initiated the first MNH knowledge update training, and worked with the district medical officer to request clinical equipment and supplies from UNICEF. Finally, the field advisor and the DHMT implemented several low cost solutions to delivery problems including putting to use brand-new maternity beds that had been locked in storage for several years.

In addition to initiating key actions to improve maternal and neonatal health services, the PI analyses demonstrated the essential need for improved infection prevention practices in each of the project clinics. Two five-day training for service providers were added to the MNH Program workplan.

To address the demand side of the model system, the MNH Program field advisor hired a social mobilization supervisor who worked with an internationally known behavior change consultant to formulate the goals and indicators for the social mobilization component. The consultant is developing the qualitative baseline survey collection tools for data collection taking place in the third quarter.

Representatives from USAID/Washington and FHA/WARP made two site visits to Koupela during the second quarter to monitor the progress of the MNH/Burkina project. Reports from each of these visits were positive, but emphasized the need to focus on packaging the project in a cost-effective manner for future replication.

Results

Intermediate Result 1: Increased partner collaboration to maximize use of resources and intended results

The second quarter partners meeting did not take place due to a meningitis epidemic and numerous staffing changes in all partner organizations. The MNH/Burkina project staff were actively engaged in the Program agenda. The MNH/Burkina staff and a local NGO, UERD (*Unite D'Enseignement et de Recherche en Demographie*), finalized the terms of agreement, timeline, and budget to collect baseline data for the MNH Program in Koupela. MNH/Burkina and the Center for Disease Control have signed a MOU to begin baseline data collection for the malaria in pregnancy study. MNH/Burkina has finalized the terms of agreement for a local NGO, the National Center for Research and Training in Malaria (CNRFP), to collect the data.

The Chief Medical Officer of the District Health Medical team and MNH/Burkina's program advisor worked with local health units to define supplies and equipment needed for four of the

twelve model health sites. The reports have been sent to UNICEF who has agreed to supply each clinic with this essential equipment.

Social mobilization activities are poised to begin after the field advisor hired a social mobilization coordinator and supervisor from a local NGO, Mwangaza. And, a potential partner, Family Care International, has expressed interest in using Bobo Dioulasso, a JHPIEGO MNH Program and Post Abortion Care (PAC) training site, to train clinical service providers in health centers neighboring the Koupela District.

Intermediate Result 2: Updated policy and improved dissemination procedures to support better maternal and neonatal health outcomes

The new Maternal and Neonatal Health Policies, Norms and Protocols (PNP) have been finalized and a working team, composed of primary contributors to the PNP, has been identified to develop a dissemination strategy. JHPIEGO Baltimore has written a preliminary concept paper and budget for disseminating the PNP during the third and fourth quarters of this fiscal year. Copies of the PNP have been distributed to MNH/Burkina trainers and staff who will adapt training materials accordingly.

The Internal Review Boards in Burkina Faso and at Johns Hopkins University have approved the malaria in pregnancy study protocol written by CDC, CNRFP, the MOH/Burkina and MNH/Burkina. Preparations were made to pre-test the collection instruments for the study that will take place from June through September. Data collection instruments are currently being reviewed and translated into French and Moore.

Intermediate Result 3: Increased access to and availability of quality maternal and neonatal health services

Members of the DHMT are fully trained in the Performance Improvement (PI) process and have praised the MNH/Burkina program for introducing the PI problem solving method and helping to identify low cost resolutions for improving service delivery. Staff members at each model site have posted an action plan including results desired, activities involved, persons responsible and indicators for achievement. Community members and CoGes (health management committees) participated in the PI process. Service providers noted that the CoGes could offer a critical link between the health center and community members as well as provide the health center with management support; however, roles have not been properly defined. Lack of essential medical equipment and unreliable staff supervision were cited as other main barriers to improving service performance.

Two important changes have been made to the MNH/Burkina model system strategy. First, during the PI analyses, the DHMT and the MNH/Burkina field advisor discovered that health center service providers are not at a level to become core trainers. Rather than training all service providers as trainers as planned, the MNH/Burkina staff decided to complete the knowledge and skills update course and then choose only the top trainees to become trainers for the additional twelve sites. The field advisor included trainers who were previously trained under the regional USAID program *Sante Familiale et Prevention du SIDA* as well as health professionals in Ouagadougou in the knowledge update. The update was completed for four of the twelve model health centers during the second quarter so that there will be an adequate number of trainers for future activities.

Second, the DHMT, the field advisor and JHPIEGO staff determined that the health centers in the Koupela District do not have a high enough caseload to conduct proper clinical standardization trainings. MNH/Burkina program staff identified Bobo Dioulasso as the alternative training site as it is a major referral hospital in Burkina Faso and JHPIEGO/MNH's two regionally trained providers are leading physicians in the maternity ward.

Intermediate Result 4: Improved individual and community norms and behaviors to support maternal and neonatal health outcomes

Mwangaza affiliates, working in collaboration with PLAN International and JHPIEGO's Social Mobilization consultant, wrote the goals, objectives, indicators and budget for the social mobilization component of the MNH Program. The items are currently under review and will be finalized by the MNH/Burkina team in April. The intervention's design demonstrates how the community can affect all crucial levels in the health system including: district, health center, CoGes, community leaders, village TBAs, households and women. As a result of this work the outcomes for the community demand component have been revised to:

- Improve birth preparedness and complication readiness among families and communities.
- Strengthen the link between health providers, TBAs and community members through training the CoGes
- Strengthen community and organizational networks to support improved maternal and neonatal health.

In reviewing Koupela health statistics and extracting further information from preliminary focus groups, the social mobilization staff has determined that TBAs will be a critical target audience for all MNH Program interventions.

Intermediate Result 5: Increased capacity for program development and implementation in West and Central Africa

A learning packet for the MNH/Burkina knowledge and skills update was developed from the JHPIEGO Basic Care and Managing Complications manuals, and translated into French. A consultant from Benin reviewed the materials to ensure appropriateness and consistency with the MOH PNP. In addition, the consultant compiled French reference articles for the majority of the subjects discussed which proved "invaluable" to the trainers. Assuming funding sources exist, these materials will be disseminated nationally and regionally during the next year of the project.

Dr. Bazie, a regional trainer, facilitated the EMNC preservice curriculum workshop in Kribi, Cameroon in March. Participants from thirteen countries contributed to completing the curriculum during the workshop. A preservice curriculum dissemination strategy is under development.

The Monitoring and Evaluation technical services officer and the MNH/Burkina team have finalized the evaluation framework and project indicators that will provide future interested districts and countries with data on the efficacy of the MNH/Burkina program.

Projection for Next Quarter

After extensive discussions with the USAID mission representatives in Abidjan, the MNH/Burkina program will submit a two-year work plan that is fully integrated into the West Africa Regional Program framework. The team anticipates finishing the plan by the end of May and presenting it to the field mission as well as the MNH/Baltimore office in early June.

The JHPIEGO Burkina Faso country director and the MNH Program field advisor will attend JHPIEGO's work planning sessions in June. The visit will provide field staff the opportunity to better understand MNH/Burkina's role in the global MNH program framework. During the planning session, the Burkina country team will design an organizational chart, identify reporting responsibilities and finalize the PNP and preservice curriculum dissemination strategies. The MNH/Burkina team will need to work with the Baltimore office to determine a strategy for managing the current shortfall of program funds.

Both the baseline survey and the malaria study will commence during the third quarter. The social mobilization staff will implement qualitative analyses to provide the context for the quantitative surveys. Service providers in four of the twelve health centers will be updated in MNH knowledge and skills standardization, and trainers for the eight extension sites will be identified.

Supervisory visits will take place to follow up on both the MNH Program trainings and progress toward achieving objectives cited during the PI analyses. Partner organizations, such as PLAN and UNICEF will be implicated in activities relating to equipping four of the twelve health centers with necessary supplies, as well as marketing the MNH Program approach to the district and the community.

To begin to build community members' demand for improved maternal and neonatal health services, the MNH/Burkina staff will utilize problem-solving tools, such as stories without an end, for community discussion. Social mobilization facilitators will utilize issues unraveled during PI analyses conducted in the health centers, to assist the community in prioritizing needs. The MNH/Burkina program will continually emphasize the necessity for dedicated collaboration between the midwives and the TBAs with the support of the CoGes.

The Burkina country team will pursue further collaborative opportunities with other NGOs and INGOs. The MNH Program team will work to recruit a Peace Corps volunteer to assist with social mobilization activities and report writing, and Baltimore staff will initiate discussions with FCI regarding collaboration in developing Bobo Dioulasso as a regional maternal and neonatal health training center.

4.3.2 Guinea

Following review by the national revision team and development of a national action plan for the implementation of activities, the revised Safe Motherhood program document was validated in a national workshop and presented to the Guinea Ministry of Public Health for approval in November FY 2001. This document has been approved.

The MNH Program will support the Guinea Ministry of Public Health to mobilize resources for implementation of the revised program and to coordinate efforts of key maternal health stakeholders during a national meeting, planned for May 2001.

The MNH Program has discussed with USAID/Guinea the possibility of supporting implementation of certain aspects of the new national Safe Motherhood Plan. Continued support for activities in Guinea, however, will require additional funding from USAID/Guinea.

4.3.3 Tanzania

Country Framework

Strategic Objective: Increase the use of key ANC interventions to improve neonatal survival

Intermediate Result 1: Improved, cost-effective program approaches for maternal and neonatal health services evaluated and adopted

Intermediate Result 2: Improved quality of antenatal care services

Intermediate Result 3: Decentralized, sustainable training system established

Summary

For the last eighteen months, the JHPIEGO/MNH refocused antenatal care (ANC) project has worked closely with the Reproductive and Child Health Section of the Ministry of Health (RCHS/MOH) and a Cooperating Agency team comprised of JHPIEGO/MNH, JHU/PCS, INTRAH and Engender Health. JHPIEGO began by working with the RCHS to develop and finalize a National Package of Reproductive and Child Health Interventions (NPERCHI) that outlines the minimum package of RCH services that should be provided at each level of the service delivery system. Soon after the development of this package, the MNH Program was asked to join a CA “quality sub-group” charged with providing TA to the RCHS in the development of a quality improvement and recognition program. As a member of the CA team, the MNH Program initiated the development of a quality improvement and recognition strategy, which includes a focus on ANC services, in four districts in Tanzania.

At this time, the MNH Program plans to implement all activities outlined in the FY01 workplan. However, some of these activities will be delayed and implemented in FY02 due to certain programmatic challenges. The major challenge to the MNH Program is the frequent attrition and replacement of the Safe Motherhood Coordinator, our main contact. In the short time, the MNH Program has worked in Tanzania the Program has had three different contacts within the RCHS. Also, in a time of health sector reform, the RCHS is currently redefining their role and this makes it difficult to design a long-term programmatic strategy for capacity building.

During the quarter, the MNH Program updated key stakeholders to refocused ANC, implemented and conducted a preliminary analysis of a facility performance assessment in four districts, and has begun to build a relationship with the Malaria Control Unit as we develop a national presumptive treatment of malaria in pregnancy program. These actions will ultimately provide USAID/Tanzania, the RCHS, the MNH Program and the entire CA team will relevant data necessary to the development of an effective quality improvement and recognition program. Additionally, due to the ANC update for key stakeholders, there is now an increased commitment within the four target districts to implementing and sustaining a refocused ANC program at all levels of the health service delivery system.

Results

Intermediate Result 1: Improved, cost-effective program approaches for maternal and neonatal health services evaluated and adopted

Over this quarter, the MNH Program worked with the RCHS to finalize the technical content of the NPERCHI. The technical content of this document was approved in February and will be reformatted and adopted during the next quarter. This technical approval of the NPERCHI was a crucial step to the adoption of a manual that will inform RCH policy and service provision planning and development, thus ensuring that these actions are in line with WHO and international standards.

