

**Quarterly Report
October – December 2008**

**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 first Quarterly Report for the Institutionalizing Best Practices in Maternal and Child Health (IBP-MCH) Project, covering the period October – December 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 first quarter was devoted largely to the project's administrative start up activities and the 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

Identification of Home Office support team: In October JSI assigned home office administrative staff to the IBP-MCH Project. Positions filled include Senior Advisor (Mercede Gasco), Project Coordinator (Brian VanDeBogert), Finance Manager (Allie Molenda), and Monitoring & Evaluation Advisor (Deirdre Rogers). Ms. Gasco is the direct supervisor of the Chief of Party, and provides an alternate point of contact with JSI for USAID, should this be necessary. Mr. VanDeBogert provides day-to-day program management support, and is joined by Ms. Molenda to assist in the project's finances. Ms. Rogers works with the Moscow team to strengthen the project's project monitoring and reporting, with an emphasis on tracking measurable project results using evidence-based methodologies.

Review of Contract: The IBP-MCH team examined the project's contract with great scrutiny to be familiar with all requirements, and prepare for the Post Award Orientation Conference to be held in Moscow in February 2009.

Formation of functional organizational relationships between home office support team and field office key personnel. JSI and IFH-IR are fortunate to begin implementing the IBP-MCH Project with the unique advantage of having a field office already fully staffed with experienced and highly competent professionals. In order to coordinate project start up activities, the home office support team has engaged in regular conference calls with key personnel in Moscow, particularly Chief of Party Natalya Vartapetova and Director of Finance & Administration Maria Nemchinova.

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

Development of relevant Project Information Forms: The documents and tools developed so far include a Project Deliverables Schedule, Contract Highlights Sheet, Chart of Accounts, and a Project Description for JSI's website.

Subcontract Negotiation with IFH-IR: 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 approached a Moscow based Legal Services firm with experience drafting contracts for USAID funded projects in Russia. JSI seeks to hire the legal firm to produce a bilingual subcontract between JSI and IFH-IR that is compliant with matters relating to civil, tax

or other legislation of the Russian Federation and the USAID as well as JSI and IFH-IR policies. Negotiations are ongoing as of this writing.

Establishing Project in JSI Accounting system: The home office support team has worked with the JSI accounting department to assign the IBP-MCH Project an internal project number and set up a database for importing monthly field accounts.

Setting up Project Bank Accounts: The IBP-MCH team arranged for pre-existing JSI US Dollar and Russian Rouble accounts with a Moscow Bank to be assigned to handle project expenses.

Setting up Project Quickbooks Databases: The home office support team established databases using Quickbooks 2008 accounting software to track project field expenditures.

Development of Internal Financial Tracking Sheet: The home office support team adapted a JSI tool to provide accurate monthly expense tracking as well as 6-month projections for use by the home office and field management team alike.

III. Status of activities of each task

The first quarter was a period of intensive planning and analysis relating to all five tasks. Chief of Party Natalia Vartapetova and other field staff designed and drafted a comprehensive Project Implementation Plan that was submitted to USAID on November 28, 2008. The Implementation plan lists the selection criteria and rationale behind the plan of action for completing each of the tasks, as guided by the extensive relevant experience of the IBP-MCH team in Russia.

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

After extensive analysis and in consideration of lessons learned from past experiences, the IBP-MCH team is considering including more than two Federal District level Entities (FDEs) in establishing this partnership. This conclusion is based upon the following rationale, as detailed in the Implementation Plan:

- More federal districts level centers of excellence will increase sustainability of MCH/RH best practices;
- Having more centers will create competition between them that improve outcomes;
- Increased human resources for training and dissemination will be available;
- Increased Political support for the project at various levels and among various partners;
- More types of medical professionals included;
- More hospital settings to change and demonstrate practices; and
- Opportunity to use experience gained during previous USAID/Russia technical assistance.

As reported to USAID on November 28, 2008, the IBP-MCH team proposes the following selection criteria to be used to choose Federal District Entities (FDEs):

- Interest and ability of potential partners to accept, implement, promote, and institutionalize the evidence-based, client-centered MCH and RH best practices to be advocated by the IBP-MCH Project;
- Commitment to improve quality of care for women and children;
- Existence of political support for a partnership;

- Willingness and ability of potential partners to share costs (e.g. staff time, office space, equipment);
- Relevant health statistics (maternal and infant mortality rates, abortion rates, etc. with priority going to Districts with higher than average rates);
- Opportunities to influence MCH/RH policy and practice in the Federal District and at the national level as well;
- Existence of human resources and potential for development and training activities;
- Existence of hospital departments to implement and demonstrate practices;
- Financial stability as well as potential to increase organizational sustainability;
- Opportunities for including private sector companies in the partnership; and
- Positive experience in collaborating with MCHI/WIN and other international organizations.

As reported to USAID on December 30, 2008, the IBP-MCH team proposes the following Federal District Level Entities to be chosen to establish partnership with the project to create Federal District Level Hubs on MCH Best Practices:

- 1) Federal State Institute for Maternity and Infancy MOHSD (Ekaterinburg)
- 2) Center for Obstetric, Gynecology and Perinatology MOHDS (Moscow)
- 3) Kemerovo State Federal Medical Academy (Kemerovo)
- 4) Tyumen State Federal Medical Academy (Tyumen)
- 5) Irkutsk State Federal Medical Academy (Irkutsk)

Task 2: Dissemination of Basic Package of MCH Protocols and Guidelines

Given that the Federal District-level partnerships will be working directly with a group of regions within their District, selection criteria for the 4-5 new regions to be chosen in each Federal District will be discussed with the FDEs. In order to develop fully informed conclusions about potential new regions to enter the project, a joint strategic working group will be formed between the IBP-MCH team and the FDEs.

