Maternal and Child Health Initiative

TASC Russia
Maternal and Child Health Initiative
(MCHI)

FINAL TECHNICAL REPORT

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In addition to sincere thanks, a round of applause is also due the MCHI staff for the determination, skill, and dedication with which they implemented this project and to encourage them and wish them all the best as they move forward as the Institute for Family Health.

Acronyms and Abbreviations

AIDS	acquired immune deficiency syndrome
ARO	Assistance to Russian Orphans
CA	Cooperating Agency
CDC	Centers for Disease Control and Prevention
COP	Chief of Party
CTO	Cognizant Technical Officer
EE/EA	Eastern Europe and Eurasia
EII	Early Intervention Institute
FCMC	family-centered maternity care
FCT	Facility Coordinating Team
FORF	Future of Russia Foundation
GDA	Global Development Alliance
GORF	Government of the Russian Federation
G-R	Gideon-Richter
HIV	human immunodeficiency virus
HR 2020	Healthy Russia 2020
IDU	injection drug user
IEC	information, education and communication
IFH	Institute for Family Health
IR	Intermediate Result
IUD	intrauterine device
IWR	Interregional Working Group
JSI	John Snow, Incorporated
M&E	monitoring and evaluation
MCH	maternal and child health
MCHI	Maternal and Child Health Initiative
MOH	Ministry of Health
MOHSD	Ministry of Health and Social Development
MOU	Memorandum of Understanding
MTCT	mother-to-child transmission
NGO	non-governmental organization
ob-gyn	obstetrician-gynecologist
PHC	primary health care
PMTCT	prevention of mother-to-child transmission of HIV
QAP	Quality Assurance Project
RC	Regional Coordinator
RCT	Regional Coordinating Team
RFE	Russian Far East
RSOG	Russian Society of Obstetricians/ Gynecologists
SO	Strategic Objective
SOW	Scope of Work
STI	sexually transmitted infection
TASC	Maternal and Child Health Technical Assistance and Support Contract
TO	Task Order

UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
URC	University Research Corporation
US	United States
USAID	United States Agency for International Development
USG	United States Government
VCT	voluntary counseling and testing
VRF	Vishnevskaya-Rostropovich Foundation
WEI	World Education, Incorporated
WGY	Inter-regional Working Group on Youth Reproductive Health
WHO	World Health Organization
WIN	Women and Infants' Health Project

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I. Executive Summary

In September 2003, the Russian Mission of the United States Agency for International Development (USAID/Russia) awarded a task order (TO) to John Snow, Inc. (JSI) under the Maternal and Child Health Technical Assistance and Support Contract (TASC I) to implement its three-year Maternal and Child Health Initiative (MCHI). MCHI's stated objective was to ensure the adoption of internationally recognized maternal and child health (MCH) standards and practices by targeted health facilities in Russia.

As is common in most large, complex, multi-component projects, the MCHI Project's statement of work and expected results and tasks evolved over time to reflect an expanded scope of work responsive to changes in external realities and corresponding changes in USAID and MOHSD priorities and emphases. *Appendix A: Evolution of Expected Results and Tasks* outlines these changes in detail as the Project moved from seven **Results** to be implemented via nine **Tasks** to 17 **Results** to be implemented via 30 **Tasks.** For the purposes of this Final Technical Report, the statement of work as defined in modification #7 will be used.

As outlined in modification #7 of the original Contract, the following **Results** were to be achieved by the end of the Project:

- A Russian organization with a strong MCH mandate empowered and strengthened to partner with MCHI in implementing the replication model.
- Internationally recognized standards and USAID-promoted MCH and HIV/AIDS prevention practices adopted by targeted health facilities in at least fourteen regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a means to prevent unwanted pregnancies increased in the targeted regions.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.
- A comprehensive reproductive health program for youth developed and implemented in at least two MCHI regions.
- Hepatitis B vaccination program for adolescents implemented in partnership with the Vishnevskaya-Rostropovich Foundation in the Far East.
- Early intervention model developed by USAID-funded Assistance to Russian Orphans Program (ARO) integrated in MCHI models.
- Family planning services, with a special focus on post-partum and post-abortion clients, strengthened in all MCHI regions.

- Family planning capacity strengthened in the regions and at the national level.
- Integration of family planning into primary healthcare services piloted in selected rural areas in at least two regions with high abortion rates.
- Family planning integrated into counseling services for HIV-positive women.
- Family planning and prevention of mother-to-child transmission of HIV (PMTCT) capacity strengthened at HIV Centers.
- Additional (non-intervention) regions oriented to MCHI model and updated replication package.
- New activities included and monitored in the overall monitoring and evaluation plan. Overall project results documented and disseminated in the pilot regions and nationwide.
- The maternal and perinatal health care system in the Moscow oblast will be reformed through the creation of a model state-of-the-art regional perinatal health care program at the Moscow Region Perinatal Center (MRPC) through a subcontract with the Future of Russia Foundation.

These expected results were to be achieved via the implementation of 30 explicit **Tasks** which are listed with their relevant **Results** in Section IV: Status of Expected Results and Tasks**.** *Appendix B: Result Indicators* lists the 55 indicators that were originally specified in MCHI's December 2003 Three-Year Workplan and whose results are given in the main text of this report.

MCHI ultimately worked in 16 regions of the Russian Federation; its innovative design helped regional and municipal government-supported health facilities adopt internationally-recognized, client-centered, evidence-based maternal and child health standards and practices in multiple areas: antenatal care, family-centered maternity care, essential newborn care, exclusive breastfeeding, and family planning counseling and services, especially for postpartum and post-abortion clients. Attention was also given to family planning for HIV+ women and the prevention of mother-to-child transmission of HIV.

MCHI Programmatic Components
- **Antenatal Care**
- **Family Planning/Reproductive Health**
- **Family-Centered Maternity Care**
- **Exclusive Breastfeeding**
- **Newborn Care**
- **Infection Control in Maternities**
- **Neonatal Resuscitation**
- **Youth-Friendly Services**
- **HIV/AIDS Prevention/PMTCT**

USAID's long-range purpose in funding the Maternal and Child Health Initiative has been realized: a strong, credible, indigenous **Russian "legacy" organization** with proven broad-range expertise – the Institute for Family Health – now exists as a registered entity well-positioned to continue the promotion and provision of MCH innovations in Russia by partnering with and implementing programs for both international and Russian donors. IFH has already attracted considerable funding from multiple sources for the next three years, with one implementing partner pledging additional millions of its own in matching funds.

While IFH was being registered, the Russian Federation's Federal Service for Surveillance in Consumer Rights Protection and Human Welfare organized an open national competition to implement their National Health Project in HIV/ AIDS including PMTCT, and MCHI was invited to bid. MCHI partnered with Russia's oldest and largest national medical education

institution, the Sechenov Moscow Medical Academy, to prepare a proposal. In March 2006, the pair was awarded the 20 million rubles (~USD $800,000) grant to improve PMTCT and family planning practices among HIV+ women in 15 regions (a group which did not include any Far East regions) and disseminate the national PMTCT Guidelines developed by MCHI.

Once registered, the Institute for Family Health then submitted two concept proposals to USAID/ Russia requesting GDA funding and an additional proposal for continuing the work of MCHI. All three were awarded to IFH as part of a three-year USD $7.5 million (~187.5 million rubles) cooperative agreement called Maternal and Child Health Initiative II, with the University Research Corporation (URC) as a subcontractor for implementation of the "quality" component. In addition to expanding the work carried out under the original MCHI contract, MCHI II will also extend the work done for the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare's National Health Project in HIV/AIDS to two key Far East regions – Irkutsk Oblast and Primorsky Krai. The second of the two GDA-funded components of MCHI II is particularly interesting, as it involves significant matching funds from the local government partner. Omsk Oblast will provide 150 million rubles (~USD $6 million) working with IFH to essentially roll out the MCHI interventions throughout the entire Oblast.

Certainly this is an impressive beginning!

√ *Lesson Learned:* The transformation of MCHI from an external donor-funded project to the Institute for Family Health, a self-sustaining indigenous Russian NGO, is a success story that will hopefully encourage and inspire the legions of committed, hard-working public health professionals in Russia and elsewhere who have dedicated themselves to improving the health and well-being of their fellow citizens.

As implementation strategies, MCHI focused on **process as well as content** and chose strategies that not only stressed evidence-based medicine but that also offered a **total paradigm shift** from focus on the provider to focus on the client, a shift that literally transformed the way in which maternal and infant services were delivered.

The 16 MCHI Regions

1. Perm Oblast (1999 – WIN Region)
2. Novgorod Oblast (1999 – WIN Region)
3. Altai Krai (2003)
4. Irkutsk Oblast (2003)
5. Kaluga Oblast (2003)
6. Komi Republic (2003)
7. Krasnoyarsk Krai (2003)
8. Murmansk Oblast (2003)
9. Omsk Oblast (2003)
10. Orenburg Oblast (2003)
11. Tyumen Oblast (2003)
12. Vologda Oblast (2003)
13. Khabarovsk Krai (2004)
14. Primorsky Krai (2004)
15. Sakhalin Oblast (2005)
16. Sakha Republic (2005)

As a result, the adoption and integration of **internationally-recognized, evidence-based standards** has occurred at a very impressive pace across an impressive range of political and health institutions while actively involving an impressive number of people over an impressive geographic area. As MCHI's scope of work broadened over time geographically and programmatically, the number and type of facilities directly involved in project activities increased significantly. The Project included 101 facilities at its beginning, growing to 198 facilities by its conclusion.

The active involvement of a variety of stakeholders—health officials, policymakers responsible for decision making and resource allocation, and experts and providers from all levels of the health system—was cultivated from the very beginning. This helped establish full ownership for the innovative

changes being introduced and helped motivate many to work towards the expansion and sustainability of the program.

- √ *Lesson Learned:* MCHI basically created a **community of change agents** by defining its stakeholders broadly and keeping them actively involved.

- √ *Lesson Learned:* By identifying and supporting **"catalyst" institutions and individuals**, MCHI helped multi-level leadership implement **bold, rapid, substantive changes**. The amount of change that has occurred and the potential for continued achievement and further expansion within the target regions is great.

Inter-linking components and multi-level focus gave the Project's implementation strategies **strength, breadth, adaptability and flexibility.** By building on the successes of WIN and adapting additional materials from CDC, WHO, UNFPA, UNICEF and other CAs; MCHI was able to promote evidence-based interventions with efficiency. The **capacity building** at the regional level is substantial and has laid the foundation for further replication. The improvements in the Project's Results Indicators seen over a relatively short time interval are both impressive and heartening.

- √ *Lesson Learned:* The MCHI **process—participatory, interactive, kind, respectful**—was as important as the content. Throughout, explicit efforts were made to carry out implementation in a participatory, transparent, low hierarchical manner. In effect, an effort was made to model with the regions the client-centered, mother-friendly, baby-friendly, youth-friendly, family-friendly approach that WIN/MCHI was striving to introduce into Russia's reproductive health services. The training component especially modeled this approach. The participatory and interactive training techniques were widely appreciated, as was the interdisciplinary approach modeled by the composition of the trainers as well as by the mix of participants in the courses. Course participants described the trainers as being kind, respectful, interactive, energetic, highly professional and accessible—welcome compliments given the effort that both WIN and MCHI devoted to developing a strong cadre of all Russian trainers.

- √ *Lesson Learned:* The **evidence-based approach** literally became a credo and supported the health care professionals in their roles as change agents as they introduced and implemented evidence-based practices. At the regional level, this **dual focus** on both process and content was very **empowering** and contributed substantially to the high degree of capacity building that occurred.

> **"Now when someone asks why do you do this, it's no longer because we've always done that. It's because it's evidence-based."**
>
> ***Chief Physician, Municipal Perinatal Center, Orenburg, at MCHI's Final Dissemination Conference***

- √ *Lesson Learned:* The **selection process** (incorporating an element of self-selection that promoted commitment and built in readiness) and criteria worked extremely well and were key contributors to the Project's robustness. The competitive element was **innovative and positive.** The co-financing requirement was also motivating. Requiring letters of support from municipal

and regional authorities and from the regional RSOG branch helped instill a broad sense of ownership from the beginning. The requirement that the **facilities chosen be an inter-related set** of maternities, women's consultation clinics, children's polyclinics, family planning centers, and HIV/AIDS centers helped to **horizontalize** previously vertical institutions and to standardize the content and continuity of care.

- *Needed Next Step:* The regions see a significant need for a **federal *prikaz*** that supports MCHI interventions in order to facilitate and enable the further rolling out and adoption of MCHI practices throughout the regions. Many non-Project sites were eager to adopt Project approaches but were concerned about being in violation of federal mandates without the "protection" of being a designated MCHI facility. For example, authorities are cautious about allowing partnership deliveries because they are in violation of the federal regulations.

The Inter-regional Working Group on Youth Reproductive Health was functional and appeared effective. Although many more than two regions demonstrated a specific interest in youth programming, their functioning programs differed widely, and although MCHI did develop useful Youth Programming Guidelines, it is too early to assess the extent to which they were put into practice.

- *Lesson Learned/Needed Next Step:* Clearly there is great interest in youth and a deep recognition of the importance of addressing youth's special needs. The task is not an easy one but it would be a wise choice for any donor investing in Russia to consider a focus on youth.

Considerable attention has been given to increasing **active male participation** and support at multiple junctures. Adult males and youth have visibly benefited from **improved physical and emotional access** to reproductive health care in MCHI facilities.

√ *Lesson Learned:* Regardless of how well-intentioned both parties were, having an independent entity (HR 2020) essentially responsible for MCHI's IEC/BCC component did not work well. At critical junctures, MCHI did not have the right or responsibility to implement or carry out IEC/BCC activities that would most likely have strengthened the Project. Collaboration is certainly valuable but, for maximum impact and efficiency, a project needs to be in control of its key components.

The introduction of internationally-recognized, evidence-based standards for selected maternal child health interventions into the **pre-service and post-graduate curricula** of training institutions for physicians, nurses and midwives has been initiated in all MCHI regions having such institutions, as well as in a major state medical academy in Moscow. Faculty members from regional medical schools have been an integral part of all MCHI components at multiple levels as committee members, trainers, and participants.

- *Needed Next Step:* To move beyond these important first steps will require a much more focused and explicit program, to which Russian institutions would likely be highly receptive.

Although updated in the Project's final year, the **new family planning curriculum** has been well-received and should still be very useful to many, given its user-friendly structure and approach. The small pilot component to extend family planning activities into rural rayons in two oblasts is still in its early implementation phase. Additionally, the pilot oblasts had to formulate their initial implementation plans with almost no data relevant specifically to rural couples. The household survey carried out in Vologda has now provided some helpful information that may suggest needed strategic modifications.

- *Needed Next Step:* A thorough evaluation and reassessment after at least a few more months of implementation would do much to inform future rural-focused activities.

Although not included in the original MCHI Contract, MCHI has become a **major leader in Russia for PMTCT** policy development and service standards of care, as well as for the overall reproductive health needs of HIV+ women.

√ *Lesson Learned:* MCHI's strong technical and managerial capabilities provided the flexibility needed to allow MCHI to smoothly incorporate these major new components into its program and thus be responsive to evolving external realities and the needs of USAID/Russia. The MCHI project design provided an excellent mechanism for **humanizing, "horizontalizing" and integrating the care** of HIV+ women and their infants into the health care system, a need that will grow **e**xponentially as Russia's HIV/AIDS epidemic progresses.

√ *Lesson Learned:* The recently completed PMTCT+FP Study provides valuable **data for decision making** to inform the development of strong future policy and service standards, laying the groundwork for the development of needed Reproductive Health Guidelines for HIV+ Women.

Coordination with donors and USAID-funded CAs was **close and synergistic** rather than pro forma and perfunctory. Collaboration with Russian regional and municipal government partners and with the MOHSD has been strategic and successful.

√ *Lesson Learned:* Again, MCHI created a **community of change agents** by defining its stakeholders broadly and keeping them actively involved.

MCHI has been exceptionally attentive to documentation and dissemination both nationally and internationally, and has created a set of accessible and adaptable tools including IEC materials, a film and detailed replication packages. The MCHI website includes many of these tools in Russian and in English. MCHI has become well-known and well-respected for the quality and inclusiveness of its work and has become a model for both implementing evidence-based practices and for scaling-up.

In 2005, USAID published a calendar entitled "12 Months of Telling Our Story" to help document the "uncounted thousands of lives" that USAID touches and that are "the true faces of America's foreign assistance programs."

For February, the story was "Russia Adopts New Methods of Prenatal and Infant Care" and described the interventions begun under WIN and scaled up by MCHI.

√ *Lesson Learned:* Planning for replication and dissemination from the beginning pays off. The positive momentum that MCHI was able to create resulted in regions seeking to be part of the change process.

√ *Lesson Learned:* Both sustainability and replicability are key WIN/MCHI success stories.

The management guru Peter Drucker once said, "Management is doing things right; leadership is doing the right things." MCHI exhibited strong leadership skills as well as strong management skills by **continually revisiting both the content and the process** of their interventions. In terms of doing the right things, for example, MCHI smoothly incorporated PMTCT as a major new component and thus was able to be responsive to evolving external needs. MCHI also quickly recognized the dearth of available information and designed a PMTCT+FP Study to provide needed data for decision making to inform the development of relevant policy and service standards. Again, when beginning the rural family planning pilot component, the need for additional Russia-specific data-based information was recognized; in response, MCHI helped arrange for a locally conducted population-based household survey (including a male component) in Vologda Oblast similar to those conducted during the WIN Project.

In terms of doing things right, MCHI conducted an internal mid-term evaluation which, among other actions, led to the decision to revise and update the family planning curriculum with counseling skills as its organizational backbone. Using the *WHO Medical Eligibility Criteria for Contraceptive Use* as its evidence-based content foundation, the new curriculum also stressed informed choice, the health and human rights aspects of family planning, emergency contraception, STIs, HIV/AIDS, and PMTCT.

Final Conclusion: The design, content and implementation process of the MCHI Project is an **excellent model** for similar work in other countries, especially those in the former Communist-bloc. MCHI's innovative ideas and practical approaches can be adapted by program managers and policymakers and, in fact, have already been adapted successfully in Ukraine and Georgia. Additionally, the MCHI Project is an excellent model for the incorporation of additional evidence-based, internationally-recognized standards of care into the Russian health care system (e.g. additional reproductive health, family planning, and HIV/AIDS interventions; tobacco; tuberculosis). Because of its client-centered, client-friendly approach, the MCHI model is also an effective model for reaching traditionally hard-to-reach and/or stigmatized populations (prisons, drug rehab centers, institutionalized youth) in need of these same services.

"The Government of the Vologda Oblast …assumes that the current Project can become 'a bridge of friendship' between Russian and American people."

I.A.Pozdniakov, First Deputy Governor of the Vologda Oblast in a letter to the Mission Director of USAID/Russia

II. Introduction

In September 2003, the Russian Mission of the United States Agency for International Development (USAID/Russia) awarded a task order (TO) to John Snow, Inc. (JSI) under the Maternal and Child Health Technical Assistance and Support Contract (TASC I) to implement its three-year Maternal and Child Health Initiative (MCHI). MCHI's stated objective was to ensure the adoption of internationally recognized maternal child health (MCH) standards and practices by targeted health facilities in Russia.

The Maternal and Child Health Initiative was designed to support and contribute to USAID/Russia's Strategic Objective, SO 3.2: *Use of Improved Health and Child Welfare Practices Increased*; Indicator 3.2.3: *Abortion rates*; Intermediate Result 3.2, IR 1: *Access to More Effective Primary Health Care (PHC) Services Increased*; and its indicator: *Number of health facilities implementing evidence-based maternal and child health care practices;* and to build upon USAID/Russia's very successful previous pilot, the 1999-2003 Women and Infants' Health (WIN) Project.

The Women and Infants' Health Project, also implemented by JSI, had promoted a range of interventions in model sites in Perm Oblast and Novgorod Oblast and had provided a new service model for the Russian health care system. WIN supported the creation of a training and resource center; assembled and designed training curricula and information, education and communication (IEC) materials; developed a group of Russian master trainers; and established a core group of local best trainers. WIN also developed a number of data-based presentations for introducing evidence-based practices to new participants derived from WIN monitoring and evaluation data, and prepared a guide for replication of WIN interventions in other regions. The WIN Project's advocacy for policy change led to the development of three protocols for health care practice based on internationally-recognized standards: breastfeeding, post-abortion care, and infection control in maternity hospitals. The Post-abortion Care Guidelines were issued as a federal guideline ("*prikaz*") by the then Ministry of Health (MOH), now Ministry of Health and Social Development (MOHSD), of the Government of the Russian Federation (GORF).

As is common in most large, complex, multi-component projects, the MCHI Project's statement of work and expected results and tasks evolved over time to reflect an expanded scope of work responsive to changes in external realities and corresponding changes in USAID and MOHSD priorities and emphases.

In May 2004, modification #1 to the MCHI contract increased the funding ceiling, changed the designated Cognizant Technical Officer (CTO) and added a new reporting requirement. In July 2004, modification #2 increased the funding ceiling and amended the statement of work to emphasize strengthening and expanding reproductive health and family planning services and to include the Vishnevskaya-Rostropovich Foundation as a subcontractor charged with implementing Hepatitis B vaccination programs for adolescents in the Far East. Also in July 2004, modification #3 added incremental funding. In September 2004, modification #4 again increased the funding ceiling and amended the statement of work to include the Future of Russia

Foundation (FORF) as a subcontractor charged with helping to establish a model perinatal health care program at the Moscow Region Perinatal Center (MRPC) in Balashaikha using Global Development Alliance (GDA) funding.

The original Contract stipulated that at the Project's mid-term, JSI should prepare a report that "*highlights accomplishments against workplans, gives the statues of the expected results, addresses lessons learned during implementation, and suggests solutions for resolving constraints identified. The report should demonstrate how Russian partners will continue activities beyond the completion of the project to ensure project sustainability*." This mid-term evaluation was completed in April 2005.

In June 2005, modification #5 increased the level of effort and ceiling price, added incremental funding, revised the budget, and modified the statement of work to further expand the family planning (including a rural component and work with HIV-positive women) and prevention of mother-to-child transmission of HIV (PMTCT) components, and to address Project dissemination expectations. In August 2005, modification #6 added incremental funding.