During the quarter, the MNH Program also worked with the CA team and the RCHS to develop a performance assessment strategy and tools focusing on the community, facility and zonal training centers. The MNH Program and the RCHS implemented and conducted a preliminary analysis of a facility-based performance assessment that assessed facility adequacy as well as provider performance in the areas of ANC, family planning (FP), and postabortion care (PAC). Key findings from both the facility and community-based assessments include:

- More than 80% of facilities provide ANC and FP services daily, and approximately 50% of facilities provide services for eight hours a day
- Overall, supplies were inadequate or not available for approximately 50% of facilities. Only 36% of dispensaries had adequate supplies of sphygmomanometer, and only 50% of dispensaries had an adequate supply of stethoscope. In the health centers, 11% had adequate supplies of sphygmomanometer, and 25% had adequate supplies of stethoscope.
- In general, IP practices were very poor. Only 14% of providers disposed of contaminated materials in a lined container. In addition, only 7% of providers were observed de-contaminating instruments. Water was only adequate in 50% of facilities, and chlorine not available in 67% of facilities.
- In general, IEC materials were not available at the facilities. Some materials did exist for FP, malaria in pregnancy and HIV/AIDS/STIS. However, the majority of respondents did not identify materials for education on danger signals in pregnancy and birth and emergency preparedness.
- Clients feel that if they attend ANC, it reduces their risk of complications at birth. Thus, if not identified as high risk at ANC, most clients do not feel that they need to seek care from a skilled provider during labor and birth.

The impact of the assessment will be that program vision and direction will now be informed by health service and community needs. Thus, more effective interventions will be identified through upcoming root cause analyses and adopted in FY01 and these interventions will be implemented during FY02.

Intermediate Result 2: Improved quality of Antenatal care services

A one-week ANC/PI knowledge standardization workshop was held for 28 participants who represented the district and regional health management teams from the program focus regions. Participants were excited to receive the new information and extremely motivated to implement refocused ANC. In fact, participants stated that they were going to implement small changes at their sites in advance of the new initiative, as many of the suggested best practices do not require additional resources.

The impact if this activity is two-fold. First, as a result of this course, steps are being taken to improve quality ANC services in Iringa and Arusha in advance of program implementation.

Second, key stakeholders in Tanzania now have the knowledge, skills, and motivation to advocate for refocused ANC in their regions and nationally.

Intermediate Result 3: Decentralized, sustainable training system established

During the quarter, PRIME II conducted an assessment of the zonal training center system in Tanzania on behalf of the RCHS and the entire CA team. The MNH Program reviewed the assessment tools and the draft assessment report. The results of this performance assessment will be used by the MNH Program as well as the entire CA team in the adaptation of training materials, the development of a capacity building strategy, and during root cause analyses and action plan development exercises.

Projection for Next Quarter

- **Adoption of the NPERCHI:** During the next quarter, the MNH Program will work with the RCHS to have the NPERCHI formally adopted by the MOH. In the meantime, this document is being used as a template in the development of Safe Motherhood Clinical Guidelines.
- **Finalization and dissemination of the facility-based performance assessment report:** During the next quarter, the MNH Program will work with RCHS research and evaluation staff to finish the analysis of the facility-based assessment. A final assessment report will then be written and disseminated centrally and to the 4 focus districts.
- **Malaria study tour in Kenya for the RCHS:** In Kenya, JHPIEGO is funded through DFID to refine and disseminate the intermittent presumptive treatment (IPT) guidelines. To accomplish this goal, the project also developed an orientation package to accompany the guidelines and designed job aids for service providers based on the IPT guidelines. This project, which disseminated guidelines to two districts in Kenya, was an overwhelming success and now there are plans to expand the intervention to an additional sixteen districts. Since the MNH Program has been asked to develop and implement a similar project in Tanzania, plans are in place for RCHS representatives to visit the project sites in Kenya to discuss lessons learned and develop a strategy for project replication in Tanzania.
- **Workplanning in June:** Dr. Pamela Lynam will travel to Baltimore in June to work with the Regional Office and MNH technical team in the development of an FY02 workplan. An initial draft of this workplan was written in January with input from the RCHS. It was also previously shared with USAID/Tanzania.

4.3.4 Zambia

Country Framework

Strategic Objective # 3: Increased use of integrated child and reproductive health and HIV/AIDS interventions

Intermediate Result 3.1: Increased demand for PHN interventions among target groups

Intermediate Result 3.2: Increased delivery of PHN interventions at the community level

Intermediate Result 3.4: Improved health worker performance in the delivery of PHN interventions

Intermediate Result 3.5: Improved policies, planning and support systems for the delivery of PHN interventions

Summary

For the past year, the Maternal and Neonatal Health Program in Zambia has been working to create clear and strong partnerships with the General Nursing Council (GNC), the Central Board of Health (CBOH) and the Zambia Integrated Health Programme (ZIHP), to ensure harmonized and sustainable program planning for the country. At first a rather slow process, the program is now for the most part operating at anticipated speed and according to schedule, with the exception of the clinical protocols activities. Key counterparts are generally on board with the MNH program; and the USAID/Zambia mission has indicated a greater commitment level. Activities for the BCI/Networks and MNH Clinical Protocols development were included in the CBOH 2001 Action Plan. Working through a subagreement with the GNC, the MNH program has moved the curriculum development activities along successfully, with adequate support.

During this quarter, the MNH/Zambia program worked with the GNC to revise the registered midwifery curriculum and to develop the needed learning materials for the curriculum. The ratification of the Nurses' and Midwives' Act of 1997, which expands the clinical scopes of practices and increases the level of responsibilities, at last occurred during this quarter as well.

Staff turnover at the GNC and within the Ministry of Health (there have been two new Ministers of Health as yet this year) has resulted in much time spent to ensure program support. It remains to be seen, however, how these changes will affect the planned implementation of the revised midwifery curriculum, originally hoped to be used during the July 01 intake at the University Teaching Hospital School of Midwifery in Lusaka. Implementation of the curriculum is dependent on the approval of the recommendations and the content, which awaits appointment of the GNC's review board by the new Minister of Health and then successful sensitization of the key counterparts.

The launch of the Zambia White Ribbon Alliance for Safe Motherhood marked the achievement of the organization of the network and represents the first major milestone of the BCI activities. The Alliance represents the coordination of all levels of involvement, from local neighborhood to policy and government. This is a key step in the program's aspiration to make safe motherhood a priority issue for Zambia.

The MNH Program is in the process of hiring new technical staff, to assist in the implementation of activities, programming and also to provide clinical background. This increase in staff will allow the program to adequately support the expansion of the scope of work, intended to include both malaria in pregnancy and HIV/AIDS.

Results

Intermediate Result 3.1: Increased demand for PHN interventions among target groups and Intermediate Result 3.2: Increased delivery of PHN interventions at the community level

During the second quarter of FY01, the Zambia White Ribbon Alliance for Safe Motherhood was formed, conducted a launch of the white ribbon including advocacy and mobilization activities, and held a strategic planning workshop facilitated by MNH Program staff. The Alliance was formally established, with a secretariat at NGOCC, in January 01; and launched the White Ribbon in Zambia in March 01. A strategic planning workshop was organized and facilitated at the end of March 01. A community mobilization project plan has been delayed pending the outcome of this workshop.

Support for the establishment of the Zambia White Ribbon Alliance for Safe Motherhood, and to strengthen the necessary advocacy and communication skills, has been provided. A Network Coordinator was recruited and employed through a subagreement with NGOCC. MNH Program staff worked with the coordinator to improve specific advocacy and communication skills, and to support program implementation. This support was provided in conjunction with support of the initial safe motherhood campaign and launch.

Training in mobilization and communication strategies began in early FY01 and continued through this quarter. Advocacy training was incorporated into the revised midwifery curriculum; and work on various materials (maternity counseling kit, neighborhood health committee cards, media programs and job aids) continues. Plans to finalize many of these materials and to harmonize and integrate them with existing community mobilization activities extend into the 3rd quarter FY01.

The MNH Program continues to work with ZIHP to incorporate safe motherhood messages into media. Television and radio spots on malaria in pregnancy and maternal health have been developed and produced, and were rebroadcast in conjunction with the launch of the white ribbon. Newspaper articles on various maternal health topics were also published. The first issue of "*Health Matters*" (a 4-page newspaper supplement focused on safe motherhood) was published in conjunction with the launch as well. The activities surrounding the launch, including the four Theatre for Community Action dramas presented within Lusaka, had extensive media coverage and involved local clinic health workers in the facilitation.

Plans to work with the communities and NGOs to strengthen referral and finance systems are hoped to revive in the 3rd quarter FY01 but may be delayed in areas surrounding the three registered midwifery schools, because of the delay in the establishment of the Alliance and the change in the timing of student intake to January from July. The MNH Program will

continue to collaborate with ZIHP/SERV to plan community maternal health activities that will best address and serve the Zambia situation.

Intermediate Result 3.4: Improved health worker performance in the delivery of PHN interventions

For this area of MNH Program intervention, the 2nd quarter FY01 was extremely active and productive. Having had their EMNC knowledge and skills updated, the Curriculum Strengthening Team (CST), drawing staff from five midwifery schools and the GNC, worked to revise the midwifery curriculum document, the midwifery core competencies, and to develop the appropriate learning materials. Major recommendations in the curriculum revision include an extension to an 18-month curriculum from a 12-month period, and the change of the program to a diploma rather than certificate award. Suggestions were made for staffing ratios and materials needs.

A standardized Midwifery Procedure Manual was deemed necessary by the CST to accompany these revisions. This manual was drafted at the end of this quarter and will be reviewed during the 3rd quarter FY01. The manual, along with all of the learning materials, are planned to be used for the next intake of midwifery students in the University Teaching Hospital School of Midwifery in Lusaka for the July 01 intake. As mentioned, however, the implementation of these changes is dependent upon the approval of the CST recommendations and the content of the revised curriculum by a new GNC board awaiting appointment by the Minister of Health. Motivation within the GNC and the midwifery schools is high; and MNH Program staff members have offered assistance in the pursuance of such approval.

“Second generation” knowledge and clinical updates by the CST members for their respective institutions have been slightly delayed because of capacity limitations in-country in moving forward with the CST action plans, and in reflection of the change in dates of student intake for two of the three registered midwifery schools (from July 01 to January 02).

Progress continues with the development of a distance education program for midwifery knowledge and the maternity counseling kit. The MNH Program is collaborating with ZIHP/COMM in both of these endeavors.

Intermediate Result 3.5: Improved policies, planning and support systems for the delivery of PHN interventions

Primarily because of the surrounding political situation, the policy area of the MNH Program intervention has been the slowest to progress of all areas of the program. MNH Program staff have worked diligently for the past eighteen months to create and maintain strong communication with key partners and stakeholders of all levels. These relationships are stabilizing and the program is in good standing.

Preliminary clinical protocols were developed during the 4th quarter FY00 in the course of the updating of the CST, as a draft document to govern the MNH knowledge and clinical updates. Discussions and meetings have been held with key MOH and CBOH staff and local partners involved in policy development. As mentioned earlier, the guidelines development

process has been incorporated into the CBOH Action Plan for 2001 but agreement on the details of implementation still has yet to be reached.

EMNC guidelines development activities have been shifted on the timeline, reflecting the need for consensus among government and partners on both the need for clinical guidelines and the best way to develop them collaboratively in the Zambian context. This subject has been caught up in a debate in-country over the production of overall integrated RH guidelines versus subject-specific guidelines. JHPIEGO will continue to 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.

The Minister of Health, along with other key MOH officials including the Director General, Head District Health Management Team, Provincial Health Officer and other CBOH Directors, participated in the launch of the Zambia White Ribbon Alliance for Safe Motherhood. The invited officials, including the USAID/Zambia Mission Director, pledged to address the pressing needs of improving maternal health in Zambia. Other important leaders and representatives of key organizations and NGOs were also present and participated in the launch.