As reported to USAID on November 28, 2008, selection criteria for new regions to participate in the IBP-MCH project will include:

- Relevant health statistics (maternal and infant mortality rates, abortion rates, etc. with priority going to regions with higher than average rates);
- Interest and ability of potential partners to accept, implement, promote, and institutionalize the evidence-based, client-centered MCH and RH best practices to be advocated by the IBP-MCH Project;
- High level political support for participation in the IBP-MCH Project;
- Willingness and ability of potential regional partners to cost-share (e.g. staff time, office space, equipment);
- Recommendations of the Federal District Entities, MOHSD and USAID; and
- Influence of the region among others in the Russian Federation.

As reported to USAID on December 30, 2008 the IBP-MCH team proposes the following regions to be selected to participate in the IBP-MCH Project:

1. Chelyabinskaya oblast (Ural Federal District)
2. Sverdlovskaya oblast (Ural Federal District)

3. Tuymenskaya oblast (Ural Federal District)
4. Kurganskayay oblast (Ural Federal District)
5. Khanty-Mansiyskiy okrug (Ural Federal District)
6. Yamalonenetskiy okrug (Ural Federal District)
7. Kemerovskaya oblast (Siberian Federal District)
8. Irkutskaya oblast (Siberian Federal District)
9. Novosibirskaya oblast (Siberian Federal District)
10. Moskovskaya oblast (Central Federal District)
11. Leningradslaya oblast (Northwestern Federal District)
12. Vologodskaya oblast (Northwestern Federal District)

Task 3: Disseminate Recommendations on Optimizing the Delivery of MCH/RH Care at Regional Level

Activities related to Task 3 will begin in earnest following the approval of the proposed regions and Institutions for participation on the IBP-MCH Project.

Task 4: Develop an Integrated Model of FP and Social Services in up to three regions within the two selected Federal Districts

Progress in this task is still in the planning and analysis stage. Once formed, the aforementioned IBP-MCH Project Strategic Working Group will consider the appropriateness of regions – both those currently collaborating with IFH – IR and new ones– within each Federal District for cooperation in completing this task.

Task 5: Sustainability Plan

Progress in this task is also still in the discussion stage. As institutionalization of evidence-based MCH/RH best practices is an overall aim of the IBP-MCH project, the IBP-MCH team recognizes that all the project activities encompassing Tasks 1-5 will contribute to furthering the sustainability of project results.

IV. Status of overall project progress per impact indicators as defined in the workplan and performance monitoring plan

Periodic reports on the IBP-MCH Project's impact and progress will be developed following the approval of the Performance Monitoring and Evaluation Plan.

V. List of reports/deliverables completed in reporting period

Date Submitted	Report
October-December 2008	
28-Nov-08	Life of Project Implementation Plan, including description of principal tasks and assistance activities, description of what each activity is expected to accomplish, proposed schedule for such activities, listing of principal counterparts for each activity, and estimates of the amounts of resources that will be required to provide proposed assistance.
28-Nov-08	Performance Monitoring and Evaluation Plan (to be submitted as part of the Implementation Plan) to measure impact and outcomes of project as indicated under "Expected Results" and "Tasks". Plan will include how each of the results will be measured and how data will be collected
28-Nov-08	Selection Criteria and Rationale for selecting a Federal District level institute in each of two Federal Districts (Task 1)
28-Nov-08	Selection Criteria and Rationale for selecting 4-5 Regions proposed within each of the 2 Federal Districts (Task 2)
30-Dec-08	List of proposed Regions in each of the two Federal Districts (Task 2)
30-Dec-08	Proposed Institute(s), Research Center(s) or Organization(s) at Federal District level in 2 chosen Federal Districts, including opportunities for partnership with private sector companies, and support to be provided by partners (Task 1)

VI. Performance problems during reporting period

Amidst the usual problems and delays associated with project start up, the IBP-MCH project is confronting two unique and difficult challenges:

Overlap with MCHI II Project: While this project is uniquely fortunate to have an experienced team already in place in the field from the outset, JSI must recognize the fact that the IFH-IR team is obligated to completing the USAID-funded MCHI II Project, which includes an implementation overlap of several months with the IBP-MCH team. A major priority of both JSI and IFH-IR in the early months of this project is to develop an effective transition plan on all fronts (programmatic, administrative, logistically, etc.)

Subcontract Negotiation with IFH-IR: Up to this point, much effort has been expended on the part of JSI, IFH-IR and the legal consulting firm towards developing a subcontract that meets the needs of all parties. JSI is confident this task will be completed in the near future.

VII. List of Major activities planned for next quarter

1. Post Award Conference with USAID;
2. Start up support visit by Home Office Senior Advisor, Finance Manager and Project Coordinator;
3. Finalization of Subcontract between JSI and IFH-IR;
4. Finalization and submission to USAID of Dissemination Plan;
5. Establish Formal Partnership with Federal District Entities;
6. Develop plan to Develop the Capacity of the Selected Federal Entity in each of two federal districts to disseminate best practices in MCH and use data on quality of MCH care for decision making; and

7. Develop region-to-region exchange Program designed and presented for approval, including selection criteria for proposed participants.

VIII. Monitoring & Evaluation data developed for the project

In the first quarter, The IBP-MCH team developed its Monitoring & Evaluation Strategy. On November 28, 2008 COP Natalia Vartapetova submitted the Monitoring & Evaluation Plan to USAID. The IBP-MCH M&E strategy is designed to assess the process of implementation of the project activities in IBP- regions and facilities. The Federal District Entities (FDEs) will be equal partners in the project implementation, including monitoring and evaluation activities. IFH-IR will guide the process by empowering, strengthening and building the capacities of the local partners in monitoring and evaluation and results-based management.