In May 2006, modification #7 extended the task order for four months, added incremental funding, revised the level of effort and ceiling price and modified the statement of work to clarify several previous modifications. In November 2006, modification #8 provided an administrative extension for three months, giving the Project a final completion date of 7 April 2007.

Ultimately, MCHI's client-centered, evidence-based interventions were implemented in 16 of Russia's 89 regions and included antenatal care, family-centered maternity care, PMTCT, essential care of the newborn, exclusive breastfeeding, and family planning, especially for postpartum and post-abortion women.

Appendix A: Evolution of Expected Results and Tasks outlines these changes in detail as the Project moved from seven **Results** to be implemented via nine **Tasks** to 17 **Results** to be implemented via 30 **Tasks.** For the purposes of this Final Technical Report, the statement of work as defined in modification #7 will be used.

As outlined in modification #7 of the original Contract, the following **Results** were to be achieved by the end of the Project:

- A Russian organization with a strong MCH mandate empowered and strengthened to partner with MCHI in implementing the replication model.
- Internationally recognized standards and USAID-promoted MCH and HIV/AIDS prevention practices adopted by targeted health facilities in at least fourteen regions of the Russian Federation, in addition to the two WIN Project's pilot regions.
- The abortion rate reduced in the targeted regions.
- Use of modern contraceptives as a means to prevent unwanted pregnancies increased in the targeted regions.
- Access to reproductive health services and information for men increased in the targeted regions.
- Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated.

- A comprehensive reproductive health program for youth developed and implemented in at least two MCHI regions.
- Hepatitis B vaccination program for adolescents implemented in partnership with the Vishnevskaya-Rostropovich Foundation (VRF) in the Far East.
- Early intervention model developed by USAID-funded Assistance to Russian Orphans Program (ARO) integrated in MCHI models.
- Family planning services, with a special focus on post-partum and post-abortion clients, strengthened in all MCHI regions.
- Family planning capacity strengthened in the regions and at the national level.
- Integration of family planning into primary healthcare services piloted in selected rural areas in at least two regions with high abortion rates.
- Family planning integrated into counseling services for HIV-positive women.
- Family planning and prevention of mother-to-child transmission of HIV (PMTCT) capacity strengthened at HIV Centers.
- Additional (non-intervention) regions oriented to MCHI model and updated replication package.
- New activities included and monitored in the overall monitoring and evaluation plan. Overall project results documented and disseminated in the pilot regions and nationwide.
- The maternal and perinatal health care system in the Moscow oblast will be reformed through the creation of a model state-of-the-art regional perinatal health care program at the Moscow Region Perinatal Center (MRPC) through a subcontract with the Future of Russia Foundation.

These expected results were to be achieved via the implementation of 30 explicit **Tasks** that are listed with their relevant **Results** in **Section IV: Status of Expected Results and Tasks.** *Appendix B: Result Indicators* lists the 55 indicators that were originally specified in MCHI's December 2003 Three-Year Workplan and whose results are given in the main text of this report.

To quantitatively assess the majority of the 55 specific Result Indicators, MCHI conducted a Baseline Facility-based Survey in 2004 and an Endline Facility-based Survey in 2006. Table 1 below shows the number and distribution of facilities surveyed by region, city, and service type.

Table 1: Number and distribution of facilities surveyed by region, city, and service type in the Facility-based Baseline and Endline Surveys

Region/Sites	Maternity	Gynecological Unit	Women's Consultation	Family Planning Center	Total
MCHI Regions—Original 10					
Altai Krai - Barnaul	2	2	2	-	**6**
Irkutsk Oblast					
Irkutsk	2	1	1	-	**4**
Bratsk	1	1	1	-	**3**
Kaluga Oblast - Kaluga	2	2	2	1	**7**
Komi Republic					
Syktyvkar	2	1	2	1	**6**
Vorkuta	1	1	1	-	**3**
Krasnoyarsk Krai - Krasnoyarsk	2	1	9	-	**12**
Murmansk Oblast – Murmansk	3	4	3	1	**11**
Omsk Oblast					
Omsk	2	1	2	1	**6**
Tara	1	1	1	-	**3**
Orenburg Oblast - Orenburg	1	2*	2	-	**5**
Tyumen Oblast - Tyumen	2	2	2	-	**6**
Vologda Oblast					
Vologda	1	1	1	-	**3**
Cherepovets	1	1	1	-	**3**
MCHI Regions—First Additional 2*					
Primorsky Krai**					
Vladivostok	2	1	2	-	**5**
Nakhodka	1	-	1	-	**2**
WIN Regions—Original 2					
Perm Oblast					
Perm	2	2	2	1*	**7**
Berezniki	1	1	1	1	**4**
Novgorod Oblast - V. Novgorod	2	2	3	-	**7**
Total	**31**	**27**	**39**	**6**	**103***

*In the Baseline Facility-based Survey, Orenburg surveyed one less Gynecological Unit and Perm surveyed no Family Planning Center so the Total in the Baseline was 101.

**As an "expansion" region, Primorsky Krai's Baseline Facility-based Survey was conducted in January 2005; all other Baseline Surveys were conducted in May 2004. The Endline Facility-based Surveys were conducted in February 2006. The second of the first additional regions, Khabarovsky Krai, conducted a Baseline survey but was unable to carry out an Endline Survey. The second group of additional regions – Sakhalin Oblast and Sakha Republic – did not conduct either Baseline or Endline surveys for reasons of time.

Project activities ultimately also involved Children's Polyclinics and HIV/AIDS Centers, but these facilities were not part of the Baseline surveys and thus were also not part of the Endline Surveys. In addition to the facilities in the three regions not covered by the Endline and Baseline Surveys, other regions over time expanded Project coverage to involve additional facilities so that ultimately – as will be seen in Table 2 in Section IV.B: Internationally-Recognized,

Evidence-Based Standards Adopted, a total of 198 facilities were included directly in MCHI activities.

As with the midterm assessment, the original Contract stipulated that, at the Project's end, JSI should again prepare a report that "*highlights accomplishments against workplans, gives the status of the expected results, addresses lessons learned during implementation, and suggests solutions for resolving constraints identified. The report should demonstrate how Russian partners will continue activities beyond the completion of the project to ensure project sustainability*." This report is intended to fulfill that requirement.

Appendix C: Reviewed Documents lists the materials used in the preparation of this report. Quantitative data presented are from the Endline and Baseline Surveys unless otherwise indicated.

III. Background

In terms of area, the Russian Federation is the largest country in the world, stretching 11 time zones from west to east and including containing the world's deepest lake and Europe's highest mountain and longest river. With a population of 143 million (July 2006 estimate), it is also the world's eighth most populous country. Russians are universally literate (~100 %) and are predominately urban residents (73%). Administratively, Russia is divided into 89 regions (48 oblasts, 21 republics, 9 autonomous okrugs, 7 krais, 2 federal cities, and 1 autonomous oblast) that have more recently been grouped into seven Federal Districts. The population, while predominantly ethnically Russian, is quite diverse: Russian (80%), Tatar (4 %), Ukrainian (2%), Bashkir (1%), Chuvash (1%), other unspecified (12%).

Health care in the Russian Federation is primarily a state responsibility and the Ministry of Health (now the Ministry of Health and Social Development - MOHSD) is the largest health care provider. The MOH historically has been responsible for maintaining the overall infrastructure and setting national priorities for health care, as well as for establishing norms and standards that dictate policies and practices across the entire nation. There has been a gradual shifting of responsibility for health care administration and financing to the regional and municipal levels, but the federal level remains the most important health policymaker.

Russia has made significant progress during the past two decades toward improving the health status of women and children. Compared to Western Europe, the United States, and recommended international standards, however, a gap still remains. Although encouraging declines have been recorded, Russia's maternal mortality rate, infant mortality rate, and abortion rate continue to be of concern, as do a reportedly increasing infertility rate and a steadily increasing HIV prevalence rate.

In addition to poor maternal and child health status, Russia faces another predicament, a low birth rate. Although some recent reports indicate that the birth rate in Russia may be increasing, the overall trend is still low. Understandably, the resulting decline in the population has become one of the Russian government's major concerns.

The use of modern contraception does not have a long history or well-developed service delivery infrastructure in Russia. Abortion has historically been the primary means of birth control. Triggered by political and church worries about Russia's falling population size, concerns surrounding the morality of induced abortion, and misunderstandings about family planning and its role in maternal and infant health; direct public sector support for family planning was discontinued by the State Duma in 1998 and funding was merged into the Safe Motherhood Program.

USAID's maternal and child health initiatives to date, in particular the Women's Reproductive Health Project and the Women and Infants' Health Project, along with other USAID and international donors' interventions, have set up effective models to address some of these challenges and improve services provided to women and infants. Nevertheless, the need for continued health system development was recognized as most Russian health care facilities continued to perform outdated and non-evidence-based practices. It was in this context that the Maternal and Child Health Initiative was designed and awarded.

Increasingly, as WIN was ending and MCHI was beginning, Russia's attention and the attention of USAID/Russia turned to Russia's worsening HIV/AIDS situation. Although initially confined to the high-risk subpopulation of injection drug users (IDUs), Russia's HIV epidemic is increasingly moving into the general population via heterosexual transmission. In some Russian regions, heterosexual transmission now accounts for 50% of new cases. The 2003 Russia Longitudinal Monitoring Survey revealed that, among unmarried participants 14-20 years of age, 21-30 years of age, and 31-40 years of age, respectively 41.8%, 64.5%, and 78.0% did not use a condom during their last sexual encounter.

IV. Status of Expected Results and Tasks

A. "Legacy" Russian Partner Organization Identified

MANDATE

The Result, **"***A Russian organization with a strong MCH mandate empowered and strengthened, to partner with MCHI in implementing the replication model,"* was to be achieved via two main **Tasks:**

1. *"The Contractor shall identify and partner with a key Russian health organization with a strong MCH mandate in order to promote the replication component of the activity. The selection criteria used to identify this partner organization should include, but not be limited to, the ability of the Russian partner to cost-share (for example contribution of overhead, staff time, office space/ equipment, etc.). In addition, the organization should have a favorable reputation and be well-respected by the Russian government health authorities, academicians, and the international donor community in Russia."*

2. *"The Contractor shall conduct a limited number of organizational development activities to contribute to developing the Russian Society of Obstetricians/ Gynecologists (RSOG) capacity as an implementation partner. Specific activities would be jointly determined by both MCHI and RSOG. Continue working relationship with individual members of the RSOG at both regional and central levels, furthering the goals of both the MCHI Project and the Society as a whole."*

IMPLEMENTATION

The intent of the original Contract was that a "legacy" Russian organization would be identified who would partner with MCHI to implement the current Project and who would *"be able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance."* and that *"One of the tasks of the Contractor shall be to develop and build the capacity of the selected Russian organization throughout the course of the contract, to enable it to follow-on and continue similar replication efforts after USAID programming ends in Russia."*

Russian Society of Obstetricians/ Gynecologists (RSOG)

After due consideration, JSI chose the Russian Society of Obstetricians/Gynecologists, a non-commercial professional membership organization and a registered non-governmental organization (NGO), as its prime Russian partner for implementing the Maternal and Child Health Initiative. On 9 October 2003, at the very start of the MCHI Project, RSOG and JSI signed a Memorandum of Understanding (MOU). RSOG then appointed a MCHI/RSOG Coordinator, a respected physician who had already been involved in WIN as an expert in family planning and thus was already cognizant of the Project's goals and objectives. As part of the RSOG/MCHI collaboration strategy, it was agreed that regional RSOG members should be part of the Regional Coordinating Teams (RCTs) responsible for overseeing Project implementation at the regional level. RSOG would also be part of the MCHI Interregional Working Group

(IWG) and thus would participate in initial and follow-up site visits. It was also planned that some RSOG members would become trainers, thus providing RSOG with training capability and providing MCHI with needed additions to their cadre of consulting trainers. MCHI was to submit articles for publication in the RSOG journal. Quite early in the Project, the idea developed to have JSI hold its planned Eastern Europe and Eurasia (EE/EA) Regional Conference in Moscow in October 2004 at the time of the RSOG annual "Mother and Child" Congress and to have JSI sponsor a major session on RSOG's opening day. This took place as planned: JSI presented a very well-received three-hour session on "Implementing Modern Maternal Child Health and Reproductive Health Practices in Eastern Europe and the Newly Independent States" which highlighted JSI work underway in Russia, Central Asia, Romania, and Ukraine. JSI and MCHI also had a booth in the exhibit hall throughout the RSOG convention.

In June 2004, a senior staff member from JSI's partner organization, World Education, Incorporated (WEI), conducted an assessment to help determine the extent to which RSOG could be engaged in a capacity building process to enable them to continue the MCHI work beyond the period of USAID's assistance. This assessment involved studying RSOG's goals and objectives, its structure, its major activities, how RSOG's Board is constituted and functions, and the relationship between RSOG centrally and RSOG regionally.

The findings were that, in essence, RSOG is in many ways an informal organization without permanent staff or infrastructure. Not all of Russia's 33,000 ob-gyns belong to RSOG, but RSOG is not able to document who is and who is not a member. RSOG's structure parallels the official state structure; one's role in RSOG is determined more by position than by personal characteristics. No one defines him/herself first and foremost as an RSOG official. A change in state position would bring a change in RSOG position. The head obstetrician-gynecologist (ob-gyn) at the Ministry of Health has traditionally been the president of RSOG. A self-organized, self-selected and self-perpetuating 50-member Presidium governs RSOG and selects the nine-member executive committee. Reportedly there are committees that deal with issues such as quality assessment, education and certification, and medical ethics, etc., but they meet informally and sporadically. There are 54 "official" branches in the 89 Russian regions. Smaller regions may have "unofficial" branches and/or may join up with neighboring regions. The RSOG regional branches are traditionally headed by their head ob-gyns. The relationships between regional RSOG groups and central RSOG are reportedly personal rather than organizational.

The mid-term evaluation team also reviewed RSOG's potential for being the desired "legacy" organization and concluded that whereas RSOG was a very appropriate and worthy partner for implementing the MCHI Project, RSOG would not be able to continue or expand the scale-up unaided. Additionally, providing the level and extent of the capacity building that RSOG would need to allow them to continue MCHI-type interventions was beyond the resources (time, human, financial) of MCHI. Also, it was unlikely that RSOG would be able to absorb such intense capacity building efforts, even if available.

Based on these two assessments, a frank and open discussion between MCHI and USAID/Russia concluded that RSOG would not likely be the appropriate "legacy" organization but that relevant and feasible organizational development work with RSOG should be continued as appropriate.

In May 2005, the same senior staff member from World Education who had earlier conducted the RSOG assessment co-facilitated an Organizational Development Workshop for RSOG

representatives from all MCHI regions as well as from the central level. The Workshop focused on strategic and financial planning to help strengthen RSOG and was very well-received by the regional participants but generated little to no interest at the central level. Subsequently, as before, RSOG members continued to be heavily involved in MCHI activities by virtue of their official positions but no further substantive work took place with RSOG as an institution.

During the MCHI Project, RSOG was very much an organization in transition, in part due to major external changes: the ongoing restructuring of the MOHSD and the advent of federally-mandated obligatory free medical services. RSOG would like to be in more of a position to advocate for policy change at the federal level and is interested in helping to determine standards of care. It would also like to take on some of the MOH's licensing and continuing education roles but recognized it did not have the structure, funding, or capacity to do this.

In the final year of the Project, RSOG members were heavily involved in the development of needed clinical protocols and guidelines as well as in the updating of the family planning curriculum and the consequent training of trainers (TOT) and family planning courses that followed. See Section IV.F: Family Planning Capacity and Services Strengthened and Section V.B:National Policy: Clinical Protocol Development for details.

Institute for Family Health (IFH)

In the spring of 2006, USAID conducted an assessment of its two major reproductive health projects – MCHI and Healthy Russia 2020. A key objective of this assessment was to evaluate the likelihood that current activities would be successfully continued by appropriate Russian "legacy organizations" and – in MCHI's case - to consider an appropriate transition process from a project implemented by JSI to a new program mechanism. A main conclusion of the assessment was that MCHI staff made unique and vital contributions to MCHI's obvious success and that the tools and methodologies developed under WIN and MCHI were also key to that success and merited further support.

Concurrently and rather spontaneously, as the MCHI Project entered its final months, the MCHI staff began discussing with JSI the possibility of they themselves becoming the "legacy organization". Staff turnover had been minimal; most had been together since the WIN Project. As a team and individually, they were well-recognized and well-respected throughout Russia as change agents for client-centered, evidence-based MCH. JSI enthusiastically and proudly supported the MCHI staff as they thoroughly and conscientiously explored the ramifications of undertaking such a challenge.

With full support from JSI, the MCHI staff registered as an **indigenous Russian non-governmental organization to be called the Institute for Family Health.** The original intention was to form a nonprofit Russian organization but, as IFH began the registration process, it was discovered that the process to register as a nonprofit would take many months to complete, if not several years, or possibly would never happen due to recent regulatory changes within the federal government regarding nonprofit NGOs operating within Russia. As a result, while IFH initially began (and continues) its application process for registration as a nonprofit NGO, it followed local legal advice to register as a for-profit organization. One clear advantage of registering as a for-profit was that the registration process was completed in a matter of weeks rather than months or years.

While IFH was being registered, the Russian Federation's Federal Service for Surveillance in Consumer Rights Protection and Human Welfare organized an open national competition to implement their National Health Project in HIV/ AIDS including PMTCT, and MCHI was invited to bid. MCHI partnered with Russia's oldest and largest national medical education institution, the Sechenov Moscow Medical Academy, to prepare a proposal. In March 2006, the pair was awarded the 20 million rubles (~USD $800,000) grant to improve PMTCT and family planning practices among HIV+ women in 15 regions (a group which did not include any Far East regions) and disseminate the national PMTCT Guidelines developed by MCHI.

Once registered, the Institute for Family Health then submitted two concept proposals to USAID/ Russia requesting GDA funding and an additional proposal for continuing the work of MCHI. All three were awarded to IFH as part of a three-year USD $7.5 million (~187.5 million rubles) co-operative agreement called Maternal and Child Health Initiative II with the University Research Corporation (URC) as a subcontractor for implementation of the "quality" component. In addition to expanding the work carried out under the original MCHI contract, MCHI II will also extend the work done for the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare's National Health Project in HIV/ AIDS to two key Far East regions – Irkutsk Oblast and Primorsky Krai. The second of the two GDA-funded components of MCHI II is particularly interesting as it involves significant matching funds from the local government partner. Omsk Oblast will provide 150 million rubles (~USD $6 million) working with IFH to essentially roll out the MCHI interventions throughout the entire Oblast.

IFH has also submitted other proposals to other donors that are pending. IFH anticipates that there will be further tenders offered for bid by the Government of the Russian Federation. IFH intends to bid on these tenders as well as seek opportunities for funding for additional reproductive health projects from a variety of donor sources (e.g. the European Union, WHO, UNICEF, UNAIDS). IFH expects to submit four to six proposals per year and configure its staffing accordingly for effective program implementation and management of funding sources. IFH is currently developing a marketing strategy to disseminate its capabilities to a wide range of potential donors.

RELEVANT INDICATORS

Supportive Policy Environment

- Memorandum of Understanding between RSOG and JSI signed: **Yes**
- MOH agrees on partnership with RSOG to implement MCHI: **Yes**
- Monthly collaborative meetings with RSOG leadership: **Initially attempted but not continued**

Organizational Capacity

- Persons responsible for MCHI-RSOG coordination of joint activity identified: **Yes**
- RSOG participation in MCHI Interregional Working Group activities: **Yes**
- RSOG participation in Regional Coordinating Teams activities: **Yes**
- RSOG participation in joint MCHI workplan development at national and regional levels: **Initially at national level; throughout at regional level**

- RSOG participation in MCHI staff meetings, monitoring and evaluation (M&E) team meetings, and follow-up visits: **Continuously in follow-up meetings but not in MCHI staff meetings or M&E team meetings**
- Number of RSOG members trained in capacity building: **25**
- RSOG and JSI jointly organize MCHI conference in the frame of the National Congress "Mother and Child": **Yes**
- RSOG regularly publishes MCH/MTCT/RH evidence-based updates in RSOG journal: **Once at beginning of Project**
- RSOG has a follow-on strategy to continue MCHI activities by the end of the project: **No; See Implementation section above**

Technical Capacity

- Number of RSOG trainers trained at MCHI TOTs: **All ob-gyns attending TOTs would consider themselves RSOG members if asked but do not normally identify themselves in that way.**
- RSOG participation in training activities in regions: **Continuously**

CONCLUSIONS

A strong, credible, registered indigenous Russian "legacy" organization with proven broad-range expertise now exists. The Institute for Family Health is well-positioned to continue the promotion and provision of MCH innovations in Russia by partnering with and implementing programs for both international and Russian donors. IFH has already attracted considerable funding from multiple sources for the next three years, with one implementing partner pledging additional millions of its own in matching funds. Certainly this is an impressive beginning!

Despite its limitations, the well-recognized and well-respected RSOG has been a very appropriate and worthy partner for implementing the MCHI Project. Realistically, there is no other known organization that would have been a stronger choice. Working with RSOG has led to greater dissemination of MCHI innovations through professional channels than working through the MOHSD alone would have afforded. The President of RSOG signs all certificates issued by the MCHI training courses, lending prestige, and credibility to the training provided. RSOG "approval" is also on Project materials which underscores the quality and importance of the contents. Regionally, for Project implementers to say they have the support of RSOG makes the MCHI activities more Russian, a very important attribute at the regional level.

B. Internationally-Recognized, Evidence-Based Standards Adopted

MANDATE

The Result, *"Internationally recognized standards and USAID promoted MCH and HIV/AIDS prevention practices adopted by targeted health facilities in at least fourteen regions of the Russian Federation, in addition to the two WIN Project's pilot regions"* was to be achieved via three main **Tasks**:

1. *"The Contractor shall compile a comprehensive Replication Package, including evidence-based guidelines, protocols, and practices defining new approaches to MCH services, perinatal care and PMTCT. This package should include the WIN Project's*

"how-to-guide," materials developed under the Women's Reproductive Health Project, and other USAID-funded MCH initiatives to date. Selected materials should be updated and/or adapted as appropriate (e.g. the Family Centered Maternity Care and Family Planning curricula). This package should also include any other newly developed and appropriate MCH practices by other donor organizations."