Recognizing the important need for such involvement, the MNH Program will continue to foster the participation and backing of political support in its activities; and will assist the GNC in its pursuit of political approval for the revised midwifery curriculum.

Projection for Next Quarter

Activities will continue as detailed into the 3rd quarter FY01. The revision of the learning materials for the revised midwifery curriculum, along with the drafted standardized Midwifery Procedure Manual, are due to be completed and initial distribution begun. Plans for implementation will continue as programmed, pending approval.

Throughout the end of FY01, work will continue on the midwifery orientation distance learning tools and the development of EMNC guidelines.

BCI activities will continue, including a maternal and neonatal health knowledge update for journalists, continued development of the maternity counseling kit and neighborhood health committee cards, and the finalization and initial rollout of the Zambia White Ribbon Alliance for Safe Motherhood action plan.

The MNH/Zambia program will draft their FY02 workplan in May 01. The Country Representative will travel to Baltimore in early June to participate in the workplan exercise being arranged by the JHPIEGO/Baltimore office. The MNH/Zambia team will work closely with MNH/Baltimore and other in-country program staff to share lessons learned and discuss program strategies. The Zambia country workplan will be finalized to reflect the results of these discussions and the best strategies for the MNH program to integrate within the Zambia situation.

4.3.5 Regional Centre for Quality Health Care—Makerere University

The MNH Program team continues to collaborate with the Regional Centre for Quality of Healthcare (RCQHC) at Makerere University Medical School in Kampala, Uganda on the MNH Program's portion of the Centre's mission. The MNH Program advisor, Dr. Alice Mutungi, was identified and hired last quarter, and she joined the Centre staff on 1 March 2001. With her hire, plans for Summer 2001 activities have begun, and the MNH Update Course, covering maternal and neonatal health better practices, is scheduled for 30 July to 3 August 2001. Dr. Mutungi also continued her participation in the MNH/LPS Trainer Development series and will attend the Clinical Training Skills Course in Nairobi 26 March to 6 April 2001.

JHPIEGO staff participated in the REDSO/ESA partners meeting, held in Nairobi 26-28 February 2001. At this meeting, both specific MNH work with the Regional Centre as well as opportunities for regional work on malaria in pregnancy with various partners (e.g., CRHCS) was discussed. Agreement was reached with REDSO and the Centre on reorienting the MNH Program activities and workplan to address the need for regional technical activities. The Centre will begin by providing technical assistance to one or two countries with a focus on prevention and case management of infectious diseases—Malaria, Syphilis, HIV/AIDS, Tuberculosis, Gonorrhea, and Chlamydia—in pregnancy. A regional meeting or conference addressing this technical area will also be organized, in conjunction with the incountry assistance.

5. BUDGET

The MNH Program Fund-Expense reports follow. The second quarter reflects a continuation of the previous quarter's efforts to move implementation forward.

Country projects continue to track closely with the FY01 workplan budgets, with the exception of Indonesia. Indonesia's current projections deviate from the workplan budget with a significant spending under run. The current projections for Indonesia's FY01 year-end are approximately \$3.3M (down from approximately \$5.5M). The current projection for Indonesian carry forward into FY02 is approximately \$9M. Other country projects continue to track closely with the FY01 workplan budgets and will carry forward funding at levels closely approximating a full year of funding. Exceptions to the year carry forward include Nepal, Burkina Faso and Zambia.

Global Leadership/Core projects continue to reflect the efforts of the increased implementation pace in this fiscal year. First quarter spending was approximately \$1.8M with the second quarter spending level at almost \$2.0M. The Global Leadership/Core spending pace for the first six months of FY01 (approximately \$3.8M) coupled with the projections for the final six months (as of 30 March, approximately \$4.7M) will closely track to the FY01 workplan budget projections.

Additionally, all components of the Global Leadership/Core projects are under review. Initial projections are that expenditures will correlate with the FY01 budget. The Policy and Health Finance projects are undergoing a replanning that will focus approximately an additional \$350,000 on financing tools. Global Leadership/Core carry forward funding levels, based on anticipated funding, are significantly less than optimal.



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 'WAO'
 Award Category: 'MNH1'

Cumulative Fund-Expense Report

Office	Country	Cumulative Funding Appropriated thru 03/31/2001	Cumulative Actual Expenditures thru 03/31/2001	Cumulative Funding Carry	Anticipated Funding 10/01/2000 - 09/30/2001	Total Funding Available	Projected Expenses 04/01/2001 - 09/30/2001	Variance to Funding
Asia Regional Office								
	Indonesia	\$10,200,000	\$3,700,028	\$6,499,972	\$4,000,000	\$10,499,972	\$1,636,620	\$8,863,352
	Nepal	\$1,640,000	\$867,590	\$772,410	\$100,000	\$872,410	\$426,000	\$446,410
Asia Regional Office Total:		\$11,840,000	\$4,567,617	\$7,272,383	\$4,100,000	\$11,372,383	\$2,062,620	\$9,309,763
East and Southern Africa								
	Redso/ESA	\$400,000	\$67,521	\$332,479	\$0	\$332,479	\$332,479	\$0
	Tanzania	\$550,000	\$250,526	\$299,474	\$420,000	\$719,474	\$299,474	\$420,000
	Zambia	\$950,000	\$435,416	\$514,584	\$450,000	\$964,584	\$500,000	\$464,584
East and Southern Africa Total:		\$1,900,000	\$753,463	\$1,146,537	\$870,000	\$2,016,537	\$1,131,953	\$884,584
Latin America and Caribbean								
	Bolivia	\$1,675,000	\$774,837	\$900,163	\$400,000	\$1,300,163	\$429,500	\$870,663
	Guatemala	\$2,055,000	\$1,600,749	\$454,251	\$1,188,000	\$1,642,251	\$510,000	\$1,132,251
	Honduras	\$450,000	\$216,196	\$233,804	\$400,000	\$633,804	\$90,000	\$543,804
	Paraguay	\$0	\$0	\$0	\$735,000	\$735,000	\$0	\$735,000
	Peru	\$337,000	\$95,180	\$241,820	\$0	\$241,820	\$30,000	\$211,820
Latin America and Caribbean T		\$4,517,000	\$2,686,962	\$1,830,038	\$2,723,000	\$4,553,038	\$1,059,500	\$3,493,538
MNH Program								
	Africa/SD/INF	\$0	\$0	\$0	\$200,000	\$200,000	\$0	\$200,000
	Africa/SD/POP	\$0	\$0	\$0	\$100,000	\$100,000	\$0	\$100,000
	HIV/AIDS	\$0	\$0	\$0	\$100,000	\$100,000	\$0	\$100,000
	Infectious Disease	\$0	\$0	\$0	\$500,000	\$500,000	\$0	\$500,000
MNH Program Total:		\$0	\$0	\$0	\$900,000	\$900,000	\$0	\$900,000

Office	Country	Cumulative Funding Appropriated thru 03/31/2001	Cumulative Actual Expenditures thru 03/31/2001	Cumulative Funding Carry	Anticipated Funding 10/01/2000 - 09/30/2001	Total Funding Available	Projected Expenses 04/01/2001 - 09/30/2001	Variance to Funding
West Africa								
	Burkina Faso	\$800,000	\$406,793	\$393,207	\$263,000	\$656,207	\$527,998	\$128,209
	Guinea	\$106,000	\$161,314	-\$55,314	\$75,000	\$19,686	\$10,000	\$9,686
	Haiti	\$0	\$0	\$0	\$110,000	\$110,000	\$0	\$110,000
	West Africa Total:	\$906,000	\$568,107	\$337,893	\$448,000	\$785,893	\$537,998	\$247,895
	Country Total:	\$19,163,000	\$8,576,149	\$10,586,851	\$9,041,000	\$19,627,851	\$4,792,071	\$14,835,780
CORE								
	Core - Information Dissemnat	\$831,127	\$441,671	\$389,456	\$0	\$389,456	\$448,131	-\$58,675
	Core - Program Development	\$3,782,561	\$4,547,432	-\$764,871	\$0	-\$764,871	\$899,500	-\$1,664,371
	Core - Research	\$582,587	\$750,133	-\$167,546	\$0	-\$167,546	\$831,909	-\$999,455
	Core - Technical Strategies	\$5,231,825	\$2,924,468	\$2,307,357	\$0	\$2,307,357	\$2,505,008	-\$197,651
	Unearmarked Funds	\$0	\$0	\$0	\$4,457,500	\$4,457,500	\$0	\$4,457,500
	Core Total:	\$10,428,100	\$8,663,704	\$1,764,396	\$4,457,500	\$6,221,896	\$4,684,548	\$1,537,348
	Grand Total:	\$29,591,100	\$17,239,852	\$12,351,248	\$13,498,500	\$25,849,748	\$9,476,619	\$16,373,128



Year: 2001
 Month: March
 Program Version# 2.25
 Offices: 'ARO', 'CECAP', 'CEN', 'CORE', 'CSO', 'ESA', 'EXO', 'HIV', 'IRO', 'ITO', 'J3CA', 'LAC', 'LPS', 'MNH', 'OMC', 'REO', 'TRH', 'WAO'
 Award Category: 'MNH1'

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Core Fund-Expense

Office	Country	Areaorg	Description	Cumulative Funding Appropriated thru 03/31/2001	Cumulative Actual Expenditures thru 03/31/2001	Balance Remaining to Carry Forward	Anticipated Funding	Total Funding Available	Projected Expenses 04/01/2001 - 09/30/2001	Variance to Funding
CORE										
Core - Information Dissemination										
		B612029	Electronic & Database Comm. (Planned)	\$0	\$88	-\$88	\$0	-\$88	\$0	-\$88
		B612030	Print Media (Info/Diss.) - MNH Program	-\$7,081	-\$7,097	\$16	\$0	\$16	\$0	\$16
		B662034	PSS - MNH Program	\$58,785	\$44,212	\$14,573	\$0	\$14,573	\$28,000	-\$13,427
		B762011	Information Dissemination	\$779,423	\$404,467	\$374,956	\$0	\$374,956	\$420,131	-\$45,175
		Core - Information Dissemination Total:		\$831,127	\$441,671	\$389,456	\$0	\$389,456	\$448,131	-\$58,675
Core - Program Development										
		B612024	Program Development - MNH Program	\$3,782,561	\$4,547,432	-\$764,871	\$0	-\$764,871	\$899,500	-\$1,664,371
		Core - Program Development Total:		\$3,782,561	\$4,547,432	-\$764,871	\$0	-\$764,871	\$899,500	-\$1,664,371
Core - Research										
		B642024	Mon/Eval/Research - MNH Program	\$582,587	\$750,133	-\$167,546	\$0	-\$167,546	\$831,909	-\$999,455
		Core - Research Total:		\$582,587	\$750,133	-\$167,546	\$0	-\$167,546	\$831,909	-\$999,455

