Quarterly Report
January - March 2009

Institutionalizing Best Practices in Maternal and Child Health

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I. Outline of project purpose and project approach

John Snow, Inc. (JSI) and the Institute for Family Health, Information and Research (IFH-IR) are pleased to present this second Quarterly Report for the Institutionalizing Best Practices in Maternal and Child Health (IBP-MCH) Project, covering the period January – March 2008. The IBP-MCH Contract (GHS-I-00-07-00002-00) was executed on September 30, 2008. The overall goal of the project is to decrease maternal and infant mortality in Russia by improving access to, and use of, high quality reproductive health (RH) and maternal and child health (MCH) services in target federal districts through the introduction and replication of international best practices to improve birth outcomes and maternal health. The IBP-MCH Project’s second quarter was devoted largely to the continuation of the project’s administrative start up activities, and, development of key strategic deliverables that outline targeted program development activities, as detailed in the sections that follow.

II. Summary of significant events during reporting period

**USAID Post Award Conference:** The IBP-MCH Post Award conference was held at the offices of USAID/Russia on February 18, 2009. Representing the IBP-MCH team were Natalia Vartapetova, Maria Nemchinova, Merce Gasco, Allison Molenda, Brian VanDeBogert, and JSI International Division Director Kenneth J. Olivola. During the course of the meeting the project’s contract (GHS-I-00-07-00002-00) was reviewed in detail and the IBP-MCH team was given an opportunity to ask questions of the USAID Contracts officer and other members of the USAID team. The meeting served as a valuable opportunity to establish working relationships and clarify expectations.

**Home Office Start Up/Administrative Support Trip:** In February 2009, four representatives from JSI’s home office visited Moscow to assist the IBP-MCH team with start up and administrative activities. The visitors were Merce Gasco (Senior Advisor), Allison Molenda (Finance Manager), Brian VanDeBogert (Project Coordinator) and Ken Olivola (JSI International Division Director). Aside from attending the Post Award conference, the team had a wide ranging scope of work and engaged in creative problem solving. Overall, the home office team worked to establish a working relationship with IBP-MCH to develop strategies for effective home office support, while assisting in an effective transition plan from the MCHI II Project to the IBP-MCH Project. The experience was highly beneficial to all involved. Ken Olivola and Merce Gasco attended the Workshop entitled “MCHI ten-year experience in Russia: achievements and perspectives” held at the Scientific Center for Obstetrics, Gynecology and Perinatology (SCOGP). The Scientific Center and other entities are potential partners for the IBP-MCH Project.

**Development/Implementation of Strategy of achieving feasible subcontract:** Certainly a priority from the outset of the project has been the negotiation, drafting and execution of a subcontract between JSI and IFH-IR. In order to remain in accordance with USAID regulations, the IBP-MCH team has gone to great lengths to produce a subcontract that will allow the project to fund IFH-IR’s activities in accordance with both USAID regulations and obligations to the Russian Federation. To this end, the IBP-MCH management team sought legal advice from several sources, and consequently developed a sound approach to solving the problem. The subcontract between JSI and IFH-IR is in the final stages of negotiation and review.
Realignment of IBP-MCH Budget: Upon award of the IBP-MCH project, JSI conducted a thorough analysis of the project’s financial and managerial structure, as well as intensive research into the unique challenges presented by the project’s working environment. As a result, JSI determined that realigning the project budget would allow it to subcontract with IFH-IR and maintain its original scope of work while also meeting the legal requirements of both USAID and the Russian Federation. The IBP-MCH team revised the budget accordingly, and submitted the revised budget to USAID on February 19, 2009. USAID subsequently approved the realigned budget on March 11, 2009.

Orientation to JSI Financial/Administrative Systems: While in Moscow, JSI’s home office management team provided an orientation to IBP-MCH finance staff on JSI financial and accounting systems. JSI’s field expense accounting systems were installed in the project’s Moscow office. The systems, forms, manuals and guidelines that were developed in the home office during the previous quarter were installed in the field office. The team also thoroughly reviewed JSI’s guidelines for financial documentation.

Additional Office Space Secured: To accommodate the growing IBP-MCH team, additional office space has been identified and secured.