2. "*Fourteen new regions shall be selected on a competitive base for the implementation of the replication component of this activity. The Contractor shall propose a design for the selection process, including selection criteria to be used to identify the participating oblasts and the corresponding health facilities. Cost sharing, a supportive regional health administration, and in-kind staff time shall be included among the selection criteria. Priority should be given to US government and USAID priority regions, as well as those sites where other AID or USG projects are being implemented. Four of the new regions shall be in the Russian Far East."*

3. *"A comprehensive replication strategy shall be developed by the Contractor specifying the process and timelines for newly selected health facilities. The Contractor, along with the Russian partner organization, shall carry out and facilitate this process. The range of interventions to support the replication process may include health provider training, restructuring of services, technical assistance, cross-regional visits, etc. Resources developed under the WIN Project, i.e., a pool of master trainers and the training center in Perm, as well as other resources developed under USAID programs (including models supporting the institutionalization process developed under Phase III of USAID's Quality Assurance Project) should be utilized. In addition, the replication plan should be adapted to be appropriate for each targeted region or facility to address their unique needs and circumstances."*

IMPLEMENTATION

To introduce new evidence-based clinical practices into an historically inflexible health care system locked into largely outmoded practices and to meet their strategic objectives and achieve demonstrable results, MCHI used approaches that respected existing Russian systems, structures and professionals, while at the same time providing training and education to ensure policymakers' and providers' ability to improve Russia's maternal and child health care.

The mandatory rules and guidelines for healthcare throughout Russia are communicated by the federal MOH through a system of orders (*prikazes*). Because they are standardized throughout federal, regional and local facilities, the health system does not readily allow for innovation. Many *prikazes* have been in place for years. A health care facility can be punished officially for not following a *prikaz.* For many years under the Soviet system, Russian medical science developed in isolation from the mainstream of international scientific information so that some Russian medical practices remained informed by a unique Russian approach or reflected Western standards of the 1950s and 1960s. In general, professional cultural norms in the Russian health care system have been governed by the absence of open discussion, a closed system of decision-making and a management culture that does not embrace a team approach or generally use data for decision-making.

Traditionally, provider-client communications were poor, with client satisfaction often ignored. Assumptions were made in regard to the client's needs; decisions were made for the client; the client's input was not sought. As might be expected, given the prevailing impersonal style of provider/ client relations, there was also a historical lack of research into client satisfaction.

Not surprisingly, "foreign" interventions that presented alternatives to accepted Russian practices often met resistance from Russian professionals. In this context, WIN initially and then MCHI was charged with providing a new evidence-based model for reproductive health care services; with increasing access to, demand for, and the quality of these services; and with increasing the practice of preventive health behaviors among women in the community.

To do this, **MCHI chose strategies that not only stressed comprehensive training in evidence-based medicine but also offered a total paradigm shift from focus on the provider to focus on the client** as they worked with existing health care facilities and involved health care providers, administrators and authorities in the planning, policymaking, hands-on-training and public education needed to achieve change.

From the beginning, there was no question that Russian physicians, nurses, midwives and others wanted to provide the very best care they could; however, in addition to the natural human resistance to change, other factors also came into play:

- Providers needed to feel supported by institutional readiness for the new services;
- Providers needed to know there was client readiness for the new services;
- Providers needed to see irrefutable evidence that the new practices were better than the ones they have used for years; and
- The new services needed to be appropriate for implementation within the Russian system of health care, the particular facility, and the community.

MCHI's replication strategy was implemented via a set of working groups that introduced and incorporated the new concepts. To bring together professionals with different levels of authority, experience and perspective and to create an environment for exploring, implementing and maintaining needed changes; technical working groups were established at various levels of policymaking, administration, and service provision. **Teamwork** and **coalition building** were the principles guiding these working groups. For many Russian healthcare professionals at all levels, these were novel concepts. The working groups provided a forum where participants learned about international health standards and could explore together the coming interventions and their own roles in implementation. Technical Working Groups (TWGs) in each health care facility were responsible for maintaining program implementation through continued in-service trainings and by ensuring the continuous collection, analysis, and utilization of data by staff. In addition, each region had a Regional Coordinator and Regional Coordinating Teams (RCTs) were established to facilitate, support, and supervise program activities at the regional and/or municipal levels. Importantly, a culture of open communication was promoted to spark dialogue among the working groups and all stakeholders. An Interregional Working Group

(IWG) supported the regional innovations (many of which ran counter to existing MOH regulations), promoted and disseminated project results, conducted multiple site visits to monitor and support implementation, and continually reviewed progress to see if program modifications were needed to better achieve desired outcomes.

These collaborative networks and this teamwork approach proved essential to program success by:

- Encouraging communication and sharing among providers from different levels and facilities;
- Promoting collaboration between providers and health administrators;
- Ensuring shared ownership for innovations; and
- Unifying services and information provided to clients.

In October 2003, at the end of the Project's first month, the MCHI Project convened a working meeting of MCH experts and consultants from Moscow and Perm to develop the criteria and methodology for selecting the new MCHI regions and to outline the replication strategy for implementing the Project in the new regions.

Already, after the WIN Dissemination Conference in May 2003 and the advocacy and dissemination efforts of Healthy Russia 2020 and the Quality Assurance Project, close to 20 regions had indicated interest in replicating the WIN model. At the start of MCHI, the nature of the Project and the selection criteria were widely publicized via the RSOG Annual Meeting, MOH announcements, professional journals, e-mail, pharmaceutical company distributors, and word-of-mouth. See *Appendix D: MCHI Selection Criteria* for a detailed list of the criteria used. Ultimately, 39 of Russia's 89 regions submitted applications.

A selection committee formed at this time then reviewed the 39 applications received and conducted oral interviews with both administrative heads and facility heads to be certain they understood MCHI's key concepts. The following 10 regions (three of which were municipal-level only) were selected: Barnaul in Altai Krai, Irkutsk Oblast, Kaluga Oblast, Komi Republic, Krasnoyarsk city in Krasnoyarsk Krai, Murmansk Oblast, Omsk Oblast, Orenburg city in Orenburg Oblast, Tyumen Oblast, and Vologda Oblast.

The 10 sites ultimately selected were officially announced 12 January 2004, and MCHI signed agreements with the Regional Health Care Administrations shortly thereafter. Mutually agreed upon Regional Coordinators were selected, who then formed Regional Coordinating Teams.

In January 2004, as an integral part of the Project's replication strategy, MCHI convened a two-day Interregional Working Group meeting composed of representatives from RSOG, MOHSD and USAID; the Project experts in family planning, family-centered maternity care (FCMC), breastfeeding, antenatal care, neonatal care, newborn resuscitation, and infection control; and Project staff to address multiple components of Project implementation. Together, the working group reviewed the upcoming MCHI Launch Conference, the annual workplan, and the monitoring and evaluation plan, including key indicators, and also discussed how to strengthen the MCHI training courses. In addition, the IWG reviewed a standardized set of presentations on the WIN experience and the planned MCHI interventions designed to assist in policy

development and the creation of a supportive environment. The group also developed a schedule for initial site visits to the new regions.

In mid-February 2004, a three-day MCHI Launch Conference was conducted in Perm. The more than 100 participants included multiple representatives from the Regional Coordinating Teams from the 10 new regions, as well as representatives from RSOG, the medical press, Healthy Russia 2020, USAID/Russia and JSI/Boston. During this Conference, participants heard in detail about the WIN results and the core integrated MCHI internationally-recognized, evidence-based practices: FCMC, exclusive breastfeeding, essential newborn care, family planning, infection control, and PMTCT. Overviews of the Project training courses were presented and two half-days were devoted to site visits to pilot facilities to see implementation results firsthand. Each regional delegation then drafted its own region-specific workplan.

In early March 2004, several weeks after the Launch Conference, the RCT members responsible for conducting the Baseline Facility Surveys in their respective regions attended a two-day Monitoring and Evaluation Workshop in Moscow. During the WIN project, both household surveys and facility surveys that interviewed both providers and clients had been conducted. The conclusion during WIN was that the most useful data came from the client portion of the facility survey. Therefore, MCHI planned from the beginning to only interview clients, a first step in what became a total **paradigm shift from focus on the provider to focus on the client**.

The Workshop further introduced the Project's monitoring and evaluation system and trained participants in facility-based survey techniques and data entry using SSPS software. Prior to the Workshop, the survey questionnaires had been finalized and field-tested by Project experts and staff. Shortly thereafter, baseline data collection for the facility-based surveys started in all 10 new regions and was completed in May. The collection of official medical statistical data at the facility, municipal and oblast levels was also begun. A special monitoring form was also developed for follow-up supervision visits to be done twice yearly to monitor progress, provide technical assistance, address implementation issues, and adjust Project activities if necessary.

Also beginning in March, representatives of the Interregional Working Group together with Project staff visited all 10 new regions to help in policy development and needs assessment and to discuss and finalize the region-specific MCHI implementation plans. The IWG met again after the first four visits to review results to date and then completed the remaining six visits by mid-May.

Although PMTCT was not included in the original Contract, from the very start of the MCHI Project, MCHI and USAID/Russia agreed that HIV/AIDS and PMTCT should be integrated into MCHI activities. This focus necessitated incorporating the regional HIV/AIDS Centers into Project activities, an intervention also beyond the original scope of the Project.

Comprehensive Replication Packages

- Family Planning/Reproductive Health/ HIV/AIDS Prevention
- Family Centered Maternity Care/ PMTCT
- Breastfeeding/ Baby-Friendly Initiative/ HIV/AIDS Prevention
- Newborn Care and Breastfeeding/ PMTCT
- Neonatal Resuscitation
- Infection/HIV Control in Maternities
- Antenatal/PMTCT
- Youth Friendly Services/ HIV Prevention

In June 2004, in response to needs identified by the regions and also by the JSI/Ukraine Maternal and Infant Health Project, project experts and staff held a two-day workshop with support from

World Education to review the antenatal component and update the antenatal curriculum. Representatives from the Novgorod branch of the Early Intervention Institute (EII) supported by Assistance to Russian Orphans also participated, and some of the EII approaches and materials were incorporated. The completed, reformatted course was then pre-tested and minor changes made before being put into general use. During this same time period, materials used in the breastfeeding course were also updated to include more materials on family planning and PMTCT.

For each content area, MCHI compiled a detailed Replication Package comprised of relevant curricula and supporting materials; these Replication Packages have been continuously updated and refined throughout the life of the Project. For example, in response to an identified need, MCHI developed new evidence-based guidelines for perinatal care. Also, the antenatal and family planning curricula were extensively revised and an FCMC refresher training course developed. *Appendix E: Final MCHI Replication Packages* shows the contents of each Replication Package in detail.

By mid-2004, Project training had started in earnest, with multiple courses being given in multiple locations. Family planning and breastfeeding were not new concepts, of course, but many aspects of FCMC and PMTCT were truly revolutionary. *Appendix F: Workshops and Training by Topic and Region* outlines the multiple interventions offered by MCHI to its regional partners.

To meet MCHI's expanded training needs, MCHI worked continuously to expand its cadre of master trainers, searching out and mentoring regional trainers who showed exceptional interest and promise. In all, 17 such trainers were identified, two of whom became master trainers in two areas: four for antenatal care, seven for FCMC, three for neonatal care, and five for family planning.

> **"You taught trainers to listen to the opinions of others. We never felt forced to do anything. We had many discussions, some quite heated!"**
>
> ***RCT member, Vologda Oblast, during the Mid-term Evaluation***

Additionally, there was the expectation that those selected by the RCTs to attend MCHI courses would be ready and willing to train others upon their return. In many other health projects, this "cascade" training approach has been problematic, but it appeared to function well for MCHI. First of all, attendees were chosen in part based on their interest and willingness to share their experiences with others; this readiness and willingness to train others was an explicit criterion for selection. Secondly, most, if not all, MCHI courses included counseling and communication components.

In July 2004, per Contract modification #2, two additional regions were added to the MCHI portfolio – Khabarovsky Krai and Primorsky Krai, both in the Russian Far East. By September, agreements with the new regions had been signed, initial site visits had been conducted, region-specific workplans had been developed, and both new regions had been incorporated into the training plans. In October, the two new regions received monitoring and evaluation training, including the methodology for conducting their facility-based surveys. The baseline surveys for the two new regions were then conducted in January 2005 and the survey report completed by March.

In June 2005, per contract modification #5, two more additional regions in the Far East - Sakhalin Oblast and the Sakha Republic (formerly Yakutia) – were added to the MCHI portfolio, bringing the total to 16 (14 MCHI regions plus 2 WIN regions). By September, agreements with the new regions had been signed, initial site visits had been conducted, region-specific workplans had been developed, and both new regions had been incorporated into the training plans. Given the limited implementation time available, baseline facility-based surveys were not part of the workplans or training plans.

In September, 2005, Vladivostok in Primorsky Krai hosted an MCHI Conference, "Improving Medical Care to Women and Infants Based on Evidence-based Medicine." This Conference was held within the framework of the Second Far East Congress, "A Man and Medicine." The goal of the Conference was to present evidence-based practices in perinatology, family planning and PMTCT; to discuss strategies for the implementation of modern technologies into medical practice; and to present MCHI's experience implementing maternal child health practices based on evidence-based medicine. Representatives from all 16 MCHI regions were among the 216 participants. MCHI also displayed its IEC materials.

As MCHI's scope of work broadened over time geographically and programmatically, the number and type of facilities directly involved in project activities increased significantly. As Table 1 displayed, the Project included 101 facilities at the beginning. Table 2 below displays the 198 facilities participating in the Project at its conclusion.

Table 2: Number and distribution of facilities by region, city and service type participating in the MCHI Project at its completion

Region/Sites	Maternity	Gynecological Unit	Women's Consultation	Family Planning Center	Children's Polyclinic	HIV/AIDS Center	Total
MCHI Regions—Original 10							
Altai Krai - Barnaul	2	2	2	1	2	1	**10**
Irkutsk Oblast							
Irkutsk	2	1	1	-	2	1	**7**
Bratsk	1	1	1	-	1		**4**
Kaluga Oblast - Kaluga	2	2	2	1	2	1	**10**
Komi Republic							
Syktyvkar	2	1	3	1	2	1	**10**
Vorkuta	1	1	1	-	1		**4**
Krasnoyarsk Krai -Krasnoyarsk	2	8	9	-	3	1	**23**
Murmansk Oblast -Murmansk	3	4	3	1	2	1	**14**
Omsk Oblast							
Omsk	2	1	3	1	1	1	**9**
Tara	1	1	1	-	1		**4**
Orenburg Oblast - Orenburg	2	2	2	-	2	1	**9**
Tyumen Oblast							
Tyumen	2	2	2	-	2	1	**9**
Tobolsk	1	-	1	-	1		**3**
Vologda Oblast							
Vologda	2	1	1	1	1	1	**7**
Cherepovets	1	1	1	1	1		**5**
MCHI Regions—First Additional 2							
Primorsky Krai							
Vladivostok	2	1	2	-	1	1	**7**
Nakhodka	2	-	1	-	2		**5**
Khabarovsky Krai							
Khabarovsk	3	1	2	1	3	1	**11**
Komsomolsk-on-Amur	1	1	1	-	1		**4**
MCHI Regions—Second Additional 2							
Sakhalin Oblast – Yuzhno-Sakhalinsk	2	4	1	1	1	1	**10**
Sakha Republic (Yakutia) - Yakutsk	1	1	4	-	1	1	**8**
WIN Regions—Original 2							
Perm Oblast							
Perm	2	2	2	1	2	1	**10**
Berezniki	1	1	1	1	1		**5**
Novgorod Oblast - V. Novgorod	2	2	3	-	2	1	**10**
Total	**42**	**41**	**50**	**11**	**38**	**16**	**198**

In June 2005, contract modification #5 had mandated MCHI to **"***Conduct a broad MCHI Dissemination Conference with involvement of non-MCHI regions, especially those that have already participated in MCHI activities at their own cost and/or sent official letters of interest"* and to *"Conduct a workshop to orient selected non-intervention regions interested in implementing MCHI practices, using an updated Replication Package and sharing the experience of successful intervention regions."* These additions in part reflected the fact that there was no identified "legacy" organization at that point to carry on the Project interventions

after the MCHI Project concluded. In response, MCHI decided to hold its Final Dissemination Conference earlier than planned and also decided to expand its format. The Conference date was set for May 2006. This decision also meant that the Endline Facility-based Surveys would need to be conducted and the data analyzed in time to be presented at the Conference. Consequently, refresher training on facility-based surveys was conducted for the regions in January 2006. Data collection and data entry started in February and were completed by the end of April.

Although not explicitly part of the MCHI scope of work, MCHI staff and consultants provided support and guidance integrated into their other activities to help the regions maintain and/ or achieve Baby-Friendly Hospital status for their maternities if they so desired. By the end of the Project, Murmansk had maintained its two Baby-Friendly Hospitals and the Komi Republic had added two more. Kaluga Oblast, Krasnoyarsk city in Krasnoyarsk Krai, Omsk Oblast. Orenburg city in Orenburg Oblast, Primorsky Krai and Vologda Oblast had or were about to have a certified facility and Irkutsk Oblast was working diligently on qualifying its first facility. See Section V.C: Baby Friendly Hospitals.

RELEVANT INDICATORS

Supportive Policy Environment

- Number of regions institutionalized MCHI approaches in their official policies: **16**
- Number of RSOG regional groups involved to facilitate MCHI implementation: **As discussed above, RSOG members were heavily involved in all regions but did not necessarily identify themselves as "RSOG."**

Evidence-based MCH Practices Implemented in Facilities

- Number of facilities implementing evidence-based MCH practices: **198**

Antenatal Care

- Percent of antenatal clients who report that provider discussed breastfeeding:

2004	2006
59.1 %	**74.5 %**

- Percent of antenatal clients who report that provider discussed partner/family participation and support during childbirth:

2004	2006
34.2 %	**57.3 %**

- Percent of antenatal clients who report that provider discussed healthy lifestyle:

2004	2006
69.1 %	**77.7 %**

- Percent of antenatal clients who report that provider discussed healthy nutrition:

2004	2006
83.6 %	**90.4 %**

Labor and Delivery Services: Beneficial Practices are Increased

- Percent of postpartum women who report that they had their baby in their room day and night, for the entire hospital stay:

2004	2006
69.0%	**86.4%**

- Percent of postpartum women who had a partner/close person support during labor and delivery:

2004	2006
12.5 %	**29.2 %**

- Percent of deliveries with completed WHO partograph*:

2004	2006
60.0%	**83.0%**

*Data source: follow-up visits in 14 regions.

- Percent of women who were allowed to walk and/or sit during labor:

	2004	2006
Walk	**81.5 %**	**91.9 %**
Sit	**42.6 %**	**84.8 %**

- Percent of women who receive oxytocin during 3rd stage of labor:

2004	2006
57.0%	**90.0%**

Labor and Delivery Services: Harmful Practices Decreased

- Percent of postpartum women who report a perineal shave:

2004	2006
41.6 %	**12.4 %**

- Percent of postpartum women who report an enema:

2004	2006
71.9 %	**28.1 %**

- Percent of postpartum women who report a routine IV:

2004	2006
68.5 %	**46.0 %**

- Percent of postpartum women who report labor induced:

2004	2006
37.5%	**29.3%**

- Percent of postpartum women who report an episiotomy:

2004	2006
32.5 %	**21.0 %**

Labor and Delivery Services: Breastfeeding Implemented

- Percent of postpartum women who report that their infant received only breast milk during entire hospital stay:

2004	2006
38.0 %	**64.4 %**

- Percent of children exclusively breastfed up to 6 months*:

2004	2006
33.0%	**43.0%**

*Data source: follow-up visits in 14 regions.

Satisfaction with Services Increased

- Percent of antenatal women who would recommend a friend come for care at this facility:

2004	2006
65.7 %	**78.4 %**

- Percent of postpartum women who would recommend a friend come for care at this facility:

2004	2006
71.4 %	**86.8 %**

- Percent of post-abortion women who would recommend a friend come for care at this facility:

2004	2006
71.7 %	**82.3 %**

- Percent of family planning clients who would recommend a friend come for care at this facility:

2004	2006
68.8 %	**80.8 %**

CONCLUSIONS

The adoption and integration of internationally-recognized, evidence-based standards has occurred at a very impressive pace across an impressive range of political and health institutions actively involving an impressive number of people over an impressive geographic area. Inter-linking components and multi-level focus has given the Project implementation process strength, breadth, adaptability and flexibility. The capacity building that has occurred at the regional level is substantial and has laid the foundation for further replication.

The selection process and criteria (incorporating an element of self-selection that promoted commitment and built in readiness) worked extremely well and were key contributors to the Project's robustness. The competitive element was innovative and positive. The co-financing requirement was also motivating. Requiring letters of support from municipal and regional authorities and from the regional RSOG branch helped instill a broad sense of ownership from the beginning. The requirement that the facilities chosen be an inter-related set of maternities, women's consultation clinics, children's polyclinics, family planning centers, and HIV/AIDS centers helped to horizontalize previously vertical institutions and to standardize the content and continuity of care.

By identifying and supporting "catalyst" institutions and individuals, MCHI helped multi-level leadership implement bold, rapid, substantive changes. Investing in human capital and providing access to (international) evidence-based interventions lead to rapid and major changes in clinical practices over a relatively short period of time.

> **"The Project has changed the very principles by which we provide care to women."**
>
> ***Regional Coordinator, Vologda Oblast, at MCHI's Final Dissemination Conference***

Outside observers during the mid-term evaluation and during the Final Dissemination Conference heard similar messages from Project participants. Continuity of care had reportedly become more consistent across facilities. Providers in the maternities reported that the women arriving for delivery had been well prepared by the women's consultation clinics' antenatal care and childbirth preparation classes. The decreases in harmful practices and the increases in beneficial practices were inspiring.