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Office	Country	Areaorg	Description	Cumulative Funding Appropriated thru 03/31/2001	Cumulative Actual Expenditures thru 03/31/2001	Balance Remaining to Carry Forward	Anticipated Funding	Total Funding Available	Projected Expenses 04/01/2001 - 09/30/2001	Variance to Funding
Core - Technical Strategies										
			B612031 Maternal & Neonatal Health Care	\$554,100	\$213,407	\$340,693	\$0	\$340,693	\$135,500	\$205,193
			B612032 Behavior Change Interventions	\$588,176	\$592,288	-\$4,112	\$0	-\$4,112	\$224,750	-\$228,862
			B612033 Policy Development	\$1,593,740	\$148,703	\$1,445,037	\$0	\$1,445,037	\$0	\$1,445,037
			B612034 Health Finance	\$845,513	\$74,770	\$770,743	\$0	\$770,743	\$0	\$770,743
			B642025 REO MNH Policy	\$0	\$14,111	-\$14,111	\$0	-\$14,111	\$798,334	-\$812,445
			B662035 Technical & Training Supp. - MNH Program	\$837,537	\$1,395,041	-\$557,504	\$0	-\$557,504	\$965,000	-\$1,522,504
			B762010 Materials Development	\$812,759	\$486,148	\$326,611	\$0	\$326,611	\$381,424	-\$54,813
Core - Technical Strategies Total:				\$5,231,825	\$2,924,468	\$2,307,357	\$0	\$2,307,357	\$2,505,008	-\$197,651
Unearmarked Funds				\$0	\$0	\$0	\$4,457,500	\$4,457,500	\$0	\$4,457,500
CORE Total:				\$10,428,100	\$8,663,704	\$1,764,396	\$4,457,500	\$6,221,896	\$4,684,548	\$1,537,348

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ANNEX A: MATRICES OF THE MNH PROGRAM ACTIVITIES ACCORDING TO PLAN – SECOND QUARTER FY2001

- “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 October – December quarter can be found in the body of the report

TECHNICAL PROGRAM COMPONENTS

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
COLLABORATION								
Increased global collaboration among partners	MNH Program provides technical input for the development of conference/symposium agendas	Agenda development for the UNICEF Regional Symposium in West and Central Africa	X					
		Provide support to ICM for a presentation on malaria and pregnancy at the ICM Harare conference	X	X				
		Work with the Global Health Council to set the agenda for the conference and outline the MNH Program’s supportive role	X	X				
	MNH Program technical team participates in conferences/workshops to build partnerships for action	Participation in the Centro LatinoAmericano Perinatologie (CLAP) conference in Uruguay	X					
		Participation in the UNICEF Regional Symposium meeting in Bamako, Mali		X				
		Participation in the Reproductive Health for Refugees conference	X					
		Sponsor participants from East and Southern Africa to attend the ICM Harare meeting	X			X		
		Participate at the Global Health Council Conference–panel presentation and launch of global guidelines				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Participation in the Society for the Advancement of Reproductive Care (SARC) meeting--hosted by the Indonesian Society of Ob/Gyns		X				
		Participate at the APHA meetings in Boston	X					
	MNH Program team actively participates in technical networking	Participation on the Malaria and Pregnancy Working Group	X	X	X	X		
		Participation on the Healthy Newborn Partnership	X	X	X	X		
	MNH Program team actively dialoging with donor, NGO and other partners for program development	Ongoing donor, NGO and other partner dialogue	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
ESSENTIAL MATERNAL AND NEONATAL CARE (EMNC)								
Adoption of international standards and/or guidelines for EMNC to improve the quality of health provider performance	<ul style="list-style-type: none"> • “Managing Complications in Pregnancy and Childbirth” finalized, printed and disseminated. • LRPs for complications developed, produced, disseminated and in use. • “Basic Care in Pregnancy and Childbirth Manual” finalized, printed and disseminated. • LRP “Basic Care in Pregnancy and Childbirth Manual” developed, produced, disseminated and in use • “Management of the sick or low birthweight newborn: guidelines for care at the first referral level” finalized, printed and disseminated. 	Develop MNH Clinical Training Materials: <ul style="list-style-type: none"> • “Managing Complications in Pregnancy and Childbirth” • Complications Learning Resource Packages • “Basic Care in Pregnancy and Childbirth Manual” • Basic Care in Pregnancy and Childbirth Learning Resource Packages • “Management of the sick or low birthweight newborn: guidelines for care at the first referral level” • Review country FGC prevalence • Include FGC components / information in EOC curricula as appropriate 	X	X	X	X	2.2.2	
		Promotion of adoption of MNH clinical materials, guidelines and manuals	X	X	X	X	2.2.2	
	Assessment report and recommendations	Facility assessments	X				2.4.3	
	Clinical training site(s) prepared for EMNC training	Site(s) preparation, including equipment, materials, models, etc.	X	X			2.2.2	
Improvement of health care providers’ knowledge and skills to prevent leading causes of maternal and neonatal death.	Up to 20 healthcare providers in each MNH region with updated EMNC knowledge.	Conduct 3, 1-week MNHU workshops	X		X	X	2.4.3	
	Up to 20 healthcare providers in each MNH region with standardized EMNC clinical skills.	Conduct up to 6, 2-week Clinical Skills Standardization Workshops on managing normal pregnancy, childbirth and non-surgical complications.	X		X	X	2.4.3	

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
Strengthening of training systems (preservice and inservice) to improve health worker performance in EMNC skills.	Up to 20 candidate clinical trainers in each MNH region.	Conduct 3, 2-week CTS course		X	X	X	2.4.3	
	Up to 30 qualified clinical trainers in MNH regions.	Conduct Practica for MNHUs and CSSs			X	X		
	Up to 5 candidate clinical trainers for Managing Advanced Complications.	Conduct 1 CSS in Africa on Managing Advanced Complications				X		
Practical contributions made to the field of nutrition and maternal and neonatal health	Micronutrient, vitamin, food supplementation and other strategic nutrition interventions for MNH used in low resource setting	Strategy update paper completed	X					
		Review MNH country projects to determine areas for nutrition interventions		X				
		Appropriate interventions identified and designed			X			
		Nutrition interventions field tested				X		
Improvement of health care provider's knowledge and skills to prevent leading causes of maternal and neonatal health.	Reproline website materials for MNH incorporated, maintained and accessible. ReproLearn available for use.	MNH technical information incorporated and maintained on ReproLine website.	X	X	X	X	2.4.3	
		Computer based tutorials on MNH topics developed and distributed (ReproLearn)	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
POLICY, ADVOCACY & HEALTH FINANCE								
Improve policy and financing environment for maternal and neonatal survival at the national level.	Evidence of use of international standards and guidelines.	Finalize international standards, guidelines and learning resource packages	X	X	X			
		Official launches of guidelines and materials			X			
		Conduct advocacy for the international standards and guidelines	X	X	X	X		
		Country level dissemination of standards, guidelines and materials	X	X	X	X		
		Work with WHO and others to facilitate the dissemination, adaptation, adoption and utilization processes for guidelines and standards		X	X	X		
	Meetings, conferences and other fora attended	Participation in networks and coalitions advocating for improved maternal and neonatal health	X	X	X	X		
		Global Midwifery Policy Workshop	X	X				
	Contribution made to the pool of knowledge and lessons learned for maternal and neonatal health policy programming and design of interventions	Two to five MNH countries identified for specific (additional) policy interventions	X	X				
		Explore use of appropriate policy tools as part of activities, e.g. political mapping, stakeholder analysis, performance improvement process		X				
		Provide TA as necessary to conduct policy-related activity		X	X	X		
		Document policy processes and lessons learned		X	X	X		
		Review current MNH program, materials and document for gender equity/sensitivity	X	X	X	X		
		Design gender interventions that can be integrated into programs			X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
		Analyze existing gender-related policies		X	X			
		Identify appropriate legislative changes			X	X		
		Strategic planning for improving access to and demand for services within the gender context		X	X			
		Review existing community-based finance programs and determine appropriateness for adaptation and adoption. Countries likely to conduct finance-related activities include: Nepal, Burkina Faso, Guatemala and Indonesia	X	X				
		Conduct / develop cost implications for scaling up specific maternal and neonatal health interventions.		X	X			

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
BEHAVIOR CHANGE INTERVENTIONS								
Strengthen the capacity of communities (community around an issue, not a locale) and organizations to influence the quality of MNH services.	Awareness created at the global level through WRA and related campaigns.	Involvement with global WRA campaign and other large networks such as the CORE group.	X	X	X	X	2.3	
	Technical packages developed, translated and disseminated to communities, managers (NGOS, etc.) and policymakers	Use various approaches to raise awareness of maternal and neonatal health issues.	X	X				
		Technical packages adapted containing lessons learned and best practices.	X	X	X	X		
	Framework developed for use in developing social mobilization efforts for MNH programs.	Using case studies, develop new community mobilization approaches.		X	X	X		
Increase birth preparedness and complication readiness.	Matrix developed, shared and finalized.	Develop matrix of behaviors and practices for birth preparedness and complication readiness.	X					
		Launch review process and finalize matrix		X				
Capacity of countries to influence the quality of maternal and neonatal health services strengthened.	Tools to assess and monitor the skills and process for capacity building within communities.	Review existing resources on assessing community capacity for action. (<i>Revised M&E plan outlined and developed</i>)	X	X				
		Synthesize promising resources into a tool.		X				
		Develop adaptation framework. (<i>Cancelled</i>)						
	Conference held and proceedings disseminated.	Conference to share experiences. (<i>Cancelled</i>)						
Adoption of international standards and/or guidelines for maternal health and nutrition to improve quality of health provider performance.	Participatory and community models from other fields such as child survival built upon.	Participation in conferences that share timely participatory approaches to safe motherhood	X	X	X	X		
Informed demand for maternal and neonatal health services increased.	Informed demand and demanding individuals / communities defined.	Technical report produced, shared through a variety of channels and venues.				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
Increased community ability and willingness for financing BP and CR.	Community financing schemes developed in coordination with collaborating agency.	Develop community-financing framework and participate in capacity-building workshop in selected countries. <i>(Revised)</i> Finance tool tested in Nepal		X				

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
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	<ul style="list-style-type: none"> • MNH Program M&E framework operationalized within country programs and at the MNH global level • Program monitoring system finalized and MNH monitoring and evaluation framework integrated into system (<i>on hold</i>) • In-country staff oriented to program monitoring system • Country-specific monitoring and evaluation plans established for every country project as it comes on line 	Develop and implement monitoring and evaluation mechanism for MNH <ul style="list-style-type: none"> • Operationally the MNH Program M&E framework • Ensure that M&E plans are incorporated into every MNH country project • Finalize MNH monitoring system 	X	X	X	X	2.1.4	
Indicators of progress in maternal health programming IDED	<ul style="list-style-type: none"> • MNH program research validating the variable "trained attendant at birth" implemented in Indonesia and at least one other country (<i>cancelled</i>) • MNH program research using social networking techniques implemented in Bangladesh 	<ul style="list-style-type: none"> • Improve ability to measure progress in maternal and newborn health through operations research • Implement MNH research in selected countries and disseminate findings • Co-sponsor a Meeting with Measure/Evaluation Project 	X	X	X	X		
Lessons Learned and Best Practices developed based on research.	Technical Reports written on research activities undertaken.	Honduras Hospital-based Epidemiological Surveillance System (research).	X	X	X	X		
		Nepal research study on Volunteerism		X	X			
		Burkina Faso research conducted on Intermittent Presumptive Treatment of malaria during pregnancy			X	X		
		Develop protocol for misoprostol study in Indonesia.	X	X	X	X		

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
INFORMATION DISSEMINATION								
Provide resources to increase capacity for organizations promoting maternal and neonatal survival.	Improved organization capacity score using adapted 6 C's model (JHU/CCP)	Disseminate manuals, updates, newsletters, etc to organizations promoting maternal / neonatal health and related issues (ongoing).	X	X	X	X	2.1	
		Develop advocacy fact sheets.		X		X		
		Develop global EMNC poster.		X				
Contribute to the development and dissemination of resources for improved maternal and neonatal survival.		WHO and other manuals developed. (Ongoing)	X	X	X	X	2.1	
		Resource Center materials incorporated into Popline.		X		X		
Increase global collaboration.		Participate in White Ribbon Alliance activities (ongoing).	X	X	X	X		
		Participation in conferences relevant to MNH.		X		X		
		Organize / attend conferences that further the causes and objectives of the MNH Program.	X		X			
		Produce monthly MNH Updates.	X	X	X	X		