Development and Timely Submission of required Project Deliverables: For more detail please see Section III.

Initiation of Procurement Process for Office Equipment: The IBP-MCH team has begun the process of procuring the necessary equipment for furnishing its office space. This has included extensive market research on computer equipment, for which the IBP-MCH team has submitted an Origin Waiver request to USAID.

III. Status of activities of project tasks

Task 1: Establish Partnership to Create Federal District Level Hub on MCH Best Practices in two Federal Districts

Identification of the Federal Districts and FDE. A series of meetings were organized with local health authorities, the AOTR of the project and federal entities to identify the Districts and Entities that will be part of the Project. Due to the interest to have the MOH input in this selection process, the formalizing of the partnerships and the approval of the final list of Federal Districts has taken longer than planned.

The Scientific Center for Obstetric, Gynecology and Perinatology MOHDS (Moscow) and the Federal State Institute for Maternity and Infancy MOHSD (Ekaterinburg) were chosen as the Federal District Entities to continue to work with on implementation of the project.

MOUs were drafted.

Working groups to coordinate activities and to link with their project staff were established in each institution.

Task 2: Dissemination of Basic Package of MCH Protocols and Guidelines
Needs assessment: A needs assessment activity called Basic Perinatal Care Practices Audit was conducted at the Scientific Center for Obstetrics, Gynecology and Perinatology named after V.I. Kulakov (SCOGP). A summary is provided below, and the 35-page report in Russian is available upon request.

The Institute for Family Health (IFH) conducted the following audit at the instance of SCOGP director academician G.T. Sukhih.

Audit goal: evaluate and examine basic perinatal practices utilized at SCOGP against modern international requirements

Audit objectives:
- Evaluate the clients’ satisfaction with the quality of care received at SCOGP
- Evaluate the quality of infection control at SCOGP
- Evaluate how well the “warm chain” is maintained at every stage of newborn care
- Evaluate the utilization of some WHO recommended perinatal interventions
- Evaluate the quantity, quality and availability of informational materials on perinatal care for clients

Audit methods:
- Client interviews: 23 women were interviewed after delivery (both, vaginal and abdominal)
- Medical personnel interviews: 25 medical personnel members were interviewed (obstetricians-gynecologists, neonatologists, anesthesiologists-resuscitators, delivery room midwives, post-partum department midwives, neonatal nurses). Medical doctors to paramedical personnel ratio was 3 to 1.
- Medical chart reviews: delivery charts, newborn charts were reviewed
- Observation of actual practices

SCOGP Departments:
- High-risk labor management department
- Department for management of high infection risk pregnancy

Audit results:
- Clients are highly satisfied with the quality of obstetric care received at SCOGP. The majority would recommend SCGOP to their friends and family.
- The quality of “infection control” is pretty high. SCOGP administration pays a lot of attention to the issue. Nevertheless, some routine “preventive” practices might be cancelled due to their being money-consuming and ineffective. Antibiotic use during the post-partum period needs to be revised.
- The “warm chain” is not maintained properly. The personnel need to be trained on the issue; the control system of “warm chain” maintenance needs to be developed.
- A number of practices used during labor do not meet international requirements. The medical personnel members have contradictory opinions about some practices. Perinatal medical protocols (algorithms) are non-existent.
- Information support is not sufficient.

Follow-up technical assistance to SCOGP: As a follow-up of the needs assessment a draft working plan to increase SCOGP technical capacity was developed. A number of technical meetings and consultations on various topics of modern perinatal care were carried out for SCOGP staff. IFH participated and presented at “Scientific Wednesdays” that regularly organized in SCOGP.
IV. List of reports/deliverables completed in reporting period

- Plan to develop capacity of the selected federal entity in each two federal districts (Task 1);
- Dissemination Plan (Task 2);
- Region-to-region exchange program design and selection criteria for proposed participants (Task 2).

V. List of Major activities planned for next quarter

1. Finalization of Subcontract between JSI and IFH-IR;
2. Set up and furnish additional office space
3. Complete recruiting and hiring of staff for IBP-MCH team;
4. Finalization and submission to USAID of Dissemination Plan;
5. Establish Formal Partnership with Federal District Entities;