Many sites had converted delivery halls into spacious, single delivery rooms to facilitate partner/family support during labor and delivery. Rooming-in was the norm. Almost everyone mentioned how quiet and calm the maternity wards had become, that the women were much more relaxed and the newborns rarely cried. Many staff reported decreases in medications used, decreases in episiotomies (but slight increases in perineal tears), as well as decreases in the use of IV anesthesia and more reliance on local anesthesia when needed. A wide range of printed materials, posted on the walls or provided as handouts, reinforced the MCHI messages.

More than the physical changes in their facilities and more than their deepened knowledge of evidence-based practices, however, many in the regions stressed the changes in their ways of thinking—in their "mentality"—as the most powerful outcome of being involved with the MCHI Project. The process and content of MCHI seemed to have been exceptionally timely for Russia. Many saw the Project as fostering a renewed support and respect for the Russian family, values that they felt had suffered in recent times but that were core to the Russian spirit. They spoke of a "transformation." Many also spoke of the Project as having changed totally the way they related to their patients and clients, as well as the way health professionals related to each other. They spoke of being less "authoritative" and more "humane." They spoke of a strong sense of partnership. Midwives, especially, described feeling empowered and finding new purpose in their work. Many reported seeing a shift of responsibility from doctors to midwives and several commented on how especially relevant this new role could be in a rural context.

The RCs and RCT members also spoke of a camaraderie that had started at the Perm Launch Conference and that only grew stronger with each opportunity to interact with other regions and learn of their experiences. They clearly relished opportunities to participate in meetings and

courses together and to visit others' sites. They also relished hosting courses in their region so they could reciprocate and show off their own work. They were very open and candid when describing and sharing challenges and implementation issues.

Many voiced a strong need to bring federal regulations into line with the new practices. Many non-Project sites were eager to adopt Project approaches but were concerned about being in violation of federal mandates without the "protection" of being a designated MCHI facility. For example, authorities are cautious about allowing partnership deliveries because they are in violation of the federal regulations.

The amount of change that has occurred and the potential for continued achievement and further expansion within the target regions is great.

C. Reproductive Health Programming for Youth Strengthened

MANDATE

The **Result "***A comprehensive reproductive health program for youth developed and implemented in at least two MCHI regions*" was to be achieved via the following **Task:**

1. "*To develop a comprehensive reproductive program for youth, an MCHI interregional working group on youth reproductive health shall be established. This group will consist of representatives from the regions, MCHI consultants and staff. The working group shall review existing programs, regional, national and international experience on reproductive health programs on youth and develop a comprehensive reproductive health program for youth including policy document, training curriculum for health providers, information for youth, follow-up and monitoring and evaluation plans. The Program shall be implemented in at least 2 of the MCHI regions.*"

IMPLEMENTATION

By design, MCHI would have been expected to reach thousands of youth, especially those between the ages of 15 and 24, because of its MCH and RH mandate. Youth receive reproductive health services and related counseling through maternity houses, pediatric polyclinics, women's consultation centers, and specialized family planning and HIV/AIDS centers in all sites. All types of sites are frequented by youth, in varying degrees in different regions. In fact, MCHI's 2004 Baseline Facility Survey showed that, in about half of the MCHI regions, youth aged 15-24 made up the majority of both antenatal and family planning clients but less than the majority of abortion clients.

This group usually has specific characteristics not addressed by programs designed primarily for adults and thus merits its own special focus. In Russia, as in most industrialized countries, youth are at increased risk of unwanted pregnancy, abortion, STIs and HIV infection (including an increased biological vulnerability to STIs/HIV/AIDS), and other negative health outcomes.

Early on, MCHI conducted a technical and programmatic review of existing attempts to reach youth in the Project regions. An initial working group was formed in January 2005 and met in March to hear representatives from Barnaul in Altai Krai and Velikiy Novgorod in Novgorod

Oblast present their experiences and challenges working with youth. In August 2005, 14 representatives from four Project regions – Barnaul in Altai Krai, Novgorod Oblast, Orenburg in Orenburg Oblast, and Tyumen Oblast – participated in a five-day "summer school" in Barnaul for volunteers working in the field of youth health care.

In time, additional regions expressed interest in youth programming so that in November 2005, representatives from eight Project regions – Barnaul in Altai Krai, Khabarovsky Krai, Komi Republic, Novgorod Oblast, Orenburg in Orenburg Oblast, Primorsky Krai, Tyumen Oblast, and Vologda Oblast – joined MCHI staff and consultants in Moscow to form the Inter-regional Working Group on Youth Reproductive Health (WGY). The WGY reviewed Russian and international experience regarding youth, agreed to develop MCHI Youth Programming Guidelines, made preliminary plans for a workshop on youth-friendly services to be held in March 2006, and agreed to participate in a training workshop on initiatives to recruit and support youth reproductive health volunteers to be given in Altai Krai by the Barnaul-based NGO "Siberian Initiative" in early 2006.

The WGY members did participate in the "Siberian Initiative" workshop and, in March 2006, MCHI conducted a training course on youth-friendly services for these eight Project regions plus Irkutsk Oblast, using an adapted version of the EngenderHealth Youth-Friendly Services manual.

In April 2006, Barnaul and Altai Krai hosted a Conference on Multisectoral Collaboration for Youth Programming with the active participation of Altai Krai and Barnaul City government officials. Representatives from the health, education, social support, and youth sectors of eight MCHI regions participated and learned about intersectoral collaboration in the field of youth reproductive health, the regional experience in conducting youth programs and the Barnaul City program for adolescents. The Conference included site visits to the Barnaul City youth facilities. Participants developed plans for their regions, using lessons learned from Barnaul and Altai Krai.

Participants also reviewed the draft MCHI Youth Programming Guidelines that had been developed by MCHI and the WGY. The finalized Guidelines were then presented at the MCHI End of Project Conference in May 2006 and posted on the MCHI website.

Youth Reproductive Health Programs in MCHI Regions

Three MCHI regions (Altai Krai, Novgorod Oblast, and Orenburg Oblast) produced their own local youth strategies and in some cases used a replication package that included WIN training materials. These programs tended to have started before MCHI; in Velikiy Novgorod, the WIN advocacy network was utilized to include educational as well as health structures. Each one was unique. While effectiveness data is generally not available, Barnaul in Altai Krai noted that its UNICEF-sponsored program had led to "improved effectiveness, including lower abortion rates among youth." In another three MCHI regions (Tyumen Oblast, Primorsky Krai and Khabarovsky Krai), there were programs for youth that reflected one or more pieces of a comprehensive youth package. For example, in Primorsky Krai, the health authorities created a youth-friendly reproductive health curriculum for medical students. Also, USAID's "US-RFE Partnership Activity Health Partnerships" supported the creation of a Health Fair Center to sustainably increase regional capacity to conduct health fairs promoting healthy lifestyles, with youth as a targeted group. In Tyumen Oblast, programming included a new "parallel" site at the University to reach young adults. Other MCHI regions have programs that target youth in high-risk groups.

RELEVANT INDICATORS

Supportive Policy Environment

- Number of regions including reproductive health youth-friendly services in their official policies: **6 (Barnaul city in Altai Krai, Velikiy Novgorod city in Novgorod Oblast, Orenburg city in Orenburg Oblast, Komi Republic, Primorsky Krai, Khabarovsky Krai)**

Organizational Capacity

- MCHI working group on reproductive health youth-friendly services organized as a part of MCHI Interregional Working Group: **Yes, functional**

Reproductive Health Youth-friendly Curriculum Introduced in Facilities

- Number of providers in MCHI facilities trained on youth-friendly services: **23**

Reproductive Health Youth-friendly Services Implemented in Selected Facilities

- Number of MCHI facilities implementing youth-friendly services: **14**

CONCLUSIONS

The Inter-regional Working Group on Youth Reproductive Health was functional and appeared effective. Many more than two regions demonstrated a specific interest in youth programming and had functioning programs of varying types. Although MCHI did develop useful Youth Programming Guidelines, it is too early to assess the extent to which they were put into practice. Clearly there is great interest in youth and a deep recognition of the importance of addressing youth's special needs. The task is not an easy one, but it would be a wise choice for any donor investing in Russia to consider a focus on youth.

The mid-term evaluation noted that international standards require that when the target group is youth, youth should have a voice in reviewing planned interventions. Various options were suggested: add one or more youth to the WGY directly or create a Youth Advisory Committee to work with MCHI and the WGY. Subsequently, representatives from youth organizations were included in the WGY, the Guidelines review process, and the Altai Krai/ Barnaul conference.

D. Male Involvement Emphasized

MANDATE

The **Result** "*Access to reproductive health services and information for men increased in the targeted regions*" was to be achieved via the **Task**:

1. "*The Contractor, together with its Russian partner, shall develop appropriate strategies and interventions to increase male participation in family planning counseling and other reproductive health services. The Contractor shall propose a coordination strategy outlining linkages with Healthy Russia 2020 in regards to planned communication interventions on reproductive health issues.*"

Additionally, under **"Gender Involvement,"** the Contract notes, *"Although the primary focus of this activity is improving health care services for women and infants, gender integration is an important component of the proposed activity. The new activity must include information and communication interventions targeted at both women and men beneficiaries. Men play a crucial role in the decision-making process around family planning issues. Men and families in general should be encouraged to benefit from the comprehensive family-centered maternal care approach as active family member participants. The activity should reach male audiences through communication interventions as well as services offered by the targeted health facilities. This activity should also focus on creative models of increasing male participation in reproductive health issues."*

IMPLEMENTATION

In the Russian context, the social and psychological barriers to men seeking care are well-documented and pervasive, making increased access to reproductive health information and services an important priority for MCHI. MCHI supported information and communication interventions targeted at both female and male beneficiaries and supported service delivery interventions that created a positive environment for increased male access to participation in reproductive health care for themselves and their families.

MCHI developed appropriate strategies and interventions to increase male participation in family planning counseling and other reproductive health services. These included interventions in training, communications, monitoring, and follow-up visits that supported male involvement. MCHI also emphasized male involvement in several training programs for providers, especially in family planning counseling, and used each additional training component as a way to reinforce methods for increasing male involvement in reproductive health care. The site-based monitoring tool for follow-up visits also reflected this concern for male involvement.

An anticipated critical partnership for MCHI in the area of male involvement and communications was its alliance with Healthy Russia 2020 (HR 2020). A Coordination Strategy for joint actions was developed and approved by USAID/Russia in February 2004 that included a "Couples Campaign." Research results and experts were used to design the campaign, whose overall goal was "to promote creating habits of responsible behavior for improvement of reproductive health of men and women in regions of Russia." There were specific objectives related to increasing awareness, changing attitudes, and changing behaviors of both men and women aged 18-35. The intent was to provide measurable support to increasing reproductive health awareness, changing male attitudes, and changing male behaviors related to family planning, mutual care for partners including risk for STIs and HIV, the importance of communication about reproductive health issues between couples, and abortion. A reportedly well-defined monitoring and evaluation component was to advise MCHI RCTs on progress as the Campaign progressed and to alert them to any recommended mid-course adjustments.

Initially, HR 2020 was to conduct the Couples Campaign in the then 14 MCHI regions using the following components: radio and TV spots and talk shows; print materials for men and women;

booklets for service providers; magazine and newspaper articles; and advocacy events. In support of the Couples Campaign, Healthy Russia 2020 developed a workshop curriculum to train representatives from all MCHI regions in "Effective Communication Programs in the Area of Reproductive Health." This workshop, after considerable delay, was finally conducted in April 2005 in preparation for the launch of the Couples Campaign. The training was to assist MCHI regions in best utilizing and supporting the Couples Campaign events and materials and in effectively planning to use their own resources to support the Campaign's aims.

After training the MCHI regions, the launch was then postponed again to October 2005, by which time Healthy Russia had decided to launch the full Campaign in only four Russian regions, of which only two – Irkutsk Oblast and Orenburg Oblast – were MCHI regions. However, HR 2020 did indicate that their "Couples Campaign" materials – posters, cue card, fact sheets, stickers for public transportation, brochures, TV spots, and radio spots – would be made available to all regions. Ultimately, HR 2020 agreed to also carry out a full-scale Campaign in the two regions – Vologda Oblast and Tyumen Oblast – that would pilot MCHI's new rural family planning component.

The Campaign was launched in October 2005 in Irkutsk Oblast and Orenburg Oblast and in March/April 2006 in Tyumen Oblast and Vologda Oblast. Ten regions received sets of printed materials and, by the end of 2006, three additional regions – Altai Krai, Krasnoyarsk Krai and Primorsky Krai – were to not only receive printed materials, but also the whole package of technical assistance for a full Campaign.

RELEVANT INDICATORS

Practices Supporting Partner/Family Involvement Introduced in Antenatal Care

- Percent of antenatal women who had a partner with her during antenatal visits:

2004	2006
14.4 %	**22.4 %**

Practices Supporting Partner/Family Involvement Introduced in Labor and Delivery Care

- Percent of postpartum women who had partner/family support during labor and delivery:

2004	2006
12.5 %	**29.2 %**

Practices Supporting Partner/Family Involvement Introduced into Family Planning

- Percent of antenatal clients who report discussing contraception with their partners:

2004	2006
Not asked	**Not asked**

- Percent of postpartum clients who report discussing contraception with their partners:

2004	2006
72.7 %	**71.6 %**

- Percent of post-abortion clients who report discussing contraception with their partners:

2004	2006
78.4 %	**79.6 %**

CONCLUSIONS

Considerable attention has been given to increasing active male participation and support at multiple junctures. Adult males and youth have visibly benefited from improved physical and emotional access to reproductive health care in MCHI facilities. FCMC, especially, with its emphasis on partnership deliveries and the active involvement of partners during labor, has completely changed the atmosphere in the maternity houses. Men are not only allowed into spaces formerly reserved for women and health care providers alone, but they are also invited in and supported in their new roles by nurses, midwives, doctors and others. Literally everyone who made a site visit commented on the visibility of male partners: holding their newborns, massaging their partners while they labored, holding hands, and talking to the women they cared about. Male participation, including that of youth, increased not only in labor and delivery, however, but also with regard to breastfeeding support, family planning, post-abortion care, and counseling. Gender integration is considerable.

The substantial delays and incomplete coverage of the multi-media campaign addressing male involvement were beyond the reasonable control of MCHI, as the technical design of the actions was the primary responsibility of a partner organization. This may well have had an impact on MCHI's final results regarding men's increased access to both reproductive health services and information. The two indicators measuring couple communication were basically unchanged (postpartum couples showing a slight decrease and post-abortion couples showing a slight increase). The Campaign's expanded reach to more of the MCHI regions is a welcome action.

E. Medical School Involvement Encouraged

MANDATE

The **Result,** "*Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated*" was to be achieved via two **Tasks**:

1. "*A respected national Russian entity shall be identified by the Contractor to facilitate the introduction of the protocols developed based on internationally recognized standards into basic medical school educational materials. This organization can either be the same Russian partner selected to assist with the replication component, or another. The Contractor shall identify one or more potential candidates suitable for this partnership and a list of proposed selection criteria.*"

2. "*Medical school curricula shall be revised to include the latest internationally recognized MCH standards and procedures for inclusion in the local and national medical school educational materials. A team representing the Contractor, the Russian counterpart, and faculty members from selected medical institutions shall be created to*

oversee the achievement of this task. This activity will be the start of a long-term effort toward introducing change into the medical education curricula in Russia, working closely with the selected counterpart."

IMPLEMENTATION

From the beginning, MCHI thought it desirable that the "*Russian organization with a strong maternal child mandate"* with which it would choose to partner overall should also be the *"respected national Russian entity to facilitate the introduction of the protocols developed based on internationally recognized standards into basic medical school educational materials."* And, indeed, had MCHI been looking only for a partner to work with on medical education, RSOG would likely have been its first choice.

One of the MCHI selection criteria for inclusion in the Project was the existence of a medical school in the region. All selected regions except Sakhalin Oblast have a medical academy, university, school, or college that trains doctors, nurses, or midwives. Ten of the 16 regions have medical schools that train physicians. The regional working groups almost universally include representatives from the pediatric and ob-gyn departments of these institutions, and these representatives have also been included in multiple MCHI training courses. Regional medical institution representatives were also purposefully included in the Interregional Working Group. After the October 2004 JSI presentation at the RSOG Annual Meeting, the dean of the Sechenov Moscow Medical Academy, generally regarded as one of Russia's most prestigious medical universities, joined the IWG. The following year, the chairman of the Department of Obstetrics and Gynecology at the Peoples' Friendship University of Russia (and also head of the Quality of Care Section in RSOG) also joined the IWG.

In March 2005, MCHI conducted a six-day orientation workshop in Perm designed explicitly for medical university and academy representatives. All but three (Kaluga Oblast, Khabarovsky Krai, Novgorod Oblast**)** of the then 14 MCHI regions were represented. The workshop combined both didactic presentations on modern perinatal and family-centered maternity care and clinical visits to the Perm pilot sites. As part of the workshop, each representative developed a strategy and plan for further integrating the Project's approaches and materials into pre-service and post-graduate curricula at their home institutions.

RELEVANT INDICATORS

Changes in Medical School Curricula

- Number of regional medical schools curriculum revised to include new MCH practices: **Anecdotally, there appears to have been real impact but given the number of individuals and institutions touched by the Project (see below), a meaningful and accurate assessment of curricular change was beyond MCHI's current scope.**

Technical Capacity of Medical Schools

- Number of representatives of regional medical schools trained in Project courses and workshops: **In all, 117 faculty members from 23 separate institutions were trained in MCHI courses and workshops.**

CONCLUSIONS

The introduction of internationally-recognized, evidence-based standards for selected maternal child health interventions into the pre-service and post-graduate curricula of training institutions for physicians, nurses and midwives has been initiated in all of the MCHI regions having such institutions, as well as in a major state medical academy in Moscow.

Faculty members from regional medical schools have been an integral part of all MCHI components at multiple levels as committee members, trainers, and participants. However, to move beyond these important first steps will require a much more focused and explicit program to which Russian institutions would likely be highly receptive.

F. Family Planning Capacity and Services Strengthened

MANDATE

Two related **Results**, "*Family planning services, with a special focus on post-partum and post-abortion clients strengthened in all MCHI regions*" and "*Family planning capacity strengthened in the regions and at the national level*" were to be achieved via eight main **Tasks**:

1. "*To strengthen family planning activities the Contractor shall provide more training in sites, with a special focus on pos-partum and post-abortion clients as counseling of these women is one of the main issues in provision of family planning services. To improve continuity of care, linkages between women's consultations, maternity hospitals and children polyclinics should be increased. Pediatricians and pediatric nurses should be trained to provide family planning education and counseling to post-partum women during both home and policlinic visits"*
2. *"To reinforce training and assist in implementation, regular follow-up visits will be established. Experienced family planning consultants should help to consolidate and ensure skills in newly introduced practices; identify problems preventing application of new skills in clinic routine; assist medical providers in seeking adequate solution to problems; and support collaboration and knowledge transfer between providers and clients."*
3. *"To increase a core group of family planning experts, training of trainers on counseling skills and in-depth technical family planning issues for regional representatives, Russian Society of Obstetricians-Gynecologists (RSOG) and medical schools should be provided. MCHI master trainers (trained under WIN) will begin to train a core group of family planning/ reproductive health trainers from participating regions (usually members of RSOG). This core group of trainers will consist of staff from regional and city Family Planning Centers, Ob/Gyn Department of Refresher Training Institute, Medical College for Nurses and Midwives and Medical Institute/ University/ Academy. These local trainers will learn to use MCHI Family Planning/ Reproductive Health and HIV/AIDS Prevention Training Package. The Package will include the male involvement module to help establish a male-friendly environment at Women's Consultation Centers, Maternity Hospitals and Family Planning Centers. Family planning local trainers will conduct FP/RH training activities for all obstetrician-gynecologists, nurses, and midwives from participating facilities in the region. Mid-level personnel in gynecology, women's*

consultation centers and Family Planning Centers will be trained to provide group family planning education sessions in in-patient settings.“

4. *“The project should collaborate with pharmaceutical companies to increase access and availability of family planning methods and information at pilot sites.”*
5. **“***Organize MCHI Family Planning Task Force.”*
6. “*Develop family planning curriculum for post-graduate education at medical schools.”*
7. “*Conduct a second round training of trainers (TOT) on family planning for selected MCHI regions.”*
8. “*Enhance regional work with mass media on family planning.*”

IMPLEMENTATION

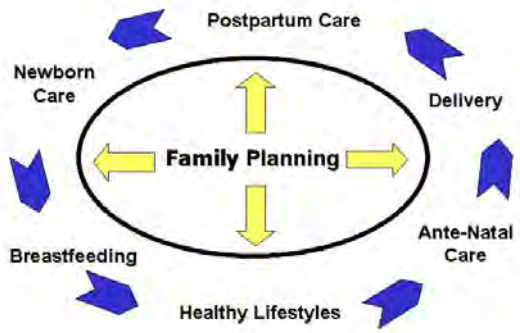
Russian families face a number of constraints with regard to receiving quality family planning services. The external environment has changed markedly since the federal family planning program was discontinued in 1999. Less sex education, including family planning information, is reportedly available in schools due to lack of legislative support and religious opposition. The federally-mandated free package of obligatory services includes maternity care and abortions but not family planning services. Fortunately, some regions do cover family planning services out of their own funds, including the provision of free contraceptives to high-risk groups. Free contraceptives, however, appear to be very limited and only include oral contraceptives, intrauterine devices (IUDs), and sometimes condoms. Definitions of high-risk groups vary and generally include a combination of low-income women, students and adolescents, and “vulnerable” populations.

The range of available modern methods is unnecessarily narrow. Oral contraceptives, IUDs, condoms, and emergency contraception seem widely available, although access for rural populations is more restricted. At one point, the registration for Depo Provera lapsed so the availability of injectables has been intermittent. Norplant was introduced in Russia in the mid-90s but was not re-registered once its initial registration expired; consequently, it is not currently available. Age and parity restrictions limit access to female sterilization nationwide. Vasectomy counseling and services are not available.