COUNTRY & REGIONAL PROJECTS: AFRICA

1. Burkina Faso

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
POLICY								
Improved policy environment	National Safe Motherhood policies and guidelines approved and disseminated	The MNH Program staff working in conjunction with MOH and collaborating parties on policies and guidelines for SM.	X					
		The MNH Program using revised guidelines for preparation of training and supervision materials.	X	X				
	Effectiveness of IPT for malaria prevention during pregnancy evaluated	The MNH Program working with CDC and CNFR on study of feasibility of IPT during pregnancy	X					
		The MNH Program and CNFR establish subagreement	X	X				
		Baseline data collected for IPT evaluation			X			
ESSENTIAL MATERNAL AND NEONATAL CARE								
Improved quality of maternal and neonatal services	Model system established for training managers and service providers in EMNC using new service delivery guidelines	The MNH Program uses a PI analysis to identify areas requiring improvement for EMNC services.	X					
		Strategic plan developed to prioritize needs at 4 clinical sites.	X					
		DHMT staff trained in PI process and assuming responsibility for determining causes/factors contributing to reduced quality of care.	X					
		Supervision tools adapted and tested.		X				

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Sites in model system prepared for training: SDGs reviewed with staff; equipment and supplies ordered as needed.		X				
		Core group of trainers trained in EMNC knowledge, skills and training skills		X				
	Service providers in model system sites using updated technical knowledge and skills	Learning materials adapted to reflect new service delivery guidelines (SDGs).		X				
		EMNC technical knowledge updates provided to service providers using the new SDGs.			X	X		
		Follow up visits post-training to ensure transfer of knowledge and skills.				X		
BEHAVIOR CHANGE INTERVENTIONS								
Increased community demand for and access to maternal and neonatal care	Role of CoGes clarified and understood by committee members and community	CoGes participate in PI process to identify areas for improved performance.		X				
		Strategic plans developed with CoGes focused on increasing the role of the community in improving access to, and quality of, maternal and neonatal health services.		X				
		CoGes involved with activities/interventions at the various health facilities.			X			
	Community and organizational networks strengthened or formed to organize special events and advocate for improved maternal and neonatal health care	Mwangaza working to foster a network of community groups, health providers, government entities and NGOs.		X	X	X		
		Resources pooled of combined groups to conduct special events and/or advocacy-related activities.				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
		Monitoring and Evaluation plan developed	X					
		Baseline data collected		X				

2. Guinea

LOP Results	Outputs	Activities	FY00 -01				Link to G/PHN IR	Link to Country IR
			Jul-Sep	Oct-Dec	Jan-Mar	Apr-June		
POLICY								
Improved Guinea Safe Motherhood Policy	Revised Safe Motherhood Strategy	MNH Program team, representatives of the Guinea MOPH/ DSR, and the national safe motherhood revision teamwork together to conduct a situational analysis of the maternal and neonatal health situation in Guinea.	X					
		Review existing documents and conduct a series of interviews with key stakeholders in Guinea.	X					
		The national strategy team makes site visits to a number of maternal health centers.	X					
		Preliminary results of situational analysis presented at a workshop with representatives of the MOPH and national strategy team to define the strategic focus, formulate short- and long-term objectives, and identify activities needed to implement the revised strategy.		X				
		Discuss Indicators and an evaluation plan.	X				2.2.1	
		Information synthesized and results of the workshop integrated into a revision of the SM program document.	X					
		Draft Safe Motherhood strategy document, resulting from the precursor activities, reviewed by the national team.	X					
		After incorporating final suggestions by the national team, a workshop held to present the draft strategy document to the Guinea Ministry of Public Health for approval.		X				

LOP Results	Outputs	Activities	FY00 -01				Link to G/PHN IR	Link to Country IR
			Jul-Sep	Oct - Dec	Jan - Mar	Apr - June		
		Draft Safe Motherhood strategy document reviewed by the national team.		X				
	Approved Safe Motherhood Strategy	Following review by the MOPH, revisions will be incorporated as appropriate and the document finalized.	X	X				
		Hold workshop to support the mobilization of resources for implementation and coordinate efforts of key stakeholders				X		

3. Tanzania

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
ESSENTIAL MATERNAL AND NEONATAL CARE								
Improved, cost-effective program approaches for maternal and neonatal health services evaluated and adopted.	ANC service and community needs assessed	Conduct one, 3-week performance analysis and needs assessment		X			2.4.2, 2.4.3	1.1
	Consensus reached by key MOH officials, DHMTs, USAID/Tanzania and other relevant CAS on ANC intervention strategy	Using the results of the performance analysis and needs assessment, facilitate one, 3-day meeting to disseminate assessment results, conduct a root cause analysis of ANC performance gaps and develop system an action plan			X			
Antenatal Care Services Improved	ANC support package finalized and printed	Develop and technically review the ANC Clinical Standards		X			2.4.2, 2.4.3	1.1
		Conduct one, 1-day ANC Clinical Standards finalization workshop		X				
		Adapt supporting ANC training materials and job aides to complete the ANC package			X			
		Conduct one, 1-day ANC materials finalization workshop			X			
		Pre-test ANC support package			X			
	Training system initiated and established	Select 2 zonal training institutions, orient staff and DHMTs to PI and the upcoming ANC initiative, and form PI implementation teams		X			2.1.2, 2.4.2, 2.4.3	1.2
	PI implementation teams with standardized knowledge in maternal and neonatal health	Conduct one, 1-week maternal and neonatal health update for PI implementation teams		X				
	PI implementation teams with ability to conduct performance and needs assessments	Conduct one, 1-week PI skills workshop for PI implementation teams		X				

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	PI implementation teams with increased knowledge of reproductive health and infection prevention	Conduct one, 2-week RH/IP update				X		
	PI implementation teams with increased skills in ANC counseling	Conduct one, 1-week counseling workshop				X		
	PI implementation teams competent to provide ANC clinical services	Conduct one, 1-week ANC skills standardization course				X		

4. Zambia

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
POLICY								
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	Assessment of key behaviors and attitudes among women, families and providers conducted			X	X	2.3.3	
		Assessment reviewed by key stakeholders				X		
	Assessment report of community and NGO capacity produced and disseminated	Meetings held with key stakeholders to foster collaboration among groups	X	X				
National EMNC Clinical Guidelines implemented	Draft of revised Zambian National EMNC Clinical Guidelines developed	Existing Zambian, regional and international guidelines reviewed and adapted, taking into consideration the financial implications of EMNC procedures	X	X			2.2.2	
		Stakeholders updated on EMNC better practices as well as key EMNC clinical skills			X			
	Draft EMNC Guidelines' appropriateness, usefulness demonstrated through field testing	Draft Zambian national EMNC clinical guidelines tested in RM schools and clinical settings				X		
	A network of public and private stakeholders established.	Meetings conducted with key stakeholders	X	X	X			
		Maternal and neonatal health mobilization events will be sponsored		X		X		
	Sections of the Guidelines prepared and orientation package developed for dissemination	Workshop conducted for NGO representatives to increase understanding of guidelines and prepare orientation package				X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
ESSENTIAL MATERNAL AND NEONATAL CARE								
Registered midwifery students graduate with up-to-date maternal and neonatal health knowledge and skills and quality maternal and neonatal health services being provided at health centers and hospitals in target areas.	Providers in target area equipped with knowledge and skills to provide quality maternal and neonatal health services The maternal and neonatal health teaching materials developed and disseminated	The maternal and neonatal health knowledge and skills training conducted for staff from service sites acting as practicum sites for RM program, including IPC/C training	X	X	X	X	2.4.2	
		RM curriculum reviewed	X	X				
		Curriculum Strengthening Team (CST) formed with representatives from the GNC	X	X				
		RM curriculum revised and harmonized with revised EMNC Guidelines		X	X	X		
		Pilot test of revised curriculum conducted				X		
		TA provided to ZIHP working group to create midwifery education kit	X	X	X			
		Midwifery education kit orientation			X	X		
Registered midwifery clinical and classroom faculty maternal and neonatal health knowledge and skills updated at three RM schools	RM training for clinical and classroom faculty conducted	X		X	X			
GNC sensitized to need for preservice curriculum review and strengthening	Regular meetings held with GNC through RM curriculum strengthening process	X	X	X	X			

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
BEHAVIOR CHANGE INTERVENTIONS								
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	Strategic plan for maternal and neonatal health mobilization activities developed	Participatory assessments conducted (Activity begun in FY00)	X	X			2.1.1	
		Meetings held with key stakeholders (Activity begun in FY00)	X	X	X	X		
		Safe motherhood network established and meeting regularly	X	X	X	X		
		Community mobilization project plan developed and approved (Activity begun in FY00)	X	X				
		Advocacy/mobilization training workshop conducted						
	BCI Activities initiated	Formative research initiated to identify appropriate messages and audiences utilizing qualitative and quantitative techniques	X	X			2.3.3	
		In-country or regional training in mobilization and communication strategies organized	X	X				
		Materials needed for development identified	X	X				
	Links strengthened between service providers and communities	EMNC messages incorporated into media	X	X	X	X		
		Activities conducted to strengthen advocacy and communication skills within NGOs		X		X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	July-Sept		
Increased birth preparedness among community members around three RM schools	Pilot proposals and concepts developed to strengthen referral and finance systems	Meetings conducted to assist communities and NGOs in strengthening referral and finance systems			X	X	2.3.1	
	NGO proposals for strengthening birth preparedness developed	Meetings conducted on improving birth preparedness			X	X		
MONITORING, EVALUATION & RESEARCH								
Monitoring and evaluation plan operationalized	Monitoring and evaluation plan developed	Meetings conducted to develop a M&E plan including: <ul style="list-style-type: none"> • Defining indicators to be monitored for each project component • Identifying existing data collection tools and additional tools needed 	X	X	X		2.1.4	
	Monitoring and evaluation plan revised	Monitoring and evaluation needs assessed and plan reviewed				X	2.1.4	

5. REDSO/ESA

LOP Results	Outputs	Activities	FY2000				Link to G/PHN IR	Link to Country IR
			Oct-Dec	Jan-Mar	Apr-June	Jul-Sept		
Better practices in maternal and neonatal health being provided in the region	Short course on maternal and neonatal health better practices developed and tested	Identify intended audience for MNH Better Practices short course	X				2.1.3	
		Needs assessment for the MNH Better Practices short course	X	X				
		Develop MNH Better Practices short course			X			
		Pilot test MNH Better Practices short course				X		
	Output according to TA provided	TA provided by MNH advisor		X	X	X		
	Information on malaria and pregnancy shared in ESA	Conferences, networking opportunities identified emphasizing skill building for malaria and pregnancy.	X	X	X			

ASIA

1. Indonesia

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
COMPONENT 1: ADVOCACY AND POLICY								
National standards for essential maternal and neonatal health accepted, disseminated	West Java province and district MOH, BKKBN, medical faculty and midwifery educators, POGI and IBI representatives oriented to NRD-MNH/Pocket guide and MNH Updates	Advocacy workshops to disseminate MNH Pocket guide and Updates			X	X	2.2.2	1 2
	Protocols from program standards and guidelines endorsed by professional organizations	Pocket Guide launch				X	2.2.2	2
		Advocacy and dissemination of Pocket Guide				X	2.2.2 2.2.4	1 2
Stakeholders working together to support SM activities and awareness	<ul style="list-style-type: none"> • Technical advisory group (TAG) established and coordinates policy recommendations from TWGs to government, provincial, district level policy makers • TWG topics identified, groups convened, and recommendations given to MOH and other stakeholders • Approval of TWG recommendations and new initiatives are endorsed by policy makers 	Semi annual TAG meetings			X	X	2.2.3	1
		TWG meetings		X	X	X	2.2.3	1

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
District planners have increased skills to advocate for inclusion of and local funding for key elements of an essential package of maternal and neonatal health services	Targeted districts negotiate and advocate for Safe Motherhood services budgeted for in the annual workplan	Advocacy and training events		X		X	2.4.2	1 2
COMPONENT 2: PERFORMANCE AND QUALITY IMPROVEMENT (PQI)								
Maternal Health Service Centers (MSC) (includes the satellite clinics) have strengthened capacity to implement essential maternal and neonatal services and training	<ul style="list-style-type: none"> •MSCs upgraded to strengthen capacity in MNH services •Staff demonstrated skills in selected emergency obstetric care or postabortion care 	Participatory site assessments and consensus on standards and packages	X				2.4.2	2
		Training in maternal perinatal audits, quality assurance, case review (MPA/QA/CR)			X	X	2.4.2 2.4.3	2
		Training in Normal Pregnancy, Basic Emergency Obstetric Care and CTS for staff of MSC and satellite clinics as necessary	X	X	X	X	2.4.2	2
		Definition of basic EOC/PAC package for each site		X			2.1.1	2
		Training and follow up in EOC/PAC where needed			X		2.4.2	2
		BDC, EOC, and IPC/C courses for providers	X		X	X	2.4.2	2
		Reference and training courseware materials available for MNH activities/services, partners and stakeholders	Basic Delivery Care (BDC), Clinical Training Skills (CTS), Advanced Training Skills course (ATS-adapted for CTS/BDC), Emergency Obstetrical Care (EOC), Interpersonal Communication Counseling (IPC/C) course package/materials MNH updates, Modcal developed	Depending on status at the beginning of the year, activities may include instructional design, pretesting, editing/revising, production or dissemination	X	X		
	Preservice curriculum content units revised based on August 2000 pretest	Provision of educational materials, equipment and technical assistance		X	X		2.4.2	2
		Compilation of results from pretest and document revisions	X	X			2.4.2	2

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
Quality of community-based services and performance of providers improved and sustainable	<ul style="list-style-type: none"> • System for peer review of midwifery practice in place • Peer review system self-sustaining • Knowledge and skills of providers increased due to implementation of national standards and guidelines (NRD-MNH, Pocket Guide, MNH Updates) 	Peer review tools preparation and field tests, visits to providers	X	X	X	X	2.4.2	2
		Fundraising courses for IBI midwives			X		2.3.2 2.4.2	2
		MNH Pocket guide accepted and available in program areas institutions (hospitals, health centers, and village midwives)				X	2.2.2	1, 2
Preservice education at DIII Midwifery schools strengthened to teach classroom and clinical aspects of core midwifery content	<ul style="list-style-type: none"> • Preservice education upgraded in selected sites • Teachers and clinical instructors providing effective instruction and clinical coaching at selected sites 	Participatory assessments and development of plans to integrate CCU into curriculum with orientation to revised curriculum	X	X	X		2.4.3	2
		Plans developed to include D4 program in preservice activities	X				2.4.3	2
		Clinical and Training Skills courses conducted for faculty and instructors with post-training followup			X	X	2.4.3	2
COMPONENT 3: BEHAVIOR CHANGE INTERVENTIONS								
Birth and emergency preparedness strengthened among women, their families and community members	SIAGA campaign material spots aired on radio and TV	Development and testing of expanded SIAGA messages and materials and analysis of results finalized		X	X		2.1.1 2.3.1	3

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	Radio vignettes based on MNH updates broadcast on local radio and discussed in weekly meetings of community midwives	Vignette development, pretesting and revision. Broadcast plan development and implementation			X	X	2.4.2	2
		Group facilitation skills courses for senior midwives			X		2.4.2	2
		Weekly meetings held with <i>bidan di desa</i> to discuss radio vignettes				X	2.4.2	2
	Capacity of community-based organizations (CBOs) strengthened to facilitate group discussions and mobilize for birth and emergency preparedness	Strategic planning workshop and field visits by PP member organizations	X	X			2.3.2	3
		Group facilitation and social mobilization workshops			X	X	2.3.2	3
		Mobile unit visits to communities to show Suami SIAGA video and hold group discussions			X	X	2.3.4 2.3.1	3
	Community emergency and logistical preparedness (CEP) plans developed	Review options for community based financing plans		X			2.3.2 2.3.3	3
		Workshops held with <i>Bupatis</i> and other local leaders to develop CEP guidelines			X		2.4.2	3
		Village contest				X	2.3.3	3
	Communities aware and collective action taken to improve maternal and neonatal survival	White Ribbon Alliance expanded to provincial and district levels	Visits to and orientation meetings with provincial and district community groups; quarterly national meetings, bimonthly visits from national level to province and districts	X	X	X	X	2.4.2
Capacity of CBOs strengthened to mobilize for collective action		Organizing committee formation and meetings, networking to organize events, community action around MNH updates topics		X	X	X	2.2.1	3

LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
COMPONENT 4: MONITORING, EVALUATION & OPERATIONS RESEARCH								
Program indicators monitored and functioning as an ongoing system of feedback to inform programming and strategic planning	<ul style="list-style-type: none"> Indicators refined Systems for data collection, collation and analysis established Systems for feedback to program implementation established 	• Finalize indicators	X				2.1.4	1 2 3
		Data sources review and monitoring tools development		X	X		2.1.4	1 2 3
		Meetings structured around review of indicators and feedback to program on trends and results		X	X	X	2.1.4	1 2 3
Monitoring of BDC trained <i>Bidan di desa</i> (BDD) midwives gives service delivery outcome results	Study design implemented in East and Central Java	Collection, data entry and analysis of completed partographs and other tools	X	X	X	X	2.4.3	2
	Study design modified and implemented for West Java	Adaptation of study protocol for West Java and collection of baseline data	X	X			2.4.3	2
Community behavior change for birth and emergency preparedness monitored and evaluated	Formative research conducted to assess baseline knowledge and skills of women and their families regarding maternal health care needs	Data collection, field work, including interviews and focus groups, data analysis and results written	X	X	X	X	2.3.1	3
New interventions to prevent and manage hemorrhage defined and implemented in hard-to-reach areas of West Java	Review of possible interventions conducted and options documented	Desk review		X				2
	Intervention areas defined	Meetings with Provincial stakeholders		X				2
	Tools for intervention developed	Adaptation of clinical and research tools			X	X		2

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LOP Results	FY2001 Outputs	FY2001 Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
COMPONENT 5: PROGRAM PLANNING AND SUPPORT								
Develop, review and disseminate strategy for MNH interventions	Program workplan reviewed and updated every 12 months	Meetings with stakeholders at national, provincial and district level to develop programmatic strategies.	X	X	X	X	2.1.1	1 2
	MNH team and partners integrated and working towards a common goal	Strategic and integrated planning activities with CA partners, MOH/MPP, other donor organizations	X	X	X	X	2.1.1	1 2
Effective collaboration on MNH issues functioning between units and among related ministries, NGOs and donors	Collaboration on workplans, activities, and strategies	Quarterly MNH coordination and management meetings: SOAG, PMU, PIM, etc	X	X	X	X	2.1.1 2.2.1	1
Decentralized district budgets contain essential MNH components	Targeted district's workplans have Safe Motherhood and/or essential package of maternal and neonatal services budgeted with local funding for MNH activities	Participation in development of annual workplan with district stakeholders	X				2.4.2	2

2. Nepal

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
POLICY								
Advocacy and political commitment for Safe Motherhood strengthened through partner collaboration.	Safe Motherhood subcommittee established and functioning	Safe Motherhood Subcommittee (SMSC) meetings organized and conducted to improve coordination on key SM issues	X	X	X	X	2.2.1	2.2
		Organization directory and database moved to the SM Unit of FHD and updated every six months.	X	X		X	2.2.1	2.2
Collaboration and coordination among Safe Motherhood players established		SM Resource Center established and updated (<i>Cancelled activity</i>)						
Policies and regulations supporting Safe Motherhood adopted and implemented	Policy-relevant research conducted and disseminated <i>*Note: ANE community health research activities moved to BCI component under BPP</i>	SMSC newsletters will be developed and disseminated on a trimesterly basis. (<i>New activity</i>)		X	X	X	2.2.1	2.2
		Desk reviews will be conducted to support ANE Bureau-funded research on volunteerism.	X	X	X		2.2.1	2.2
		Field work will be conducted	X	X	X		2.2.1	2.2
		Data will be analyzed and draft report will be written.		X	X	X	2.2.1	2.2
		Study findings will be discussed to key stakeholders, and report will be drafted.				X	2.2.1	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
ESSENTIAL MATERNAL AND NEONATAL CARE								
Training taking place according to approved safe motherhood training strategy for all cadres given SM responsibilities	National Safe Motherhood training strategy developed and finalized.	Safe Motherhood training strategy draft will be reviewed by key stakeholders.	X	X			2.4.3	2.2
		Safe Motherhood training strategy will be revised by a technical working group. <i>(Revised activity)</i>		X			2.4.3	2.2
		Safe Motherhood training strategy will be finalized. <i>(Revised activity)</i>			X		2.4.3	2.2
		Safe Motherhood training strategy will be approved by FHD.		X	X		2.4.3	2.2
	Safe Motherhood training strategy disseminated.	Sufficient quantities of strategy document will be printed by NHTC. <i>(New activity)</i>			X		2.4.3	2.2
		Strategy will be presented and distributed at SMSC <i>(new activity)</i>			X		2.4.3	2.2
		Assistance will be provided to NHTC to manage safe motherhood training.		X	X	X	2.4.3	2.2
SNs, ANMs, MCHWs providing increased quality maternal and neonatal health services.	Safe Motherhood curricular components for inservice training of MCHWs developed and finalized.	Consensus will be reached on a single standardized MCHW inservice training curriculum, training package and implementation plan.	X				2.4.3	2.2
		National MCHW inservice training will be coordinated with key stakeholders.	X	X			2.4.3	2.2
		Final technical review will be conducted. <i>(Revised activity)</i>		X				
		MCHW inservice training package will be finalized and printed in sufficient quantities to meet training needs.		X			2.4.3	2.2
		MCHW job aids developed. <i>(Additional output)</i>	Participatory assessment of MCHW needs to strengthen job performance will be conducted <i>(new activity)</i>				X	2.4.3
		Prototypic job aids will be drafted and developed. <i>(New activity)</i>				X	2.4.3	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	Safe Motherhood curricular components for inservice training ANMs developed. <i>*Program sill focus on inservice training. Preservice training activities cancelled</i>	ANM inservice training materials will be adapted.		X	X		2.4.3	2.2
		ANM inservice training materials will be field-tested, revised and finalized.		X	X	X	2.4.3	2.2
		A plan will be developed for conducting ANM inservice training at Patan Hospital Birthing Center (PHBC). <i>(New activity)</i>			X	X	2.4.3	2.2
	SN and ANM SM curricular components of CTEVT preservice education assessed. <i>(Cancelled output)</i>	A 4-day Maternal Health Update will be conducted for 40 faculty members at Proficiency Certificate Level (PCL) Nursing and ANM schools. <i>(Cancelled activity)</i>						
	CTEVT preservice SN and ANM teachers and clinical trainers updated on SM clinical and training issues. <i>(Cancelled output)</i>	Two 10-day SM Clinical Skills Standardization Workshops will be conducted for 20 faculty members from PCLN and ANM schools. <i>(Cancelled activity)</i>						
District-level training centers established and functioning within 3 district hospitals.	Service providers updated in safe motherhood clinical skills and competent in clinical training in 3 NSMP districts.	Additional clinical skills standardization and facilitation skills training will be conducted for clinical training staff at NSMP sites.	X	X	X	X	2.4.2	2.2
		Monitoring and evaluation system set up to gather data from training and follow-up.		X	X	X	2.4.2	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
One Katmandu-based safe motherhood clinical training center strengthened.	Birthing center financial sustainability plan developed based on training capacity.	An assessment will be conducted to review administrative structure and training-related cost. <i>(Revised activity)</i>			X		2.4.2	2.2
		A fee for training will be established. <i>(Revised activity)</i>				X	2.4.3	2.2
		A management plan will be developed by PBC/Patan Hospital to support training, including capacity-building and financial sustainability issues.	X	X	X	X	2.4.3	2.2
	Service providers updated and standardized in safe motherhood clinical skills and competent in clinical training at PHBC.	Needs assessment will be conducted	X	X			2.4.2	2.2
		Clinical protocols will be reviewed and discussed with staff and management. <i>(Revised activity)</i>		X			2.4.3	2.2
		Infection prevention training will be conducted at PHBC to update and standardize IP practices.		X	X		2.4.2	2.2
		Maternal health update will be conducted for staff.		X	X		2.4.2	2.2
		One 2-week clinical skills standardization workshop will be conducted for key clinical staff to standardize clinical knowledge and skills.		X	X		2.4.2	2.2
		Clinical Facilitation Skills workshop will be conducted to prepare candidate clinical trainers for training.			X		2.4.2	2.2
		BEHAVIOR CHANGE INTERVENTIONS						
Safe Motherhood Behavior Change Communication (BCC) messages standardized and dissemination strategy finalized.	National SM BCC life saving behaviors agreed on and messages developed.	A November 2000 workshop will be held to achieve consensus on a set of life saving behaviors for improved maternal and neonatal survival.	X				2.1.1	2.2
		Behaviors agreed on during November workshop will be approved by policymakers.	X	X			2.1.1	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
		National SM messages, based on approved behaviors, will be developed.		X	X		2.1.1	2.2
	SM BCC dissemination strategy developed.	SM BCC dissemination strategy will be developed based on message development activities.			X		2.1.1	2.2
		SM BCC dissemination strategy will be reviewed and agreed on by key partners.			X		2.1.1	2.2.
		Tools for message dissemination will be developed.			X		2.1.1	2.2
Birth preparedness package (BPP), which provide action, oriented information to families, communities and providers regarding key behaviors and practices that reduce maternal and neonatal mortality developed and field-tested.	Financial planning tools research conducted and disseminated (revised output) <i>*Note: Moved from Policy component</i>	Desk review will be conducted of financial planning tools. (Revised activity)		X			2.2.1	2.2
		PRA Market research field work will be completed. (Revised activity)		X			2.2.1	2.2
		Data will be analyzed and draft report written. (Revised activity)		X			2.2.1	2.2
		Financial planning tools will be finalized. (Revised activity)		X			2.2.1	2.2
		Study findings will be disseminated to stakeholders and the report will be finalized. (Revised activity)			X		2.2.1	2.2
	BPP developed and field-tested	Selected IEC materials for BPP will be developed and/or adapted	X	X	X		2.3.1	2.2
		BPP will be assembled and pilot-tested in 1 district.		X		X	2.3.1	2.2
		Sites will be selected where BPP baseline survey will be introduced and conducted. (Activity cancelled)						
		BPP will be field-tested in 1 district.			X	X	2.3.1	2.2
FCHVs ability to promote and utilize the BPP strengthened. (New LOP, based on logframe)	"How to use" package developed for community mobilizers in BPP promotion (revised output)	Content for "How to use" guidelines for community mobilizers will be developed in collaboration with stakeholders. (New activity)		X	X		2.3.2	2.2