Provider barriers are extreme. The quality of counseling reflects many of these problems. The pharmacies in Russia have all now been privatized. Pharmacists can give information about contraceptives but cannot “counsel.” Only ob-gyns can provide contraceptive methods; other physicians and other health care providers can only “counsel.” Russia is attempting to introduce the concept of family medicine. Currently, a family medicine doctor could provide counseling but could not, for example, insert an IUD.

Given this context, the very first training courses offered by MCHI to the initial 10 new regions focused on family planning. In May 2004, a six-day Family Planning Training of Trainers course was held in Moscow in which two to three people from each of twelve regions participated (the ten new regions plus the two prior WIN regions). Some of those trained had the almost immediate opportunity to participate as co-trainers in four-day family planning courses offered in multiple sites (see *Appendix F: Training by Region and Topic*). Only one original WIN region, Novgorod Oblast, did not receive additional family planning training at the very start of the Project. In addition to the courses mentioned, the expectation was that the new regional family

planning trainers would develop regional training plans and train a broad range of health professionals at their regional MCHI sites.



Routine MCHI follow-up visits and the comprehensive mid-term evaluation conducted by JSI in March/April 2005 found that MCHI had indeed placed needed emphasis on family planning, doing much to "horizontalize" and integrate family planning services broadly into MCH care. Multiple examples of expanded "horizontalized" family planning services incorporated into women's consultation clinics, into postpartum and post-abortion services, and into polyclinics serving adolescents were reported. Several sites reported adding staff specifically to improve the provision of family planning information.

The conclusion was that, given these efforts, the regions had a core of family planning trainers and a basic family planning training capability, and that it would be worth the time and resources to further reinforce these gains and to focus on missed opportunities at the facility level. It was also noted that more attention needed to be given to developing providers' basic fund of knowledge regarding contraceptive methods. Since family planning was the "oldest" component of the MCHI Project, its existing curriculum was consequently the oldest.

In August 2005, a Family Planning Curriculum and Materials Working Group was formed to review and update curricular content to reflect the latest evidence-based standards. Particular attention was given to the rationale for adopting evidence-based best practices and to the use of the WHO Medical Eligibility Criteria for Contraceptive Use. Attention was also given to the importance of informed choice, the health and human rights aspects of family planning, and family planning's key role within the "healthy lifestyle" concept. Additional information and materials on STIs, HIV/AIDS, and PMTCT were added as well as more emphasis on emergency contraception. Provider bias and common misinterpretations and/ or misunderstandings (e.g. nulliparous women can't use the IUD, specific legal requirements for tubal ligation, abortion preferable to the use of emergency contraception, HIV+ women should not give birth, vasectomy is castration, etc.) were also addressed. Attention was also given to how providers can use mass media messages and the available client materials to reinforce their counseling. The curricular format was also updated to be similar to the other MCHI curricula, with a comprehensive Trainers' Manual and a comprehensive Participants' Manual with copies of all slides used in presentations. The intent was that the family planning training course be user-friendly and accessible to new trainers who might not be as experienced as the Project's master trainers.

A workshop for four family planning master trainers was held in January 2006 to review the completed curriculum, after which these master trainers facilitated a family planning TOT for prospective trainers from seven regions. The majority of the prospective trainers came from the two rural pilot regions – Vologda Oblast and Tyumen Oblast – while four additional regions – Irkutsk Oblast, Komi Republic, Orenburg city in Orenburg Oblast and Primorsky Krai – sent smaller teams. Soon after the TOT, trainers from Primorsky Krai and Vologda Oblast co-facilitated the family planning course for the Sakha Republic (Yakutia) using the new

curriculum, while other trainers from Orenburg and Vologda Oblast facilitated the family planning course for Sakhalin Oblast.

By June 2006, a complete set of the new family planning training materials had been posted on the MCHI website.

When MCHI launched its activities, it approached three pharmaceutical companies looking for partnerships with regard to family planning. Six months later, Gideon-Richter (G-R) responded enthusiastically; no other company responded. Present in all 16 MCHI regions, G-R sells some of the least expensive contraceptives in Russia and, in some regions, its contraceptives are included in the essential drug lists and are disseminated free of charge. Gideon-Richter participated in regional training and helped to disseminate informational materials in maternity hospitals.

In addition, Gideon-Richter supported the reprinting of MCHI family planning materials and helped to create new educational materials for regional health workers. G-R also disseminated MCHI materials in non-Project regions, thus furthering the reach of the Project.

RELEVANT INDICATORS

See Section IV.J: Abortion Rates Decreased and Use of Modern Contraception Increased below.

CONCLUSIONS

Although updated in the Project's final year, the new family planning curriculum should still be very useful to many, given its user-friendly structure and approach.

The family planning master trainers with the longest involvement with MCHI were justifiably skeptical at first about a family planning curriculum that highlighted counseling so boldly, even though the curriculum was clearly evidence-based and used the WHO *Medical Eligibility Criteria for Contraceptive Use* as its foundation. They were concerned that doctors especially would want a curriculum that highlighted the medical aspects of the various methods (i.e., the contraceptive technology), although when asked what provider skills most needed strengthening, all the trainers identified counseling as the weak link in service provision. Since its introduction, the new curriculum has been reportedly well-received when used in the field and should be an extremely useful tool for IFH and the MCHI II Project, as will all the curricula developed by MCHI over the years.

Gideon-Richter has been an excellent and very helpful partner for MCHI. MCHI estimates that the partnership has enabled the project to save over $20,000 in materials and supplies, savings that the Project put toward further regional training.

G. Family Planning Extension into Rural Areas Piloted

MANDATE

Contract modification #5 added the **Result**, "*Integration of family planning into primary healthcare services piloted in selected rural areas in at least two regions with high abortion rates,*" which was to be achieved via the **Task**:

1. *"Develop a model of family planning services in rural areas in selected MCIII regions through family planning practitioners and rural primary medical units. After piloting, the model should be included in MCHI Replication Package."*

IMPLEMENTATION

For multiple reasons, Vologda Oblast and Tyumen Oblast were chosen to be the two regions piloting the implementation of a new rural model. Both Oblasts had progressed quickly in adopting and integrating the various components offered by MCHI into their initial target sites. Both showed good teamwork and had indicated an interest in and openness to increased involvement in the MCHI Project. Both had higher than average abortion rates and reflected Russia's low overall population density. Both Oblasts also offered the potential of additional strong local partners and possibly some co-financing from their Oblast budgets.

The expectation from the beginning was that each of the two regions would implement its rural model in the way that most made sense for that region. However, MCHI's strategy for the rural pilot involved some elements that would be common to both:

- Expanding the involvement of Oblast-level facilities to provide the opportunity for linkages to be forged between the rural District facilities and their urban counterparts;
- Offering the new Family Planning Training Course in the two pilot Oblasts first;
- Providing equivalent training to both urban and rural providers;
- Potentially extending rural integration beyond the current Project "borders" (i.e. the confines of health facilities) to partner with additional cadres of health care providers, pharmacists, educators, private enterprises, and other community resources;
- Involving the press and media from the beginning; and
- Using relevant, successful rural models in other post-Soviet countries as motivation and inspiration.

Thus, initially, in September and October 2005, MCHI held three-day assessment and planning visits in each Oblast, including field visits to rural Districts. A three-person delegation from Tyumen Oblast participated in the initial planning visit to Vologda Oblast in advance of the similar assessment and planning visit scheduled later for their Oblast.

In late November, representatives from Vologda and Tyumen Oblasts participated in a study tour to Romania to visit the USAID-supported Romanian Family Health Initiative (RFHI) implemented by JSI Research & Training Institute, Inc. throughout Romania to discuss firsthand the challenges and opportunities encountered during the planning and implementation of a nationwide project designed to bring family planning services to Romania's rural areas.

As planned, when the new family planning curriculum was launched via a TOT in January 2006, teams from Vologda Oblast and Tyumen Oblast made up the majority of the prospective trainers. Tyumen Oblast and Vologda Oblast each identified four Rayons (similar to U.S. counties) to include in their rural pilot programs. By September 2006, Vologda had

hosted an Oblast-wide conference and conducted six training courses in which 156 were trained (78 midwives and feldschers, 41 non-ob/gyn physicians, 14 ob/gyns, 21 psychologists and 2 students). The long-term plan is for the trainers who were trained on the new family planning curriculum in January 2006 to travel to the pilot Rayons once a month to conduct training courses in the Rayons. Tyumen Oblast also chose four Rayons as pilot sites. By September 2006, Tyumen had conducted a mix of training courses reaching 291 midwives and feldschers, 287 nurses, 24 ob-gyns, and an array of other specialists. Additionally, the pilot Rayons had offered family planning talks to more than 1,200 women, adolescents, and students; and had offered "schools in contraception" to more than 2,200 citizens.

Among MCHI's long-term **Results** to be achieved at its conclusion are two that address family planning efforts directly: "*The abortion rate reduced in the targeted regions*" and "*Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions.*" Unfortunately, the short time period between the addition of the rural pilot component and the end of the entire MCHI Project made it unreasonable to expect that Project impact could be measured for the new rural component even if a baseline were established.

Indeed, the lack of relevant rural data on which to base an implementation strategy was striking. In response, MCHI explored the possibility of locally conducting a population-based household survey (including a male component) in Vologda Oblast similar to those conducted during the WIN Project. The questionnaire used in those surveys draws heavily from the questionnaire used for the 1999 Russia Women's Reproductive Health Survey conducted by the Russian Center for Public Opinion and Market Research in collaboration with the United States Centers for Disease Control and Prevention. In October 2005, MCHI discussed and developed a draft of a questionnaire with the Vologda Research and Coordination Center of the Russian Academy of Science and in November developed indicators and a second draft of the questionnaire. Piloting of the questionnaire was completed in March 2006 and the actual survey was conducted in April. The survey report and database were received and checked by June 2006. It was very interesting to see that the rural contraceptive use findings were similar to those in the WIN surveys which covered predominately urban areas. The Vologda Health Department presented the results at the October 2006 HR 2020 Conference for Vologda Oblast and plans to use the data as a baseline to evaluate their future family planning interventions.

RELEVANT INDICATORS

None beyond the above Result and Task.

CONCLUSIONS

The small pilot component to extend family planning activities into rural rayons in two oblasts is still in its early implementation phase. Additionally, the pilot oblasts had to initially formulate their initial implementation plans with almost no data relevant specifically to rural couples. The household survey carried out in Vologda has provided some helpful information that may suggest needed strategic modifications. A thorough evaluation and reassessment after at least a few more months of implementation would do much to inform future rural-focused activities.

H. ARO Early Intervention Model Integrated

MANDATE

Contract modification #2 added the **Result**, *"Early Intervention model developed by USAID-funded Assistance to Russian Orphans Program (ARO) integrated in MCHI models"* to be achieved via the following **Task**:

1. **"***The Contractor shall work with the Early Intervention Institute, its branch in Novgorod and other relevant programs to introduce early intervention activities as feasible in MCHI pilot regions and facilities."*

IMPLEMENTATION

The Assistance to Russian Orphans' Early Intervention model is designed to foster a positive emotional/psychological environment during pregnancy and childbirth and to further promote mother-child bonding. Although designed specifically to counter abandonment, it is applicable to all pregnancies and births and is very congruent with the MCHI model. Its holistic, humanistic approach highlights respect for the newborn and emphasizes the need to be "newborn-friendly" as well as "woman-friendly." Its approach is viewed as being very supportive to families with babies with disabilities.

In May 2004, MCHI and the Early Intervention Institute began exploring ways to collaborate. As a result, the head of EII's Velikiy Novgorod branch participated in the June antenatal curriculum workshop where the ARO-supported Early Intervention model and EII materials were incorporated into a reformatted antenatal curriculum. Contract modification #2 in effect "legitimized" this ongoing collaboration. Beginning with the September FCMC training in Irkutsk, the Early Intervention model was also incorporated into the FCMC training schedule, including lectures by expert trainers and the distribution of ARO/ EII materials to all participants as support for additional policy and service delivery practice changes at MCHI sites.

RELEVANT INDICATORS

None beyond the above Result and Task.

CONCLUSIONS

Integrating ARO's Early Intervention model into multiple MCHI training materials was a substantive, positive addition that has especially strengthened the counseling component of these courses.

I. PMTCT and Family Planning for HIV+ Women Addressed

MANDATE

Contract modification #5 added two related **Results,** "*Family planning and prevention of mother-to-child transmission of HIV (PMTCT) capacity strengthened at HIV Centers*" and

"*Family planning integrated into counseling services for HIV-positive women*" which were to be achieved via four main **Tasks**:

1. *"Build capacity of the Federal Research Center for Health Care of HIV-Positive Women and Children, Federal AIDS Prevention Center, and Regional HIV Centers on family planning and PMTCT."*
2. *"Carry out needs assessment on family planning among HIV-positive women."*
3. "*Develop guidelines on family planning counseling of HIV-positive women."*
4. "*Organize and conduct a conference on family planning and PMTCT in coordination with MOHSD, UNICEF and other international organizations."*

IMPLEMENTATION

Increasingly, as WIN was ending and MCHI was beginning, Russia's attention and the attention of USAID/Russia turned to Russia's worsening HIV/AIDS situation. Although PMTCT was not included in the original Contract, MCHI and USAID/Russia agreed from the very start of the MCHI Project that HIV/AIDS and PMTCT would receive major attention within the MCHI project. MCHI also recognized early on the importance of helping to create the needed linkages between the regional HIV/AIDS Centers and the maternity houses/women's consultation clinics/pediatric polyclinics that would enable them to work together more efficiently to provide care to HIV+ pregnant women and their infants.

Training Materials/ Evidence-Based Practices

The first step was to begin integrating HIV/AIDS and PMTCT information into the MCHI training materials. MCHI immediately began collecting relevant materials dealing with current Russian statistics, risk assessment approaches, counseling and treatment issues, infection control standards, and PMTCT guidelines for review, adaptation, and incorporation. Handouts for MCHI consultants and trainers were developed and PMTCT materials were added to the replication packages.

Consequently, the December 2003 MCHI Three-Year Workplan gave considerable attention to HIV/AIDS prevention generally and PMTCT specifically. At the February 2004 MCHI Launch Conference, PMTCT was included as one of the core integrated MCHI internationally-recognized, evidence-based practices. At the same time, PMTCT was added to the existing breastfeeding curriculum. In March 2004, MCHI staff participated in USAID/Russia's two-day workshop on the Mission's new HIV/AIDS strategy. As agreed to with Healthy Russia 2020, new PMTCT materials – cue cards, brochures for clients, leaflets for providers – were collaboratively developed.

MCHI also sought from the beginning to involve itself with the major Russian individuals and institutions dealing with PMTCT such as the Federal Scientific Center for the Prevention of HIV/AIDS; the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare's Department for HIV/AIDS Control; the Federal Research Center for Health Care of HIV+ Women and Children; and the Federal Pediatric AIDS Clinic, as well as with the regional HIV/AIDS Centers in the MCHI regions.

Russia currently does not have a confidential voluntary counseling and testing (VCT) system. Widespread involuntary testing occurs, including the testing of pregnant women. Reportedly, a federal *prikaz* mandates HIV testing of all pregnant women at various stages of pregnancy. Children born to HIV+ mothers are registered and tested at regular intervals until the age of 18 months, at which time they are removed from the registry if all tests are negative. Unfortunately, if abandoned, these children are generally institutionalized during most, if not all, of this time period. Another donor is reportedly supporting efforts to reduce the length of time these children are surveyed before being removed from the registry if they continue to test negative.

PMTCT Guidelines

In September 2004, a two-day "PMTCT in MCHI Regions" workshop was held in Irkutsk for all MCHI Regional Coordinators and representatives from their HIV/AIDS Centers. Other participants included the head of the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare's Department for HIV/AIDS Control and representatives from USAID/Russia, AIHA's Ukraine PMTCT Project, and the Elizabeth Glazier Foundation. Reportedly, the MCHI regional teams at that meeting indicated a very strong need for clinical/organizational guidelines to improve the quality of PMTCT services.

A MCHI working group on PMTCT guidelines was formed and began collaboration with the MOHSD's Institute for Management and Communication for Health in November 2004. By February 2005, draft guidelines were ready for wider review.

This first draft of the PMTCT Guidelines was distributed to the MCHI regions by early March and, in mid-March, MCHI hosted a PMTCT Guidelines Workshop in St. Petersburg. Participants again included all MCHI Regional Coordinators and the heads of their HIV/AIDS Centers; the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare; USAID/Russia; and, in addition, MOHSD's Institute for Management and Communication for Health, the head of MOHSD's Center for Assisting Pregnant Women and Children with HIV and the deputy head of MOHSD's Mother and Child Health Department.

In September 2005, a draft of MCHI's PMTCT Guidelines was distributed to MCHI's Regional Coordinators. In October, the Guidelines were presented at the National HIV/AIDS Conference in Suzdal. After final review and revision, in December, the PMTCT Guidelines received official approval from both the MOHSD and the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare. In May 2006, MCHI sent the regions a set of presentations on the PMTCT Guidelines. Within the framework of the National Health Project in HIV/AIDS, 5,000 copies were printed and distributed.

PMTCT Coordination

As HIV/AIDS generally and PMTCT specifically developed as areas of major concern and increasing activity, the need to collaborative and coordinate also grew. To meet this need, the

MOHSD created a Coordinating Council on PMTCT whose membership includes representatives from institutions like the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA, WHO, and USAID, as well as representatives from some of the USAID-funded health projects, including MCHI.

In late 2004, MCHI did a small survey of the maternity care received by HIV+ women in Perm City Hospital #21. When the results were analyzed and presented to the MOHSD Coordinating Council, the consensus was that there was a great need for more information regarding PMTCT practices and the family planning services and options available to HIV+ women.

At the same time, USAID/Russia also recognized the need for greater coordination among the USAID-funded health projects that often worked with the same counterparts in the same sites. In addition to a closer coordination of activities so as to avoid duplication and achieve synergy, there was also the need to ensure the consistency of key messages in materials and training courses. Equally important was the desire that all the USAID-funded groups be able to contribute to policy discussions in a timely way and that activities and achievements be presented to the MOHSD in a coordinated manner. In early 2004, USAID/Russia asked MCHI to take the lead in coordinating the various USAID-funded projects with regard to PMTCT. A formal agreement between MCHI and USAID was developed, and, as of February 2005, MCHI assumed responsibility for coordinating the PMTCT component among the USAID-funded health projects. This role included serving as the key communication channel on PMTCT with the MOHSD.

This arrangement did not work entirely as planned as some CAs were not happy with MCHI's role. In practice, MCHI continued bilateral collaboration. AIHA participated in the development of the PMTCT guidelines and MCHI shared its materials with them. URC used our MCHI's family planning materials and trainers and MCHI presented the findings from the PMTCT+FP study at the URC meeting in Saratov.

PMTCT+FP Study

MCHI staff increasingly recognized the need to know more about 1) family planning method use among HIV+ women, and 2) existing PMTCT practices in order to better understand the challenges related to family planning and PMTCT among HIV+ women. In order to develop evidence-based strategies for improving the quality of family planning and PMTCT services for HIV+ women, additional Russia-specific data-based information was needed. A study to collect such data was proposed.

MCHI staff collaborated with Russian experts to develop the study design. The objectives were to collect quantitative information on: 1) the awareness of family planning options among HIV+ women who have recently delivered or had an abortion; 2) the use of modern contraceptive methods by HIV+ women; 3) the involvement of HIV+ women's partners in decision making about family planning issues; 4) healthcare workers' counseling of HIV+ women on family planning; 5) HIV testing practices; 6) PMTCT practices in the antepartum, peripartum and postpartum periods; and 7) the risk of MTCT. The study also was designed to look at social and demographic factors and the prevalence of STIs and other risk factors. Additionally, the prevalence of stigma and discrimination by healthcare workers of HIV+ women was to be

determined, as well as the HIV+ women's level of satisfaction with the healthcare provided to them.

Strong safeguards to assure informed consent, privacy and confidentiality were built into the study design. Eight regions with various HIV prevalence rates and previous experience with quality data collection were selected as study sites: Altai Krai, Irkutsk Oblast, Khabarovsky Krai, Krasnoyarsk Krai, Murmansk Oblast, Orenburg Oblast, Perm Oblast, Primorsky Krai and Tyumen Oblast.

As a follow-on to the mid-March PMTCT Guidelines Workshop in St. Petersburg, the resulting study protocol was reviewed and discussed by a wide range of individuals and institutions: MOHSD and MOHSD's Center for Assisting Pregnant Women and Children with HIV; the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare; USAID/Russia; the MCHI regions' Mother and Child Health Departments; and HIV/AIDS Centers. It was also reviewed by two of JSI's core competency centers – the JSI/WEI Center for HIV/AIDS and the JSI Center for Health Information, Monitoring and Evaluation (CHIME).

In April 2005, representatives from the eight study regions received training on the special demands of conducting the PMTCT+FP Survey plus refresher training in data collection. After pre-testing, the Survey data was collected in May. Data analysis was completed in March 2006. A draft report was completed by June and the final version completed in November.

Reproductive Health Guidelines for HIV+ Women

In December 2005, MCHI began developing a set of family planning guidelines for HIV+ women after reviewing relevant international data and research on this topic. By June 2006, a first draft of the Reproductive Health Guidelines for HIV+ Women was ready for review. The final version was approved by MOHSD, the Federal Service for Surveillance in Consumer Rights Protection and Human Welfare, and USAID and was then presented at the National HIV/AIDS Meeting in December in Suzdal and the PMTCT Conference in Moscow. Once finalized and approved by the national-level experts, the Guidelines were incorporated into the National Health Project in HIV/AIDS and 5,000 copies were printed by the MOHSD for distribution to the regions participating in the National Health Project.

Conference on Family Planning and PMTCT in coordination with MOHSD, UNICEF and other international organizations

Rather than hold one conference, it was decided to take advantage instead of multiple other opportunities to disseminate the work being done in this area. In addition to the May 2006 MCHI Final Dissemination Conference, "Improving Quality of Medical Care of Women and Infants: The MCHI Experience," where the session on PMTCT also constituted part of the concurrently occurring Eastern European and Central Asian HIV/AIDS Conference, presentations and dissemination occurred at the MOHSD's Maternal and Child Health Conference in Moscow, at the National HIV/AIDS Meeting in Suzdal, and at the PMTCT Conference in Moscow.