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July - Sept		
		Orientation training on the BPP for community mobilizers will be provided for their participation in pilot test. <i>(New activity)</i>			X		2.3.2	
		Pilot test of the BPP and "How to use" guidelines for community mobilizers will be conducted in 1 district. <i>(New activity)</i>			X	X	2.3.2	
	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.	Draft FCHV curriculum on the BPP will be developed inclusive of MNH responsibilities, for incorporation into the national FCHV curriculum (findings from volunteerism study will inform this process).		X	X	X	2.3.2	2.2

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LATIN AMERICA AND THE CARIBBEAN

1. Bolivia

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
POLICY								
Maternal and neonatal health policy environment strengthened at the national level.	National MNH Plan launched.	Participation in national and international meetings on maternal and neonatal health care and related topics.		X	X			
		Working with the MOH and other involved parties, draft/develop a National Maternal and Neonatal Health Plan.	X	X				
	National Safe Motherhood Committee strengthened and interinstitutional participation and coordination improved.	Identify, coordinate and help facilitate interagency initiatives related to safe motherhood.	X	X	X	X		
		Provide technical assistance to the National Safe Motherhood Committee to strengthen its organization and institutional capacity.	X	X	X	X		
	Integrated service and community networks with increased/sufficient resources.	Identify opportunities to leverage resources of other organizations, programs, donors, etc.	X	X	X	X		
		Conduct meetings to facilitate/develop increased coordination of activities.	X	X	X	X		
COMMUNITY NETWORKS & SOCIAL MOBILIZATION								
Community networks comprised of local organizations working to improve maternal and neonatal care at home, in communities, and at the health services levels, functioning in MNH Districts.	Community networks providing beneficial MNH practices and serving as a resource to women, families and communities.	Community maternal and neonatal health and mortality surveillance tools developed and tested.		X				
		Local organizations trained to use surveillance tools.			X	X		
		Using community-based organizations, recruit and train up to 1,200 volunteer community health promoters.		X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to Country IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
MATERNAL & NEONATAL HEALTH SERVICE NETWORKS (EMNC)								
Maternal & Neonatal Health Service Networks operational in 16 MNH districts.	Physicians and nurses with updated and strengthened EMNC and IPC/C knowledge and skills.	Workshop(s) conducted to train / update physicians and nurses in essential maternal and neonatal health care practices.	X	X	X			
		Workshop(s) conducted to train physicians and nurses in IPC/C.	X	X	X			
		Provide obstetric models to medical and nursing schools.		X	X	X		
	Epidemiologic surveillance system functioning in MNH districts.	MOH epidemiologic surveillance tools revised and system improved.		X				
		Information on improved epidemiologic surveillance system disseminated.			X	X		
	Network of facility-based transportation and communications systems functioning in MNH districts.	Analysis/assessment conducted to determine how to design efficient transport and communications systems.		X				
		Report / recommendations on analysis/assessment drafted.			X			
		Implementation of recommended activities to establish the transport and communications systems carried out.			X	X		
	Increased use of MNH services and increased number of complications treated at facilities.	Lessons learned and best practices in MNH care disseminated at regional and national levels.			X	X		
		Technical documents identified and /or developed.		X	X	X		

2. Guatemala

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
POLICY								
Policies and Norms: Strengthened policies and norms implemented to sustain an adequate provision of EMNC services	EMNC policies strengthened and norms reviewed and updated	Dialogue with decision-makers in different levels of health service to assure that sectorial and local policies prioritize, support and promote EMNC		X	X		2.2.1, 2.2.2, 2.2.3	2.2, 3.1, 3.2, 3.3
		Participate and promote the formation of a Consultative Counsel in the implementation of the Natal MM Reduction Plan	X					
		Participate in periodic Counsel meetings and provide followup	X	X	X	X		
		Participate in periodic meetings of the Executive Division of Integrated Women, Children and Adolescent Health for the presentation in the political level (decentralization, UPE, etc.) of interventions directed toward the dissemination of norms, protocols and guides	X	X	X	X		
		Promote and organize National Meetings on strategies for the expansion of EMNC services		X				
		Participate in the Dept Counsels of Health, Technical Units, Municipalities and Local Counsels for the implementation of EMNC interventions	X	X	X	X		
		Promote the discussion and adoption of a Performance Improvement and Accreditation model for EMNC services at levels of health provision	X	X	X	X		

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
Management Systems: Management systems strengthened to assure the sustained provision of EMNC services	Sectorial planning in EMNC strengthened	Develop, pretest and adapt tools based on updated information that support the prioritization of interventions and the allocation of resources for EMNC (mapping, stratification, algorithms, etc.)		X	X	X	2.2, 2.4.1, 2.4.2	2.2, 2.4, 3.1, 3.2, 3.3
		Conduct working meetings with local- and central-level MOH officials for the development of EMNC instruments		X	X	X		
		Conduct field visits to pretest and verify adaptation			X	X		
	Evidence-based decision-making related to EMNC strengthened	Develop of tools and procedures to strengthen the process of compilation, registry, tabulation and decision-making by levels of provision of EMNC	X	X	X	X	2.2, 2.4	2.2, 2.4, 3.3
		Participate in the implementation of the situational analysis in each project hospital (epi surveillance, verbal autopsy, clinical history, monitor registry)	X	X	X	X		
		Strengthen the functioning of the situational analyses in hospitals through promotion of surveillance protocols, analysis of case management	X	X	X	X		
		Train and participate in the strengthening of the decision-making process	X	X	X	X		
		Adapt and incorporate instruments and information systems in EMNC incorporated into the official MOH registry (hospital, health center and health post monitoring system)	X	X	X	X		
		Supervision and monitoring in EMNC functioning adequately	X	X	X	X	2.1, 2.4	2.2, 2.4, 3.3
	EMNC evaluation functioning adequately							

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
		Develop and pretest simplified tools and training supervision processes that support the accreditation in EMNC	X	X	X	X		
	EMNC logistics functioning adequately	Coordinate with the Dept of Regulation and Control of Pharmaceuticals to ensure the availability of supplies, medicines and equipment needed at each level for the provision of EMNC	X					2.1
		Coordinate with the Health Reform, PAHO, bilateral Calidad en Salud and Univ Rafael Landivar to develop support activities and management training in EMNC to strengthen managerial systems	X	X				2.2, 3.3
Preservice Education: Preservice institutions with competency-based curricula in EMNC and adjusted to match the occupational and epidemiological profile	Graduate doctors competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X			1.3
		Train professors in competency-based training skills, including monitoring systems and decision-making			X	X	2.4	1.3
	Graduate nurses competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X		2.4	1.3
		Train professors in competency-based training skills, including monitoring systems and decision-making			X	X		1.3
	Graduate nurse auxiliaries competent to provide EMNC services according to their occupational and epidemiologic profile	Review and adapt curricula with competency-based training that ensure quality EMNC		X	X			
		Train trainers in competency-based training skills, including monitoring systems and decision-making			X	X		

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	E.P.S. graduates in ob/gyn and pediatrics competent to provide EMNC services according to their occupational and epidemiologic profile, monitoring and decision-making and clinical training skills	Standardize clinical skills based in EMNC, including the management of monitoring systems and decision-making		X	X			
ESSENTIAL MATERNAL AND NEONATAL CARE								
Quality EMNC: Network of services with problem-solving capacity, technologically and culturally adapted to provide quality EMNC accredited	EMNC components, functions and standards defined by levels of health service provision	Revise EMNC materials	X				2.1, 2.4	1.3, 1.4, 2.1, 2.4
		Conduct internal workshop to prepare meeting to discuss EMNC, performance improvement, competency-based methodologies, and problem-solving capacity with MOH	X	X				
		Develop draft outline of EMNC functions and components by levels of care	X	X				
		Discuss draft outline of EMNC functions/components with MOH central and Area-level officials, MOH human resources officials, training division, health reform division and medicine/nursing schools	X	X				
	Accreditation process institutionalized	Establish local accreditation team	X	X				
		Establish criteria and develop accreditation instruments	X	X				
		Validate instruments	X	X				
		Identify services to be accredited, and develop chronogram	X	X				