RELEVANT INDICATORS

Supportive Policy Environment

- PMTCT integrated in MCHI working plans in the regions: **Yes (all)**
- Number of regions institutionalized PMTCT in their official policies: **16 (all)**

Organizational Capacity

- MCHI PMTCT working group organized as a part of MCHI Interregional Working Group: **Yes**
- RSOG included PMTCT in their agenda: **Not officially**
- RSOG/MCHI meetings to follow-up on planned PMTCT activities: **No, see Section IV.A: "Legacy" Russian Partner Organization Identified**

PMTCT Practices Implemented in Antenatal Care

- Percent of antenatal clients who report that they were counseled on HIV/AIDS and STI prevention:

2004	2006
49.2 %	**51.6 %**

PMTCT Practices Implemented in Postpartum Care

- Percent of postpartum clients who report that they were counseled on HIV/AIDS and STI prevention:

2004	2006
34.1 %	**46.8 %**

PMTCT Practices Implemented in Family Planning

- Percent of family planning clients who report they were counseled on HIV/AIDS and STI prevention:

2004	2006
54.0 %	**47.4 %**

- Percent of post-abortion clients who report they were counseled on HIV/AIDS and STI prevention:

2004	2006
63.6 %	**64.2 %**

Early in MCHI when PMTCT was first being integrated into MCHI's portfolio, there was discussion of tracking the percent of HIV-infected clients who received or took antiviral treatment and the percent of newborns from HIV-positive mothers who received antiviral treatment. However, adequate baseline data were not available and these indicators were not incorporated into the monitoring and evaluation system.

CONCLUSIONS

Although not included in the original MCHI Contract, MCHI has become a major leader in Russia for PMTCT policy development and service standards of care, as well as for the overall reproductive health needs of HIV+ women. MCHI's strong technical and managerial capabilities provided the flexibility needed to allow MCHI to smoothly incorporate these major new components into their program and thus be responsive to evolving external realities and the needs of USAID/Russia. The MCHI project design provided an excellent mechanism for humanizing, "horizontalizing" and integrating the care of HIV+ women and their infants into the health care system—a need that will grow exponentially as Russia's HIV/AIDS epidemic progresses. The just recently completed PMTCT+FP Study provided valuable data for decision making to inform the development of strong future policy and service standards, laying the groundwork for the development of needed Reproductive Health Guidelines for HIV+ Women.

J. Abortion Rates Decreased and Use of Modern Contraception Increased

MANDATE

At the conclusion of MCHI, the following two **Results**, "*The abortion rate reduced in the targeted regions*" and "*Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions"* were to be achieved.

RELEVANT INDICATORS

Abortion Rate Reduced

- Number of abortions per 1,000 women of reproductive age (15-44) in cities in participating regions*****:

2003	2005
49.1	**43.2**

*****These figures are from official regional statistics and include the capital cities in 14 regions (all the participating regions but the final additional two).

Use of Modern Contraceptives Increased

- Percent of antenatal clients who report that provider discussed contraception prior to discharge from facility:

2004	2006
47.4 %	**55.0%**

- Percent of postpartum clients who report that provider discussed contraception prior to discharge from facility:

2004	2006
44.1 %	**73.2 %**

- Percent of post-abortion clients who report that provider discussed contraception prior to discharge from facility:

2004	2006
83.4 %	**95.9 %**

- Percent of clients of reproductive age currently using modern contraceptive methods in women's consultation and family planning centers:

Medical Reversible Methods	**26.4 %**	**35.0 %**
Barrier Methods	**14.5 %**	**22.7 %**

- Percent of abortion clients who got pregnant while using a contraceptive method:

2004	2006
42.5 %	**39.8 %**

- Percent of abortion clients who are planning to start using a modern contraceptive method:

	2004	2006
Medical Reversible Methods	**56.5 %**	**74.7 %**
Barrier Methods	**10.2 %**	**11.3 %**

CONCLUSIONS

Two years is generally considered too short of a time to detect changes in indicators such as contraceptive prevalence rates and abortion rates, which are also generally best measured via population-based surveys. The aggregate of official health statistics from the major urban areas of the first 14 regions certainly suggests that abortion rates in the MCHI regions are decreasing. The improvements in family planning counseling seen across a broad range of facilities, the wider access to improved services, and the provision of information through materials provided to facilities and clients as well as through mass media campaigns all support the conclusion that the MCHI activities have contributed to these documented changes.

K. Documentation and Dissemination Emphasized

MANDATE

The **Results** "*New activities included and monitored in the overall monitoring and evaluation plan. Overall project results documented and disseminated in the pilot regions and nationwide*" and *"Additional (non-intervention) regions oriented to MCHI model and up-dated replication packages"* were to be achieved via five main **Tasks**:

1. **"***Develop an educational film on MCHI practices for medical schools and facilities."*
2. *"Additional activities and results which were added under several contract modifications shall be included and monitored in the overall monitoring and evaluation plan. Overall project results should be properly documented and disseminated to obstetricians, gynecologists, pediatricians, midwives, and nurses throughout Russia by writing and*

publishing papers in influential professional journals and giving presentations at appropriate professional meetings and conferences in the pilot regions and nationwide."

3. **"***Conduct a broad MCHI Dissemination Conference with involvement of non-MCHI regions, especially those that have already participated in MCHI activities at their own cost and/or sent official letters of interest."*
4. *"Conduct a workshop to orient selected non-intervention regions interested in implementing MCHI practices, using an updated Replication Package and sharing the experience of successful intervention regions."*
5. *"Develop guidelines on MCH care and services monitoring and evaluation."*

IMPLEMENTATION

MCHI's success was aided substantially by concerted efforts to document and disseminate Project results throughout the life of the Project. The replication focus of the MCHI project design by definition supported a wide and continual dissemination of ideas and materials throughout the MCHI regions and beyond.

Initially, MCHI used a number of channels to disseminate information about the Project and the competitive selection process for participating as a region. The larger than expected application pool (39 of 89 regions applied) indicated both interest in the Project outcomes and the success of efforts to inform regions about the competition. Those regions that did apply were evaluated on selection criteria (see *Appendix D: MCHI Selection Criteria*) that included working with mass media. This attention in the selection process itself to the importance of dissemination illustrates how MCHI consistently looked for ways to promote dissemination at low or no cost to MCHI.

Ultimately, MCHI staff and health authorities in the 16 regions used media, the Internet, conferences, and other available outlets to widely share Project information and results. Although not in its SOW, as the importance of the Internet became clear and as MCHI became aware of additional opportunities that could be seized by better using the Internet for dissemination, MCHI decided to add the creation of a MCHI website to its objectives. MCHI hired a local firm to help with the design. Building on the model of the Perm Resource Center's website created under the WIN Project, a design for the MCHI website was finalized in October 2005, and the website itself was launched in January 2006 in Russian and English as www.jsi.ru. The website enables anyone – from throughout Russia, the EE/EA region, and potentially the world – to download training materials, communications materials, plans and success stories.

See for yourself!!
www.jsi.ru.

Throughout the life of the Project, MCHI staff delivered multiple presentations and wrote numerous articles that reached international as well as national audiences. *Appendix G: Dissemination of MCHI Methods and Results* presents a partial but illustrative list.

Another important channel of dissemination for MCHI models and results has been the use of formal and informal advocacy networks. Advocacy networks exist in all 16 MCHI regions, a few created by the USAID-supported Policy Project, some created independently and spontaneously, and others growing out of the MCHI-supported activities. Advocacy networks that function out of more formal organizations have occurred through the MCHI Regional Coordinating Teams and the Facility Coordinating Teams. The advocacy networks in MCHI

regions have consistently worked to disseminate MCHI methods and findings throughout the staff of Health Departments and sometimes Social Affairs Departments, as well as through various committees or councils related to women and children's health. Several regional MCHI advocacy networks work especially well with the press, including influencing journalists and public relations staff at the regional level.

Among the MCHI Regional Coordinators, networking became a common occurrence and often a method for disseminating project activities and results. These Coordinators know much about what is going on in other MCHI regions and work to share information with each other.

In 2006, MCHI's work on breastfeeding in Murmansk Oblast was featured in a La Leche League International book – *Hirkani's Daughters: Women Who Scale Modern Mountains to Combine Breastfeeding and Working.*

WIN and MCHI have widely shared their experiences with USAID and their partners in Russia, Eastern Europe, Eurasia and elsewhere. In June 2003, after the worldwide biannual JSI International Division Meeting, the first JSI Eastern Europe/Eurasia Regional Meeting was held in Washington. As previously described in Section IV.A: Legacy Russian Partner Organization Identified, JSI held its second Eastern Europe and Eurasia Regional Conference in Moscow in October 2004. Among the goals of the Conference were to share program interventions and lessons learned and to explore strategies for implementing evidence-based practices. Representatives from JSI projects in Central Asia, Georgia, Romania and Ukraine participated together with representatives from the 14 MCHI regions, MOHSD, RSOG and USAID/Russia.

In April 2005, two back-to-back meetings in Bucharest, Romania gave MCHI the opportunity to further disseminate their strategies and results. USAID/Washington sponsored an Eastern Europe regional meeting on family planning, followed by a JSI Eastern Europe Chiefs of Party meeting. The USAID regional family planning meeting grouped Ministry of Health and USAID officials, as well as USAID CA representatives, with their counterparts from throughout Eastern Europe. The JSI meeting provided more opportunities to promote the coordination, collaboration and synergy between the various JSI projects in EE/EA through sharing of materials, lessons learned and expertise. By all accounts, MCHI used these opportunities to share information and results and to gather information about next steps. A third JSI EE/EA Regional Meeting followed the June 2005 JSI International Division Meeting in Washington. MCHI was a major presenter at both the International Division Meeting whose theme was "Public Health Impact: Experiences in Scaling Up" and at the EE/EA Regional Meeting that followed. MCHI also made a presentation to USAID/Washington following the EE/EA Regional Meeting.

Finally, following the very well-received MCHI Final Dissemination Conference described below, MCHI again hosted a JSI EE/EA Regional Meeting. These two events gave representatives from all 16 MCHI regions the opportunity to share the rich experiences of MCHI with additional Russian regions, MOHSD, RSOG; and USAID/Russia as well as all JSI projects in Albania, Central Asia, Georgia, Romania, and Ukraine. In June 2006, after participating in the JSI International Division Meeting, MCHI delivered a very well-received presentation to USAID's EE/EA Regional Bureau on the Project's most significant highlights and outcomes.

Educational Film

In early 2006, MCHI signed a contract with a film company to produce a training film on FCMC to support dissemination of its key tenets. In June, filming began in Vologda Oblast covering labor, delivery, and interviews with couples. The draft version was field-tested during an antenatal training course in Tyumen Oblast and the film was finalized in December.

The MCHI Final Dissemination Conference

A Steering Committee comprised of representatives from six Project regions – Barnaul in Altai Krai, Kaluga Oblast, Perm Oblast, Primorsky Krai, Tyumen Oblast, Vologda Oblast – plus RSOG and MCHI staff began meeting in early 2006 to plan MCHI's Final Dissemination Conference.

The three-day Final Dissemination Conference, "Improving Quality of Medical Care of Women and Infants: The MCHI Experience," was held in Moscow in mid-May 2006. More than 30 Russian regions were represented among the more than 300 participants. Additional participants came from USAID, other international donor organizations, JSI's home offices in Boston and Washington, and from a range of Eastern European and Eurasian countries including Albania, Georgia, Kazakhstan, Romania, and Ukraine.

During the first two days of the Conference, regional representatives presented their results and achievements in the various MCHI component areas with the session on PMTCT also constituting part of the concurrently held Eastern European and Central Asian HIV/AIDS Conference. During the breaks, the regions also presented displays highlighting their implementation experiences and showcasing materials developed and used by each region.

The third day of the Conference was devoted to master classes on the various MCHI components: antenatal care, FCMC, exclusive breastfeeding, family planning, and youth reproductive health. Altogether, the Conference was a deeply rich experience, with many participants showing tremendous pride, enthusiasm and interest in the work being presented.

Monitoring and Evaluation Guidelines for MCH Services

Project stakeholders and others expressed considerable interest in having MCHI develop monitoring and evaluation guidelines in a "how-to" format. By May 2006, a first draft had been developed and was under review.

RELEVANT INDICATORS

None beyond above Results and Tasks.

CONCLUSIONS

MCHI has been exceptionally attentive to documentation and dissemination both nationally and internationally and has created a set of tools – IEC materials, a film, detailed replication packages, etc – that are accessible and adaptable. MCHI has become well-known and well-respected for the quality and inclusiveness of its work and has become a model for both implementing evidence-based practices and for scaling-up.

L. Hepatitis B Vaccinations in Russian Far East Supported

MANDATE

In 2004, MCHI was asked to assist USAID/Russia by taking on the Vishnevskaya-Rostropovich Foundation as a subcontractor to deliver a vaccination program for adolescents in the Russian Far East. Contract modification #2 added the **Result**, "*Hepatitis B vaccination program for adolescents implemented in partnership with Vishnevskaya-Rostropovich Foundation in the Far East"* to be achieved via **Task**:

1. **"***The Contractor shall implement a Hepatitis B vaccination program for adolescents in at least one region in the Far East through a partnership with the Vishnevskaya-Rostropovich Foundation. The funds for this activity should be tracked and reported on separately*."

IMPLEMENTATION

The subagreement between JSI and the Vishnevskaya-Rostropovich Foundation was signed in November 2004, extending VRF's existing Hepatitis B vaccination program to Primorsky Krai, where the MCHI Project was already active. At the time, VRF was reportedly working with other funding sources in approximately 18 other regions. VRF reported using the same implementation strategy – utilizing the World Health Organization's "catch-up" guidelines to target adolescents who did not receive vaccine as infants – in all regions of Russia, regardless of funding source. Therefore, the addition of Primorsky Krai to the VRF portfolio provided support to an already existing but not yet nationwide program and was complementary to MCHI's work.

To reduce the incidence of Hepatitis B among adolescents, VRF built cold chain maintenance capacity and human resources by working exclusively through the existing health infrastructure. Equipment, vaccines and supplies were provided as needed and their use carefully monitored. Health workers were trained in both vaccination delivery and monitoring. Parents and school children received leaflets and schools received posters about the Hepatitis B campaign and its benefits. VRF was noted for efficient procurement and customs clearance. VRF aimed for at least a 95% coverage rate.

By December 2004, administrative procedures, including those for vaccine and cold chain procurement, were completed. Program activities began in March 2005 with a reportedly successful campaign implementation. Two no-cost extensions allowed VRF to complete the vaccination of additional cohorts and finalize the procurement of additional cold-chain and monitoring equipment. The program concluded in October 2006.

RELEVANT INDICATORS

None beyond above Result and Task (although VRF did have its own M&E plan and indicators which were included in its subcontractor reports).

CONCLUSIONS

Using already existing and successful partners such as the VRF to implement specialized activities with concrete objectives in existing Project regions likely resulted in synergy that improved health indicators for adolescents and young adults and provided good value in the efficient use of U.S. development assistance funds.

The implementation of activities, progress toward meeting expected results and deliverables, and funds for the VRF Hepatitis B vaccination program were separately tracked and reported on by MCHI as required.

M. Future of Russia Foundation "Pass-through" Monitored

MANDATE

The Future of Russia Foundation's (not MCHI's) Result, "*The maternal and perinatal health care system in the Moscow oblast will be reformed through the creation of a model state-of-the-art regional perinatal health care program at the Moscow Region Perinatal Center (MRPC) through a sub-contract with the Future of Russia Foundation"* was to be achieved by the Foundation via six specific Tasks. JSI's (not MCHI's) responsibility was outlined in the additional Task:

1. *"The Contractor shall provide administrative and financial oversight to the Future of Russia Project, and provide technical assistance as requested by Future of Russia to implement a maternal and perinatal healthcare system in the Moscow oblast and develop a state'-of-the-art perinatal health care program at the Moscow Region Perinatal Center (MRPC). The funds for this activity should be tracked and reported on separately."*

IMPLEMENTATION

At the request of USAID/Russia, JSI served as a short-term funding "pass-through" mechanism for Global Development Alliance funds that USAID wished to provide to the Future of Russia Foundation for work it was carrying out in Russia.

As requested, JSI's home office provided administrative and financial oversight from August, 2004 through October 2005. The GDA funding was originally scheduled to end in July 2005, but FORF received a three-month no-cost extension. FORF did not request any technical assistance from JSI or MCHI and, for all technical work, they reported directly to USAID/Russia.

RELEVANT INDICATORS

None beyond above Task (although FORF did have its own M&E plan and indicators which were included in its subcontractor reports).

CONCLUSIONS

JSI provided appropriate administrative and financial oversight as requested.

V. Additional Project Activities

MCHI has undertaken a number of "value-added" activities beyond the scope of the Contract that have enriched and enhanced the Project's implementation and results.

A. Website

As described in Section IV.K: Documentation and Dissemination Emphasized, as the importance of the Internet became clear and MCHI became aware of additional opportunities that could be seized by better using the Internet for dissemination, MCHI decided to add the creation of a MCHI website to its objectives, although the activity was not in its SOW.

B. National Policy: Clinical Protocol Development

In April 2006, representatives from eight MCHI regions – Barnaul in Altai Krai, Kaluga Krai, Krasnoyarsk city in Krasnoyarsk Krai, Orenburg city in Orenburg Oblast, Perm Oblast, Primorsky Krai, Tyumen Oblast, Vologda Oblast – and Moscow, together with RSOG and MCHI staff, met in Moscow to discuss and reach consensus on a range of clinical protocols covering normal birth, pre-eclampsia/eclampsia, postpartum hemorrhage, vaginal birth after previous Caesarian section, and premature rupture of membranes. These protocols were finalized, published, and then presented at the MCHI Final Dissemination Conference.

In August, the MOHSD asked MCHI to support and lead the national obstetric protocols development process and to support, participate and present at MOHSD meetings scheduled in the seven Federal Districts as part of the National Delivery Certificates Project implementation. MCHI was able to fully participate in five of these meetings. MCHI was also asked to assist MOHSD in the development of the national perinatal care strategy. In October, a joint MCHI/MOHSD workshop was convened to begin work on the national obstetric protocols. Under MCHI II, these protocols will be finalized and widely disseminated via a national conference and other avenues of dissemination.

C. Baby-Friendly Hospitals

During the WIN project, four of the five participating maternities received WHO/ UNICEF certification as Baby-Friendly Hospitals, which signifies a certain international recognition and support of their implemented changes. At the start of MCHI, Murmansk Oblast had two certified facilities and the Komi Republic had one but wanted to extend the concept to other facilities. Still other regions wanted to improve the performance of certified facilities or have a facility certified for the first time.

Integrated into their other activities, MCHI staff and consultants provided support and guidance to help the regions make desired changes. By the end of the Project, Murmansk had maintained its two Baby-Friendly Hospitals and the Komi Republic had added two more. Kaluga Oblast, Krasnoyarsk city in Krasnoyarsk Krai, Omsk Oblast, Orenburg city in Orenburg Oblast, Primorsky Krai, and Vologda Oblast had or were about to have a certified facility; and Irkutsk Oblast was working diligently on qualifying its first facility.

D. Influencing Eastern Europe: MCHI and USAID-funded Projects Outside of Russia

The project design, implementation, lessons learned, and successes of first WIN and now MCHI greatly influenced the design and implementation of several USAID-funded projects outside of Russia, especially in the EE/EA region. The Ukraine Maternal and Infant Health Project was designed in large part based on the WIN model, and nearly all the expert trainers used by the Ukraine project were trained by the WIN/MCHI expert trainers. The Healthy Women in Georgia Project also incorporated many WIN/MCHI approaches in its design and key technical staff members have visited MCHI for more in-depth technical assistance regarding curricula and training approaches. In December 2006, MCHI was invited by ZdravPlus II to share its experiences and materials with the Central Asian Republics, particularly Kazakhstan and Kyrgyzstan. MCHI's willingness and ability to provide guidance and technical assistance to other projects in the region has essentially "jump-started" these other USAID-funded projects.

In addition, the EE/EA Regional Bureau has tasked the DELIVER project (also implemented by JSI) with developing case studies of the scale-up of family planning in two countries in their region - Romania and Russia. The resulting document: *Integrating Family Planning in Russia's Health System: A Case Study of the Maternal and Child Health Initiative* will be available in spring 2007.

CONCLUSION

MCHI has been consistently resourceful, attentive, and responsive in identifying needs, responding to changing external situations, and designing "value-added" approaches to the needs identified.

The design and implementation process of the MCHI Project is an **excellent model** for similar work in other countries, especially those in the former Communist-bloc. MCHI's innovative ideas and practical approaches can be adapted by program managers and policymakers and, in fact, have already been adapted successfully in Ukraine and Georgia. Additionally, it is an excellent model for the incorporation of additional evidence-based, internationally-recognized standards of care into the Russian health care system (e.g. additional reproductive health, family planning, and HIV/AIDS interventions; tobacco; tuberculosis). Because of its client-centered, client-friendly approach, the MCHI model is also a good model for reaching traditionally hard-to-reach populations (prisons, drug rehab centers) in need of these same services.

VI. Coordination

MANDATE

USAID/Russia has consistently made real efforts to enhance coordination and collaboration among its projects in order to avoid duplication and achieve as much synergy as possible.

Consequently, MCHI was charged with "*In addition to Healthy Russia 2020, a major cross-cutting USAID/Russia health initiative, the Contractor shall closely coordinate its activities with the following USAID health activities:*

1. *American International Health Alliance's (AIHA) Health Partnerships,*
2. *Assistance to Russian Orphans (ARO) program,*
3. *Quality Assurance Project (QAP),*
4. *Policy Project, and, as appropriate,*
5. *USAID's ongoing HIV/AIDS and STIs prevention activities.*

USAID/Russia's health activities seek to promote improved, evidence-based standards in health practices and protocols nationwide. To streamline the achievement of this objective, a carefully planned and consistently applied coordination plan is essential. The Contractor shall indicate how it is planning to establish and ensure coordination with the above-mentioned and other relevant USAID initiatives.

- *The new MCH activity shall collaborate closely with USAID's* ***Healthy Russia 2020****, which serves as an information and general dissemination tool through its web portal, media campaigns and advocacy component. Healthy Russia 2020 will take the lead in mobilizing advocacy groups and policy makers in order to facilitate the promotion of newly developed guidelines and protocols. In addition to advocacy, in order to ensure continuity and consistency in the messages delivered, the Contractor shall coordinate the new MCH activities directly with those of Healthy Russia 2020, especially as they relate to health education, information, and communication interventions.*

- *The Contractor shall share materials and models developed under the new MCH activity with health partnerships managed under* ***AIHA****, and use, to the fullest extent possible, relevant materials developed by these partnerships. Many of these partnerships have focused on serving women and children.*

- *The project shall coordinate with USAID's* ***ARO*** *program training and educational activities on quality maternity care and baby-friendly hospital practices, including skin-to-skin contact between mother and newborn, early initiation of breastfeeding, minimal separation of mother and infant, which reduce early abandonment. For example, the Contractor could include the Early Intervention model developed under the ARO project in the overall replication package.*

- *The Contractor shall coordinate with USAID's* ***QAP****. This project has developed a cost-effective model of disseminating evidence-based protocols and practices that can be adapted for various medical and health care interventions and practices. This model should be assessed by the Contractor to facilitate the replication component of the*

proposed MCH activity. For example, the Contractor can include MCH related protocols, such as Respiratory Distress Syndrome and Pregnancy Induced Hypertension, developed under QAP in the overall replication package.

- *The Contractor shall assist USAID in co-ordination of USAID-funded activities on PMTCT in accordance with the Terms of reference of the USAID/Russia PMTCT Working Group. The Contractor will facilitate communication and coordination of USAID's portfolio on PMTCT with the Russian Ministry of Health and Social Development.*

In addition to USAID's internal programmatic coordination, the Contractor will collaborate with federal and regional governmental entities as well as other donors and programs in order to ensure effective project outcomes."

IMPLEMENTATION

The area, population, diversity and complexity of Russia made close collaboration and cooperation at multiple levels and with a wide variety of individuals and institutions a key component of all MCHI activities.

Healthy Russia

The majority of the MCHI materials were originally developed under WIN. As agreed, Healthy Russia 2020 reproduced the relevant WIN materials and distributed them to the MCHI regions in a timely fashion. In addition, new PMTCT materials – cue cards, brochures for clients, and leaflets for providers – were collaboratively developed. Originally viewed as a major activity in all MCHI regions to support MCHI's male involvement component, the HR 2020 Couples Campaign, originally scheduled for launch in September 2004, was postponed several times and ultimately implemented in only a few MCHI regions late in the Project.

AIHA

MCHI and AIHA frequently collaborated, especially with regard to HIV/AIDS and PCTMT. MCHI's COP visited the AIHA PMTCT Project in Odessa, Ukraine in May 2004 and the head of that project came to Russia to participate in the MCHI-hosted PMTCT workshop in Irkutsk that September. MCHI's COP participated in AIHA's planning meeting on HIV/AIDS treatment care and support. The AIHA Newborn Resuscitation Training Module is a key component of the MCHI Replication Package for newborn care. See also Section IV.I.: PMTCT and Family Planning for HIV+ Women Addressed.

ARO

The contract suggestion that MCHI might include the ARO-supported Early Intervention model in its replication package became an explicit Result under Contract modification #2 and this collaboration is described in detail in Section IV.H: Integration of ARO Early Intervention Model. See also Section IV.I: PMTCT and Family Planning for HIV+ Women Addressed.

QAP

MCHI worked directly with the QAP-created Center for Quality housed at the National Research Institute for Medical Information and Health, and the head of the Center participated in the

Irkutsk PMTCT workshop. The QAP-developed protocols for respiratory distress syndrome and pregnancy-induced hypertension are referenced in the MCHI replication packages but it was beyond the scope of the Project to explicitly train on these subjects. QAP's parent group – the University Research Corporation (URC) – will be an IFH partner for the quality component of the new USAID/Russia MCHI II project. See also Section IV.I.: PMTCT and Family Planning for HIV+ Women Addressed.

Government of the Russian Federation

As is the case in many countries, the Ministry of Health's personnel (and sometimes policies) changed over time. Early in the Project, two ministries were merged to create the Ministry of Health and Social Development. MCHI's current counterparts have been in place since June 2004 and MCHI staff had very good relationships with them. Initially, it was not always clear that the MOHSD saw MCHI as integral to its work and as part of its portfolio; MCHI may have been viewed more as externally-imposed international aid program rather than as a Russian program. However, MOHSD appeared to change its viewpoint over time, beginning in early 2004 when USAID/Russia asked MCHI to take the lead in coordinating the various USAID-funded projects with regard to PMTCT. As part of this coordination function, MCHI served as the key communication channel on PMTCT with the MOHSD. In time, MOHSD made the MCHI PMTCT guidelines national policy. Certainly the MOHSD was very laudatory at the MCHI Final Dissemination Conference. See also Section V.B: National Policy: Clinical Protocol Development.

Regional and Municipal Governments

MCHI's close, collegial and successful work with the regional and municipal governments in the 16 MCHI regions has been described in detail throughout this report. MCHI has received letters from all of the MCHI regions acknowledging and praising the collaborative work done as well as requesting that such collaboration continue.

RELEVANT INDICATORS

None beyond the contractual requirements.

CONCLUSIONS

MCHI's coordination with donors and USAID-funded CAs has been close and synergistic rather than pro forma and perfunctory. Collaboration with Russian regional and municipal government partners has been strategic and successful. Clearly, MOHSD increasingly saw MCHI as a valuable and crucial partner. Being asked by USAID/Russia to take the lead in coordinating the various USAID-funded projects with regard to PMTCT speaks to MCHI's reputation as an able and reputable "honest broker" focused on work in support of Russian families.

In addition to the groups mentioned above, MCHI also collaborated extensively with UNICEF. In its PMTCT work especially, MCHI has also collaborated with the Elizabeth Glaser Foundation and the "Globus" project.

VII. Monitoring and Evaluation

MANDATE

According to the MCHI Contract, "*The Contractor shall develop an overall monitoring and evaluation plan to measure the impact and outcomes of the activity as indicated under the "Expected Results" and "Tasks to be Achieved" sections of this document. This plan shall be used to monitor progress and provide definitive evidence of project impact in accordance with the indicated results. The plan shall include how each of the results will be measured and how the data will be collected. The plan shall further discuss quality control efforts to ensure good data collection, periodic analysis of data collected, and periodic quantitative and qualitative reports of data analysis—including baseline, interim, and final reports.*"

IMPLEMENTATION

Soon after the start of Project implementation, the MCHI monitoring and evaluation plan was prepared and submitted to USAID/Russia on schedule, including the indicators reported on in this Final Technical Report. At the same time, the strategy for implementing the Baseline Facility-based Surveys was outlined. During the WIN project, both household surveys and facility surveys that interviewed both providers and clients had been conducted. The conclusion during WIN was that the most useful data came from the client portion of the facility survey; therefore, MCHI planned from the beginning to only interview clients.

In early March 2004, several weeks after the Launch Conference, the RCT members responsible for conducting the Baseline Facility-based Surveys in their respective regions attended a two-day Monitoring and Evaluation Workshop in Moscow. The Workshop further introduced the Project's monitoring and evaluation system and trained participants in facility-based survey techniques and data entry using SSPS software. Prior to the Workshop, the survey questionnaires had been finalized and field-tested by Project experts and staff. Shortly thereafter, data collection for the Baseline Facility-based Surveys started in all 10 new regions and was completed in May. The collection of official medical statistical data at the facility, municipal and oblast levels was also begun.

Within a few months of adding Khabarovsky Krai and Primorsky Krai to the MCHI portfolio, the two new regions received monitoring and evaluation training, including the methodology for conducting their own Baseline Facility-based Surveys. The MCHI baseline database included questionnaire results from 4,545 antenatal women, 4,585 post-partum women, 3,491 abortion clients, and 4,888 clients at women's consultation clinics.

When the final two regions - Sakhalin Oblast and the Sakha Republic (formerly Yakutia) – were added to the MCHI portfolio in June 2005, there was not sufficient time remaining in the Project to conduct a baseline survey and then an endline survey. (Indeed, these two regions were heavily involved in training right up to the end of the Project.)

In preparation for the Endline Facility-based Surveys, refresher training on facility-based surveys was conducted for the regions in January 2006. Data collection and data entry started in February and was completed by the end of April. For internal reasons, Khabarovsky Krai did not

carry out an endline survey so Primorsky Krai was the only one of the "newcomers" to participate.

Special monitoring forms were also developed for periodic follow-up supervision visits to monitor progress, provide technical assistance, address implementation issues, and adjust Project activities if necessary. During these visits, the follow-up team could see qualitatively what was working, what was not working, and what needed additional work. The team was able to provide immediate feedback via small workshops or by modeling supportive supervision. In addition, the Project collected considerable quantitative data, probably more than could be effectively analyzed and used in a timely manner.

As described in Section IV.K: Documentation and Dissemination Emphasized, MCHI also developed monitoring and evaluation guidelines in a "how-to" format.

RELEVANT INDICATORS

None beyond the contractual requirements.

CONCLUSIONS

The strong monitoring and evaluation system developed by WIN, with minor modifications, also served MCHI well. The conclusion during WIN that the most useful data came from the client portion of the facility survey and that it was not necessary to also conduct household surveys and facility surveys that interviewed providers had a powerful effect. Looking to clients for feedback and information regarding actual performance essentially shifted the paradigm from a focus on the provider to a focus on the client. This paradigm shift helped to change the way in which services were delivered. It engendered greater trust between clients and providers; it resulted in a deeper understanding on the part of both providers and clients of what constituted high quality services; and it helped illuminate for providers the need to view clients as partners in the care giving process.

VIII. Project Management

MANDATE:

The MCHI Contract required that "*Within one month of signing the contract, the contractor shall provide a preliminary three-year work-plan addressing: 1) the creation of an in-country presence including office and staff, 2) determination of site selection criteria and process, 3) formalization of the Russian counterpart(s) and their partnership mechanisms (i.e., contract, MOU, etc.)—both for the entity that would be responsible for the replication component and for the one responsible for initiating the integration of new guidelines and protocols into the higher medical education curricula.*

Within two months of signing the contract, the contractor shall establish an office in Moscow and recruit all the program staff for the duration of the project.

Within four months of signing the contract:

- *A three-year work-plan shall be submitted,*
- *The sites shall be selected,*
- *The replication strategy shall be developed,*
- *Baseline data shall be collected, either from existing sources or through other instruments,*
- *A monitoring and evaluation plan shall be submitted.*

The work-plan shall cover all activities for the three-year period, including a timeline and benchmarks for each activity."

In addition, "*The Contractor is expected to prepare and submit a quarterly report to the Mission within a month into each quarter. The information shall include progress according to workplan submitted at the beginning of the project, outcomes achieved, problems encountered, and solutions suggested. The report shall also indicate resolution of any problems reported in previous reports and a list of upcoming event anticipated for the next quarter."* The Contract also specifies that there will be quarterly Evaluation and Monitoring Reports and Financial Reports as well as both mid-term and final MCHI Project Reports.

IMPLEMENTATION

The Contract Deliverables Schedule, which included all contractually-mandated requirements, was followed closely each quarter.

RELEVANT INDICATORS

None beyond the contractual requirements.

CONCLUSIONS

MCHI has fulfilled all of its contractual requirements in a timely and efficient manner. The Contract Deliverables Schedule was always totally on schedule and approved by USAID/Russia. The MCHI COP and the MCHI staff were repeatedly praised by the regions and by other key

stakeholders for their crisp and efficient management of the Project. The MCHI office in Moscow was well supported and backstopped by JSI/Boston, and MCHI was very skillful at accessing and leveraging the resources of JSI and WEI in a strategic and timely fashion.

MCHI staff's administrative and financial management of the Project was so well regarded by JSI's home office that literally every other JSI-implemented project in the EE/EA region received training from the Moscow staff.

IX. Estimates of Project Sustainability

A universal concern during project implementation was what would happen once the project ended and what would be the likely long-term impact. To address this issue, the mid-term evaluation team considered two elements thought to be major contributors to long-term impact: the extent of partner regional/municipal/facility-level contributions (financial and in-kind) to support Project interventions and the likelihood that the Project interventions would be "rolled out" or spread beyond the target facilities to include other facilities in the region.

A. Leveraging

The mid-term evaluation found that the regional/municipal/facility-level contributions (financial and in-kind) were far in excess of what was initially expected and suggested that it could be informative and useful to attempt to "capture" the degree to which MCHI had leveraged resources in the pilot regions.

In early 2006, a serious attempt was made to document MCHI's leveraging processes and achievements, with an emphasis on financial leveraging. Five of the MCHI regions were surveyed via a site visit and through the use of specially-developed questionnaires. The challenges associated with collecting this information retrospectively were considerable, but, even so, the amounts leveraged also appeared to be considerable. It was estimated that for every dollar invested by USAID in MCHI, the regions in response may have invested $6 to $12.

B. Coverage and Reach

The mid-term evaluation team attempted to assess the likelihood that the MCHI interventions would be "rolled out" or spread beyond the target facilities to include other facilities in the participating regions. An attempt was made to estimate what percentage of the region was already included in Project activities in order to understand the magnitude of each region's "roll-out" task. Doing this brought to light the wide disparity of the MCHI regions in terms of population and geographical area. The target facilities in some regions are municipal facilities only; in others, both oblast and municipal facilities are involved. Looking at catchment areas was not helpful due to overlap and the fact that oblast-level facilities define the whole region as their catchment area.

Finally, it was decided to look at the number and percentage of births occurring in Project facilities compared to the total number of births in the region. For the most part, babies born at a particular maternity have received their antenatal care and will receive their infant care at the affiliated women's consultation clinics and pediatric polyclinics. Thus, it was felt that looking at the number and percentage of deliveries was a good, albeit rough, proxy for coverage. The results, shown in Table 3, are extremely encouraging and show an increase from the mid-term calculations. Already, a very large percentage of births occur in target facilities.

Table 3: Regional Characteristics and Coverage Estimates: 2005 data

	Total Population	Oblast or Municipal Facilities or Both?	Rank by Pop (out of 89)	Rank by Area (out of 89)	Total # of Deliveries in Region	# of Deliveries at Project Facilities	% of Total Deliveries
MCHI Regions—Original 10							
Altai Krai (Barnaul)	2,607,426	Municipal	20	25	**26285**	**5157**	**20 %**
Irkutsk Oblast (Irkutsk, Bratsk)	2,581,705	Both	21	6	**28305**	**10670**	**38 %**
Kaluga Oblast (Kaluga)	1,041,641	Both	52	68	**8863**	**4810**	**54 %**
Komi Republic (Syktyvkar, Vorkuta)	1,018,674	Both	54	15	**8363**	**6770**	**81 %**
Krasnoyarsk Krai (Krasnoyarsk)	2,966,042	Municipal	13	2	**10912**	**4546**	**42 %**
Murmansk Oblast (Murmansk)	892,534	Municipal	61	29	**8432**	**4297**	**51 %**
Omsk Oblast (Omsk, Tara)	2,079,220	Both	25	31	**21491**	**5120**	**24 %**
Orenburg Oblast (Orenburg)	2,179,551	Municipal	24	32	**22536**	**3962**	**18 %**
Tyumen Oblast (Tyumen, Tobolsk)	1,333,800	Both	40	3	**16373**	**8362**	**51 %**
Vologda Oblast (Vologda, Cherepovetch)	1,269,568	Both	42	28	**12999**	**4089**	**31 %**
MCHI Regions—First Additional 2							
Khabarovsky Krai (Khabarovsk, Komsomolsk-na-Amure)	1,436,570	Both	35	5	**15379**	**6973**	**45 %**
Primorsky Krai (Vladivostok, Nakhodka)	2,071,210	Both	26	26	**21356**	**6781**	**32 %**
MCHI Regions—Second Additional 2							
Sakhalin Oblast (Yuzhno-Sakhalinsk)	546,695	Municipal	70	38	**5983**	**2988**	**50 %**
Sakha Republic (Yakutia) (Yakutsk)	949,280	Municipal	58	1	**13603**	**3708**	**27 %**
WIN Regions –Original 2							
Perm Oblast (Perm, Berezniki)	2,819,421	Both	15	27	**28552**	**7663**	**27 %**
Novgorod Oblast (V. Novgorod)	694,355	Both	69	51	**6210**	**3519**	**57 %**
TOTALS	**26,487,692**				**255,642**	**89,415**	**35 %**

As can be seen in Table 4, the MCHI facilities in one region already cover more than 75% of the region's births. Another six regions cover between 50% and 75% of their total births and an additional six regions cover between 25% and 50%. Only three regions cover less than 25 %, two of which are regions where MCHI worked only with municipal facilities.

Table 4: Regions Grouped by % of Total Deliveries Occurring in MCHI Facilities

> 75 %	50 – 75 %	25 – 50 %	<25 %
Komi Republic	Kaluga Oblast	Irkutsk Oblast	Altai Krai
	Krasnoyarsk Krai	Vologda Oblast	Omsk Oblast
	Murmansk Oblast	Khabarovsky Krai	Orenburg Oblast
	Tyumen Oblast	Primorsky Krai	
	Sakhalin Oblast	Sakha Republic	
	Novgorod Oblast	Perm Oblast	

It is not known what percentage could be considered a "critical mass" after which roll-out would be assured, but the likelihood appears high for most if not all of the MCHI regions. Anecdotally, many regions report various plans and efforts already underway to extend the new MCHI approaches beyond the target facilities.

> **"We really feel we need to extend our work to the whole region."**
>
> *Presenter, Irkutsk Oblast, at MCHI's Final Dissemination Conference*

As was described in Section IV.A:Legacy Russian Partner Organization Identified, one of the least covered regions – Omsk Oblast at 24% – will be working with IFH as part of MCHI II to roll out the MCHI interventions throughout that entire Oblast and will provide a significant amount of its own monies in matching funds.

CONCLUSIONS

It is highly likely that the evidence-based interventions introduced by MCHI will be sustained in those facilities beyond the life of the Project. It is also highly likely that adoption of those interventions will be rolled out or spread throughout most, if not all, of the target regions.

With regard to Russia as a whole, MCHI works in 16 of Russia's 89 regions. These 16 regions encompass 26 million people, or 18 % of Russia's total population of 143 million, a not insignificant reach in a richly diverse multi-ethnic country that covers 11 time zones.

X. Final Conclusions, Lessons Learned, and Needed Next Steps

USAID's long range purpose in funding the Maternal and Child Health Initiative has been realized: a strong, credible, registered, indigenous **Russian "legacy" organization** with proven broad-range expertise – the Institute for Family Health – now exists and is well-positioned to continue the promotion and provision of MCH innovations in Russia by partnering with and implementing programs for both international and Russian donors. IFH has already attracted considerable funding from multiple sources for the next three years with two implementing partners pledging additional millions of their own in matching funds. Certainly this is an impressive beginning!

√ *Lesson Learned:* The transformation of MCHI from an external donor-funded project to the Institute for Family Health, a self-sustaining indigenous Russian NGO, is a success story that will hopefully encourage and inspire the legions of committed, hard-working public health professionals in Russia and elsewhere who have dedicated themselves to improving the health and well-being of their fellow citizens.

√ *Lesson Learned:* Despite its inability to continue on as the Russian "legacy" organization, RSOG was a very appropriate and worthy partner for implementing the MCHI Project.

As implementation strategies, MCHI focused on **process as well as content** and chose strategies that not only stressed evidence-based medicine but that also offered a **complete paradigm shift** from focus on the provider to focus on the client, a shift that literally transformed the way in which maternal and infant services were delivered.

As a result, the adoption and integration of **internationally-recognized, evidence-based standards** has occurred at a very impressive pace across an impressive range of political and health institutions actively involving an impressive number of people over an impressive geographic area. The active involvement of a variety of stakeholders—health officials, policymakers responsible for decision making and resource allocation, and experts and providers from all levels of the health system—was cultivated from the very beginning. This helped establish full ownership for the innovative changes being introduced and helped motivate many to work towards the expansion and sustainability of the program.

√ *Lesson Learned:* MCHI basically created a **community of change agents** by defining its stakeholders broadly and keeping them actively involved.

√ *Lesson Learned:* By identifying and supporting **"catalyst" institutions and individuals**, MCHI helped multi-level leadership implement **bold, rapid, substantive changes**. The amount of change that has occurred and the potential for continued achievement and further expansion within the target regions is great.

Inter-linking components and multi-level focus gave the Project's implementation strategies **strength, breadth, adaptability and flexibility.** By building on the successes of WIN and

adapting additional materials from CDC, WHO, UNFPA, UNICEF and other CAs; MCHI was able to promote evidence-based interventions with efficiency. The **capacity building** at the regional level is substantial and has laid the foundation for further replication. The improvements in the Project's Results Indicators seen over a relatively short time interval are both impressive and heartening.

√ *Lesson Learned:* The MCHI **process – participatory, interactive, kind, respectful –** was as important as the content. Throughout, explicit efforts were made to carry out implementation in a participatory, transparent, low hierarchical manner. In effect, an effort was made to model with the regions the client-centered, mother-friendly, baby-friendly, youth-friendly, family-friendly approach that WIN/ MCHI was striving to introduce into Russia's reproductive health services. The training component especially modeled this approach. The participatory, interactive training techniques were widely appreciated, as was the interdisciplinary approach modeled by the composition of the trainers as well as by the mix of participants in the courses. Course participants described the trainers as being kind, respectful, interactive, energetic, highly professional and accessible – welcome compliments given the effort that both WIN and MCHI devoted to developing a strong cadre of all Russian trainers.

> **"The Project has shown that we can implement any program. There is no way back as we ourselves have changed."**
>
> *Chief Physician, Maternity Hospital #2, Krasnoyarsk City at MCHI's Final Dissemination Conference*

√ *Lesson Learned:* In terms of **content**, the evidence-based approach literally became a credo and supported the health care professionals in their roles as change agents as they introduced and implemented evidence-based practices. At the regional level, this **dual focus** on both process and content was **very empowering** and contributed substantially to the high degree of capacity building that occurred.