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July-Sept		
		Prepare accreditation teams		X				
		Implement accreditation		X	X	X		
		Prepare, analyze and present results as baseline data	X	X				
		Develop and followup action plan based on results		X				
	Providers competent in EMNC	Prepare program (contents, methodology)		X	X	X		
		Review and prepare job aids (posters, flipcharts, pocket guides)	X	X	X	X		
		Prepare training site (competency-based) near UDRHIS			X	X		
		Prepare training plan (how many, who, when) and followup plan			X	X		
		Select trainee group, define profiles, etc.			X	X		
		Conduct EMNC technical update			X	X		
		Conduct Clinical Skills Training (of trainers) in training methodology			X	X		
	EMNC providers sensitized, motivated and acting appropriately in intercultural environments	Conduct three workshops to train TBA facilitators (ambulatory physicians)			X		2.3.1, 2.3.2, 2.3.3, 2.3.4	
		Develop a followup plan to TBA training			X	X		
		Conduct "encuentros de comadronas" between TBAs and hospital-level providers		X	X	X		
		Implement TBA exchange visits to health services		X	X	X		
		Design strategy to promote exchange between providers and community		X				
		Review anthropological materials and studies	X					

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
		Adapt BCI strategy for health providers		X	X	X		
		Develop BCI plan for health providers		X	X	X		
		Execute BCI plan		X	X	X		
		Design a motivation/incentive strategy for health providers		X	X	X		
		Select and design job aids		X	X	X		
	EMNC services culturally adapted and with basic resources available	Identify and change practices in services that are culturally rejected	X	X	X		2.2, 2.4	1.3
		Promote the incorporation of culturally-accepted and non-harmful practices into maternal and neonatal health services	X	X	X			1.3
		Ensure timely stock of supplies and equipment needed for EMNC	X	X				2.1
	Epidemiologic surveillance system established	Strengthen situational analyses	X	X			2.1	2.2
		Strengthen maternal mortality committees	X	X				2.2
BEHAVIOR CHANGE INTERVENTIONS								
Informed Demand: Use appropriate to the level of accredited community and institutional services increased	Repositioned image of accredited MNH services	Conduct review of pertinent bibliography	X				2.4.1, 2.3.3,	1.3, 1.4, 2.3, 3.2
		Conduct audience investigation: perceptions of health service provision, quality dimensions and expectations	X					
		Conduct strategic planning for BCI program: definition of objectives, positioning, messages, mass media, monitoring and evaluation	X					
		Implement plan	X	X	X	X		

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LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	Existence of a favorable attitude at the community level with regard to the use of MNH services	Conduct dialogue meetings between the community, services and local influentials	X	X	X			
		Develop joint action plans	X	X	X			
		Develop materials	X	X	X			
		Implement plans			X	X		
	Services that are offered at each level of accredited services are identified	Define strategies of educative group work (check translation)		X	X			
		Define educative contents		X	X			
		Select materials (radio, video, popular theatre, print materials)		X	X			
		Produce and validate materials			X	X		
		Implement strategy				X		
	Clients and community personnel informed about the selection of MNH services based on level (and in accordance with danger signs)	See previous outputs						
		Develop a community mobilization strategy (a) identify service providers, NGOs, community groups, and (b) define work methodology	X	X			2.3	1.1, 1.2, 1.3, 1.4
		Develop a White Ribbon Campaign strategy	X	X				
		Coordinate with the MOH Division of Service Provision I	X	X	X	X		
		Strengthen situational analyses at the local level		X	X	X		
	Decision-makers involved in action	Define involvement plans of decision-makers and community leaders (see above activities)	X	X	X	X	2.2, 2.3	2.3, 3.2, 3.3

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/G-CAP IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
	Life-saving plans active and implemented	Identify MNH committees	X					
		Promote MNH committees at the community level	X	X				
		Implement life-saving plans		X	X	X		
Advocacy/social norms: Social and individual norms with respect to personal worth and protection of maternal health accepted and consolidated on the community and personal level	Personal rights to life and health identified and validated	Develop an MNH advocacy strategy		X	X		2.2, 2.3	1.1, 1.2, 2.3, 3.2, 3.3
		Identify natural, religious and spiritual leaders (such as bisaches or sajorin)		X				
		Develop, implement and followup advocacy plans at the local level			X	X		
	Actions promoting MNH included in the Municipal agenda	Develop competencies among municipal leaders with regard to MNH and community development			X	X		
		Develop municipal action plans for the reduction of MM			X	X		
	Commitment and actions in favor of MNH existent in the national political agenda	Identify leaders in opinion, decision-making and others who are in favor of safe motherhood		X	X			
		Organize discussion fora for leaders and decision-makers in MNH		X	X	X		
		Conduct advocacy at the national and municipal level for the implementation and support of processes and activities in favor of the reduction of MM			X	X		

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3. Honduras

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/H IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
POLICY								
Ob/gyn component of preservice education strengthened in medical and nursing schools	UNAH personnel updated in EMNC knowledge	Conduct EMNC Knowledge Update (anticipated as Latin America regional activity)			X		IR 2.2.1, 2.2.2, 2.4.2, 2.4.3	IR 3.4.4
	UNAH personnel standardized in EMNC skills	Conduct EMNC Skills Standardization (anticipated as Latin America regional activity)			X		IR 2.2.1, 2.2.2, 2.4.2, 2.4.3	IR 3.4.4
ESSENTIAL MATERNAL AND NEONATAL CARE								
Management of obstetric complications standardized through implementation of national protocols and norms	Job aids for management of obstetric complications, based on national norms, developed to reflect current evidence-based practices and to assist in the implementation of new standards of care.	Meet with hospital personnel to discuss development of appropriate job aids	X	X	X	X	IR 2.2.2, 2.4.1, 2.4.2, 2.4.3	IR 3.4.4
		Conduct coordination meetings with URC and JHU/PCS representatives to share plans for developing job aids and to ensure standardization of materials	X	X	X	X	IR 2.2.2, 2.4.1, 2.4.2, 2.4.3	IR 3.4.4
	Verification checklists for management of obstetric complications, based on national protocols, developed	Develop verification lists for review of the process of application of supplemented protocols	X	X	X	X	IR 2.1.4, 2.2.2, 2.2.3, 2.4.1, 2.4.2	IR 3.4.4
		Implement verification checklists	X	X	X	X	IR 2.1.4, 2.2.2, 2.2.3, 2.4.1, 2.4.2	IR 3.4.4
BEHAVIOR CHANGE INTERVENTIONS								
Technical assistance provided to JHU/PCS in the MOH's Integrated Women's Health Campaign in the areas of maternal and neonatal health	Integrated Women's Health Campaign (IWHC) includes technically appropriate safe motherhood messages	Review materials and messages prepared by JHU/PCS to ensure technical accuracy		X	X	X	IR 2.1.1, 2.3.1, 2.3.2, 2.3.4	IR 3.1
		Provide recommendations to JHU/PCS		X	X	X	IR 2.1.1, 2.3.1, 2.3.2, 2.3.4	IR 3.1

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/H IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
MONITORING, EVALUATION & RESEARCH								
Hospital-based epidemiologic surveillance systems improved and utilized for decision-making at the facility level	National workshop on hospital epidemiologic surveillance held with key stakeholders	Conduct workshop with MOH and hospital officials to discuss importance and utility of hospital-based surveillance system		X			IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Local hospital-based workshop held to establish surveillance system and train staff	Conduct workshops with hospital personnel to establish desired functioning of epidemiologic surveillance system			X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Conduct training in data collection, analysis and implementation for decision-making for key hospital personnel		X	X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Hospital maternal mortality committees strengthened	Work with Depts of Ob/gyn and Epidemiology to strengthen hospital maternal mortality committees		X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
	Consensus on operation of surveillance system reached; monitoring of surveillance system established and responsibilities of key personnel and departments identified	Develop a plan with concerned departments at both hospitals to improve the recording and reporting of maternal deaths and obstetric complications		X	X		IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Provide followup to both hospitals to ensure use of new data collection registers		X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4
		Provide followup to both hospitals to ensure use of new data collection registers	X	X	X	X	IR 2.1.4, 2.2.1, 2.2.2, 2.2.3, 2.4.1	IR 3.4.4

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4. Peru

LOP Results	Outputs	Activities	FY2001				Link to G/PHN IR	Link to USAID/P IR
			Oct - Dec	Jan - Mar	Apr - June	July- Sept		
POLICY								
PNSMP decision-making at different levels of the health system improved	Information needs and data sources identified	Identify information needs for managerial purposes at different levels of the maternal and perinatal health delivery system	X	X			IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Identify currently available data sources and information subsystems on maternal and perinatal health in place	X	X			IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
	Information-based decision-making model designed, pretested and implemented	Design a proposed information-based decision-making model, including processes and tools, for maternal and perinatal health program management		X	X		IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Pretest the model for decision-making			X		IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Implement the model through training and institutional coordination activities			X	X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
	Supervision process developed and disseminated	Develop a supervision process to ensure continuous functioning of the system			X	X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4
		Disseminate the model				X	IR 2.1.4, 2.2.1, 2.2.2	IR 3.4

* Due to the fact that the MNH Program is still awaiting approval from USAID/Peru, no activities have taken place during this quarter

**Annex B: Meetings & Conferences Attended by MNH Staff
1 January 2001 – 31 March 2001**

Attendee(s)	Topic/Name of Conference/Meeting	Date
A. Allison, L. Levin	Neonatal Advocacy Meeting: REDUCE Neonatal Model, BASICS II, Washington, DC	4 Jan 01
A. Allison, S. Thaddeus, J. Robb-McCord, J. Fishel, L. Levin, N. Russell	White Ribbon Alliance for Safe Motherhood: Moving from Awareness to Action, NGO Networks for Health, Washington, DC	8 Jan 01
K. Curran	Baseline Findings from a Postabortion Care Study in Bolivia, Population Council, Washington, DC	11 Jan 01
A. Allison, L. Levin, N. Russell, M. Vostrejs	White Ribbon Alliance for Safe Motherhood Advocacy Steering Committee Meeting, Global Health Council, Washington, DC	26 Jan 01
C. Stanton	Seminar to doctoral students/faculty in the Department of Maternal and Child Health, Chapel Hill, North Carolina	31 Jan 01
J. Robb-McCord	Refugee Reproductive Health Advocacy Day 2001, Washington, DC	7 Feb 01
S. Thaddeus	Speech at Women's Global Health Forum, University of Michigan	8 Feb 01
J. Robb-McCord	Malaria meeting to discuss next steps in working group organization, USAID, Washington, DC	14 Feb 01
C. Stanton	MEASURE/Evaluation Workshop to Finalize the Service Provision Assessment (SPA) Tool, Population Council, Washington, DC	15 Feb 01
S. Thaddeus	SARC Conference, Society for the Advancement of Reproductive Care, Bali, Indonesia	25 Feb – 1 Mar 01
M. O'Leary	"Obstetric Health Perspectives of Magar and Tharu Communities", Academy for Educational Development, Washington, DC	1 Mar 01
A. Allison	"Access and Equity: Measuring Health Sector Performance", Global Health Council, Washington, DC	13 Mar 01
A. Cameron	Discussion from the communication series on branding and trust with Dr. David Shore, Harvard University School of Public Health, USAID/R, Washington, DC	14 Mar 01
B. Kinzie	Africa Regional ICM Workshop, "Safe Motherhood: A Woman's Human Right", Harare, Zimbabwe	15 Mar 01

B. Kinzie	Africa Regional ICM Mid-Triennium Conference, "Achieving Midwifery Partnerships with Women for Safe Motherhood", Harare, Zimbabwe	16 Mar 01
T. Gryboski	Interagency Gender Working Group (IGWG) Plenary Session, AED Conference Center, Washington, DC	22 Mar 01
K. Jesencky, A. Parekh	"Art and Science of Breastfeeding" series presentation, "Impact and Scale: LINKAGES Achieves Both", AED offices, Washington, DC	28 Mar 01
A. Parekh	"Promoting Reproductive Health and Rights: Challenges and Opportunities for the ReproSalud Project in Peru", USAID, Washington, DC	28 Mar 01