√ *Lesson Learned:* The **selection process** (incorporating an element of self-selection which promoted commitment and built in readiness) and criteria worked extremely well and were key contributors to the Project's robustness. The competitive element was **innovative and positive.** The co-financing requirement was also motivating. Requiring letters of support from municipal and regional authorities and from the regional RSOG branch helped instill a broad sense of ownership from the beginning. The requirement that the **facilities chosen be an inter-related set** of maternities, women's consultation clinics, children's polyclinics, family planning centers, and HIV/AIDS centers helped to **horizontalize** previously vertical institutions and to standardize the content and continuity of care.

Needed Next Step: The regions see a significant need for a **federal *prikaz*** that supports MCHI interventions in order to facilitate and enable the further rolling out and adoption of MCHI practices throughout the regions. Many non-Project sites were eager to adopt Project approaches but were concerned about being in violation of federal mandates without the "protection" of being a designated MCHI facility. For example, authorities are cautious about allowing partnership deliveries because they are in violation of the federal regulations.

The Inter-regional Working Group on Youth Reproductive Health was functional and appeared effective. Although many more than two regions demonstrated a specific interest in youth programming, their functioning programs differed widely, and although MCHI did develop useful Youth Programming Guidelines, it is too early to assess the extent to which they were put into practice.

- *Lesson Learned/ Needed Next Step:* Clearly there is great interest in youth and a deep recognition of the importance of addressing youth's special needs. The task is not an easy one but it would be a wise choice for any donor investing in Russia to consider a focus on youth.

Considerable attention has been given to increasing **active male participation** and support at multiple junctures. Adult males and youth have visibly benefited from **improved physical and emotional access** to reproductive health care in MCHI facilities.

√ *Lesson Learned:* Regardless of how well-intentioned both parties were, having an independent entity (HR 2020) essentially responsible for MCHI's IEC/BCC component did not work well. At critical junctures, MCHI did not have the right or responsibility to implement or carry out IEC/BCC activities that would most likely have strengthened the Project. Collaboration is certainly valuable but, for maximum impact and efficiency, a project needs to be in control of its key

The introduction of internationally-recognized, evidence-based standards for selected maternal child health interventions into the **pre-service and post-graduate curricula** of training institutions for physicians, nurses and midwives has been initiated in all of the MCHI regions having such institutions, as well as in a major state medical academy in Moscow. Faculty members from regional medical schools have been an integral part of all MCHI components at multiple levels as committee members, trainers, and participants.

- *Needed Next Step:* To move beyond these important first steps will require a much more focused and explicit program, to which Russian institutions would likely be highly receptive.

Although updated in the Project's final year, the **new family planning curriculum** has been well-received and should still be very useful to many, given its **user-friendly** structure and approach. The small pilot component to extend family planning activities into rural rayons in two oblasts is still in its early implementation phase. Additionally, the pilot oblasts had to formulate their initial implementation plans with almost no data specifically relevant to rural couples. The household survey carried out in Vologda has now provided some helpful information that may suggest needed strategic modifications.

- *Needed Next Step:* A thorough evaluation and reassessment after at least a few more months of implementation would do much to inform future rural-focused activities.

Although not included in the original MCHI Contract, MCHI has become a **major leader in Russia for PMTCT** policy development and service standards of care, as well as for the overall reproductive health needs of HIV+ women.

- √ *Lesson Learned:* MCHI's strong technical and managerial capabilities provided the flexibility needed to allow MCHI to smoothly incorporate these major new components into their program and thus be responsive to evolving external realities and the needs of USAID/Russia. The MCHI project design provided an excellent mechanism for **humanizing, "horizontalizing" and integrating the care of HIV+ women and their infants** into the health care system, a need that will grow exponentially as Russia's HIV/AIDS epidemic progresses.

- √ *Lesson Learned:* The just completed PMTCT+FP Study provided valuable **data for decision making** to inform the development of strong future policy and service standards, laying the groundwork for the development of needed Reproductive Health Guidelines for HIV+ Women.

Coordination with donors and USAID-funded CAs was **close and synergistic** rather than pro forma and perfunctory. Collaboration with Russian regional and municipal government partners and with the MOHSD has been strategic and successful.

- √ *Lesson Learned:* Again, MCHI created a **community of change agents** by defining its stakeholders broadly and keeping them actively involved.

MCHI has been exceptionally attentive to documentation and dissemination both nationally and internationally and has created a set of tools – IEC materials, a film, detailed replication packages, etc. – that are accessible and adaptable. The MCHI website includes many of these tools in Russian and in English. MCHI has become well-known and well-respected for the quality and inclusiveness of its work and has become a model for both implementing evidence-based practices and for scaling-up.

- √ *Lesson Learned:* Planning for replication and dissemination from the beginning pays off. The positive momentum that MCHI was able to create resulted in regions seeking to be part of the change process.

- √ *Lesson Learned:* Both sustainability and replicability are key WIN/MCHI success stories.

The management guru Peter Drucker once said: "Management is doing things right; leadership is doing the right things." MCHI exhibited strong leadership skills as well as strong management skills by **continually revisiting both the content and the process** of their interventions. In terms of doing the right things, for example, MCHI smoothly incorporated PMTCT as a major new component and thus was able to be responsive to evolving external needs. They also quickly recognized the dearth of available information and designed a PMTCT+FP Study to provide needed data for decision making to inform the development of relevant policy and service standards. Again, when beginning the rural family planning pilot, the need for additional Russia-specific data-based information was recognized; in response, MCHI helped arrange for a locally

conducted population-based household survey (including a male component) in Vologda Oblast similar to those conducted during the WIN Project.

In terms of doing things right, MCHI conducted an internal mid-term evaluation which, among other actions, led to the decision to revise and update the family planning curriculum with counseling skills as its organizational backbone. Using the *WHO Medical Eligibility Criteria for Contraceptive Use* as its evidence-based content foundation, the new curriculum also stressed informed choice, the health and human rights aspects of family planning, emergency contraception, STIs, HIV/AIDS, and PMTCT.

√ *Lesson Learned:* The design, content and implementation process of the MCHI Project is an **excellent model** for similar work in other countries, especially those in the former Communist-bloc. MCHI's innovative ideas and practical approaches can be adapted by program managers and policymakers and, in fact, have already been adapted successfully in Ukraine and Georgia. Additionally, the MCHI Project is an excellent model for the incorporation of additional evidence-based, internationally-recognized standards of care into the Russian health care system (e.g. additional reproductive health, family planning, and HIV/AIDS interventions; tobacco; tuberculosis). Because of its client-centered, client-friendly approach, the MCHI model is also a good model for reaching traditionally hard-to-reach and/or stigmatized populations (prisons, drug rehab centers, institutionalized youth) in need of these same services.

"The Government of the Vologda Oblast …assumes that the current Project can become 'a bridge of friendship' between Russian and American people."

I.A.Pozdniakov, First Deputy Governor of the Vologda Oblast in a letter to the Mission Director of USAID/Russia

Appendix A. Evolution of Expected Results and Tasks

A. "Legacy" Russian Partner Organization Identified

MANDATE

The original contract **Result**, **"***A Russian organization with a strong MCH mandate empowered, strengthened, and able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance"* was to be achieved via two main **Tasks:**

1. *"The Contractor shall identify and partner with a key Russian health organization with a strong MCH mandate in order to promote and carry out the replication component of the activity. The selection criteria used to identify this partner organization should include, but not be limited to, the ability of the Russian partner to cost-share (for example contribution of overhead, staff time, office space/equipment, etc.). In addition, the organization should have a favorable reputation and be well-respected by the Russian government health authorities, academicians, and the international donor community in Russia."*

2. *One of the tasks of the Contractor shall be to develop and build the capacity of the selected Russian organization throughout the course of the contract, to enable it to follow-on and continue similar replication efforts after USAID programming ends in Russia. The Contractor shall develop a detailed plan outlining both the involvement of the partner organization in the overall implementation process and interventions that will be undertaken to build the capacity of the Russian partner."*

The March/April 2005 MCHI Midterm Evaluation found that while RSOG was a very appropriate and worthy partner for implementing the MCHI Project, RSOG would not to able to continue or expand the scale up unaided and that providing the level and extent of the capacity building that RSOG would need to allow them to continue MCHI-type interventions was beyond the resources (time, human, financial) of MCHI, nor could RSOG absorb such intense capacity building efforts, even if available, at this time. Realistically, there was no other known organization that would have been a stronger choice. The conclusion was that relevant and feasible organizational development work with RSOG should be continued as appropriate and that a frank and open discussion between MCHI and USAID/Russia was needed regarding realistic options for continuing the scale-up of MCH innovations in Russia begun under WIN and greatly expanded under MCHI, given that it was unlikely RSOG would be able to fill this role in the foreseeable future.

Consequently, contract modification #5 amended the original expected result to remove the expectation that RSOG would be "*able to continue the promotion and provision of MCH innovations in Russia beyond the period of USAID's assistance"* and instead focused on its strengths as a partner in implementing the replication model during the Project period. **Task 1** was also modified to remove the expectation that RSOG would "*carry out*" the replication component in addition to promoting it. The original **Task 2** was replaced in its entirety to reflect a more realistic relationship between MCHI and RSOG:

2. "*The Contractor shall conduct a limited number of organizational development activities to contribute to developing the Russian Society of Obstetricians/ Gynecologists (RSOG) capacity as an implementation partner. Specific activities would be jointly determined by both MCHI and RSOG. Continue working relationship with individual members of the RSOG at both regional and central levels, furthering the goals of both the MCHI Project and the Society as a whole.*"

B. Internationally-Recognized, Evidence-Based Standards Adopted

MANDATE

The original contract **Result,** "*Internationally recognized standards and USAID promoted MCH practices adopted by targeted health facilities in at least ten regions of the Russian Federation, in addition to the two WIN Project's pilot regions*" was to be achieved via three main **Tasks**:

1. *"The Contractor shall compile a comprehensive Replication Package, including guidelines, protocols, and practices defining new approaches to MCH services. This package should include the WIN Project's "how-to-guide," materials developed under the Women's Reproductive Health Project, and other USAID funded MCH initiatives to date. This package should also include any other newly developed and appropriate MCH practices by other donor organizations."*
2. "*Ten new regions shall be selected on a competitive base for the implementation of the replication component of this activity. The Contractor shall propose a design for the selection process, including selection criteria to be used to identify the participating oblasts and the corresponding health facilities. Cost sharing, a supportive regional health administration, and in-kind staff time shall be included among the selection criteria. Priority should be given to US government and USAID priority regions, as well as those sites where other AID or USG projects are being implemented. Thirteen oblasts have already expressed their interest to replicate the WIN model. It is anticipated that more regions will request such assistance during the final WIN dissemination conference, planned for May 2003. The advocacy and dissemination efforts under Healthy Russia 2020 and Phase III of the Quality Assurance Project will also help boost regional interest."*
3. *"A comprehensive replication strategy shall be developed by the Contractor specifying the process and timelines for newly selected health facilities. The Contractor, along with the Russian partner organization, shall carry out and facilitate this process. It is expected, however, that by the beginning of the third year, the role of the Contractor shall evolve to only facilitate and oversee this process, whereas the actual administration and delivery elements of the replication component will be conducted by the Russian partner in collaboration with the targeted health facilities. The range of interventions to support the replication process may include health provider training, restructuring of services, technical assistance, cross-regional visits, etc. Resources developed under the WIN Project, i.e., a pool of master trainers and the training center in Perm, as well as other resources developed under USAID programs (including models supporting the institutionalization process developed under Phase III of USAID's Quality Assurance Project) should be utilized. In addition, the replication plan should be adapted to be appropriate for each targeted region or facility to address their unique needs and circumstances."*

Contract modification #2 added a second **Result**: *"MCHI practices integrated in two more regions in the Russian Far East,"* which was to be achieved via an additional **Task**:

4. *The current replication strategy and planned interventions under the MCHI three year workplan should be expanded to Primorsky Krai and Khabarovsk Krai in the Far East."*

Contract modification #5 amended the first **Result** by adding "*and HIV/ AIDS prevention"* to the internationally recognized standards and USAID promoted practices to be adopted by targeted health facilities and also subsumed the second **Result** by adding yet two more regions so that the targeted health facilities were to be *"in at least fourteen regions of the Russian Federation."* **Task 1** was also amended by adding *"and PMTCT"* to the comprehensive Replication Package to be compiled and **Task 2** was amended to substitute *"Fourteen"* for the number of regions to be selected. The following text was deleted: "*Thirteen oblasts have already expressed their interest to replicate the WIN model. It is anticipated that more regions will request such assistance during the final WIN dissemination conference, planned for May 2003. The advocacy and dissemination efforts under Healthy Russia 2020 and Phase III of the Quality Assurance Project will also help boost regional interest"* and the following inserted: *Four of the new regions shall be in the Russian Far East."* To have agreement with the modifications previously made regarding a "Russian Partner Organization," **Task 3** was amended by deleting "*It is expected, however, that by the beginning of the third year, the role of the Contractor shall evolve to only facilitate and oversee this process, whereas the actual administration and delivery elements of the replication component will be conducted by the Russian partner in collaboration with the targeted health facilities.* **Task 4** was deleted in its entirety, since it also was subsumed by the restated **Result.**

Contract modification #7 further amended **Task 1** by inserting *"evidence-based"* before *"guidelines, protocols and practices"* and *"perinatal care"* between *"MCH services and PMTCT."* In addition, the sentence *"Selected materials should be updated and/or adapted as appropriate (e.g. the Family Centered Maternity Care and Family Planning curricula)"* was inserted before the final sentence.

C. Reproductive Health Programming for Youth Strengthened

MANDATE

The original contract **Result**, **"***Youth-friendly services introduced and adopted by selected regions based on their unique needs and circumstances*" was to be achieved via the following **Task:**

1. ***"****Compile a comprehensive package on youth-friendly health services that will include materials developed by UNFPA, UNICEF, WIN, and the Association of Youth Friendly Clinics. Concurrently, an implementation work-plan and schedule shall be developed by JSI to introduce youth-friendly health services in the selected facilities based on their needs, interests, and circumstances."*

Contract modification #2 modified the original Result and Task. The new **Result**, "A *comprehensive reproductive health program for youth developed and implemented in at least two MCHI regions*" is to be achieved via the following **Task**:

1. "*To develop a comprehensive reproductive program for youth, an MCHI interregional working group on youth reproductive health shall be established. This group will consist of representatives from the regions, MCHI consultants and staff. The working group shall review existing programs, regional, national and international experience on reproductive health programs on youth and develop a comprehensive reproductive health program for youth including policy document, training curriculum for health providers, information for youth, follow-up and monitoring and evaluation plans. The Program shall be implemented in at least 2 of the MCHI regions."*

The provider training curriculum on Youth Friendly Services developed by WIN and the Association of Youth Friendly Clinics did reflect international standards for youth-friendly clinics and was successfully applied in the WIN sites. It was also part of the initial MCHI Replication Package. However, MCHI staff and consultants found less appropriate and innovative programming at UNICEF and UNFPA sites than expected during the data collection process for the MCHI Baseline Assessment and found other sites and international experience of interest as well. This led to the broader yet more focused new Result and Task in contract modification #2.

D. Male Involvement Emphasized

MANDATE

The original contract **Result**, **"***Access to reproductive health services and information for men increased in the targeted regions*" was to be achieved via the **Task**:

1. *"The Contractor, together with its Russian partner, shall develop appropriate strategies and interventions to increase male participation in family planning counseling and other reproductive health services. The Contractor shall propose a coordination strategy outlining linkages with Healthy Russia 2020 in regards to planned communication interventions on reproductive health issues."*

Additionally, under **"Gender Involvement,"** the Contract noted*:" Although the primary focus of this activity is improving health care services for women and infants, gender integration is an important component of the proposed activity. The new activity must include information and communication interventions targeted at both women and men beneficiaries. Men play a crucial role in the decision-making process around family planning issues. Men and families in general should be encouraged to benefit from the comprehensive family-centered maternal care approach as active family member participants. The activity should reach male audiences through communication interventions as well as services offered by the targeted health facilities. This activity should also focus on creative models of increasing male participation in reproductive health issues."*

E. Medical School Involvement Encouraged

MANDATE

The original contract **Result**, *"Introduction of newly developed protocols and internationally recognized standards into basic medical school educational materials initiated*" was to be achieved via two **Tasks**:

1. "*A respected national Russian entity shall be identified by the Contractor to facilitate the introduction of the protocols developed based on internationally recognized standards into basic medical school educational materials. This organization can either be the same Russian partner selected to assist with the replication component, or another. The Contractor shall identify one or more potential candidates suitable for this partnership and a list of proposed selection criteria"*
2. "*Medical school curricula shall be revised to include the latest internationally recognized MCH standards and procedures for inclusion in the local and national medical school educational materials. A team representing the Contractor, the Russian counterpart, and faculty members from selected medical institutions shall be created to oversee the achievement of this task. This activity will be the start of a long-term effort toward introducing change into the medical education curricula in Russia, working closely with the selected counterpart. It is expected that the Russian counterpart will continue this dynamic process after USAID programming ends in Russia. The Contractor shall outline a plan describing how it proposes to achieve this task. This task shall be closely linked and coordinated with the activities of the Healthy Russia 2020's "Evidence-based Medicine Committee."*

To agree with the modifications previously issued regarding a "Russian Partner Organization" and to reflect the fact that Healthy Russia 2020 did not have a functioning "Evidence-based Medicine Committee, contract modification #5 amended **Task 2** by deleting the final three sentences: "*It is expected that the Russian counterpart will continue this dynamic process after USAID programming ends in Russia. The Contractor shall outline a plan describing how it proposes to achieve this task. This task shall be closely linked and coordinated with the activities of the Healthy Russia 2020's "Evidence-based Medicine Committee"*.

F. Family Planning Capacity and Services Strengthened

MANDATE

Beginning in WIN and continuing into MCHI, family planning had been a key core intervention. Although not mentioned as an explicit Result in the original contract, contract modification #2 strengthened the emphasis on family planning by adding a new **Result**; "*Family planning services with a special focus on post-partum and post-abortion clients strengthened in all MCHI regions*", which was to be achieved via four **Tasks**:

1. "*To strengthen family planning activities the Contractor shall provide more training in sites, with a special focus on post-partum and post-abortion clients as counseling of these groups of women is one of the main issues in provision of family planning services.*

To improve continuity of care, linkages between women's consultations, maternity hospitals and children polyclinics should be increased. Pediatricians and pediatric nurses should be trained to provide family planning education and counseling to post-partum women during both home and policlinic visits."

2. *"To reinforce training and assist in implementation, regular follow-up visits will be established. Experienced family planning consultants should help to consolidate and ensure skills in newly introduced practices; identify problems preventing application of new skills in clinic routine; assist medical providers in seeking adequate solution to problems; and support collaboration and knowledge transfer between providers and clients."*
3. *"To increase a core group of family planning experts, training of trainers on counseling skills and in-depth technical family planning issues for regional representatives, Russian Society of Obstetricians-Gynecologists (RSOG) and medical schools should be provided. MCHI master trainers (trained under WIN) will begin to train a core group of family planning/ reproductive health trainers from participating regions (usually members of RSOG). This core group of trainers will consist of staff from regional and city Family Planning Centers, Ob/Gyn Department of Refresher Training Institute, Medical College for Nurses and Midwives and Medical Institute/ University/ Academy. These local trainers will learn to use MCHI Family Planning/ Reproductive Health and HIV/AIDS Prevention Training Package. The Package will include the male involvement module to help establish a male-friendly environment at Women's Consultation Centers, Maternity Hospitals and Family Planning Centers. Family planning local trainers will conduct FP/RH training activities for all obstetrician-gynecologists, nurses, and midwives from participating facilities in the region. Mid-level personnel in gynecology, women's consultation centers and Family Planning Centers will be trained to provide group family planning education sessions in in-patient settings."*
4. *"The project should collaborate with pharmaceutical companies and pharmacies to ensure that family planning methods are available at pilot sites."*

To ensure the availability of family planning methods at pilot sites, a system of commodity security would need to be in place and functional. This would require a logistics management information system (LMIS) at the regional level and a system that strategically coordinates public, private non-profit and private for-profit procurement of commodities based on forecasted needs and market segmentation to avoid stock-outs. This being beyond the scope and intent of the MCHI Project, contract modification #7 replaced **Task 4** by substituting:

4. *"The project should collaborate with pharmaceutical companies to increase access and availability of family planning methods and information at pilot sites."*

Contract modification #5 added two new **Results.** The first, *"Family planning capacity strengthened in the regions and at the national level"* was to be achieved via five **Tasks**:

1. "*Organize MCHI Family Planning Task Force."*
2. *"Develop family planning curriculum for post-graduate education at medical schools."*
3. *"Conduct a second round training of trainers (TOT) on family planning for MCHI regions."*

4. *"Build capacity at the federal level by involving Russian Duma and Federal Council representatives in MCHI family planning activities through advocacy, information and education support."*
5. *"Enhance regional work with mass media on family planning."*

In response to recommendations made in the mid-term evaluation to strengthen the family planning component, MCHI embarked on an extensive revision of the Family Planning curriculum and supportive training and job-aid materials. Development and pre-testing of the revised curriculum contributed significantly to the capacity building at the regional and potentially the federal level but reduced the time available for roll-out during the remaining life of the project to all MCHI regions. Contract modification #7 inserted the word *"selected"* before the phrase "*MCHI regions*" in **Task 3**.

Despite efforts by MCHI, there was little responsiveness from the Duma or Council representatives to become actively involved in family planning issues. It is anticipated that the documented success of program implementation and the commitment of the regional governments will, over time, have a "change agent" effect at the Federal level and that the advocacy for change and support for effective family planning policy will evolve from the bottom up. Contract modification #7 deleted **Task 4** in its entirety.

G. Family Planning Extension into Rural Areas Piloted

MANDATE

Contract modification #5 added a new **Result:** *"Integration of family planning into primary healthcare services piloted in selected rural areas in at least two regions with high abortion rates,"* which was to be achieved via the **Task**:

1. **"***Develop a model of family planning services in rural areas in selected MCHI regions through family planning practitioners and rural primary medical units. After piloting, the model should be included in MCHI Replication Package."*

H. ARO Early Intervention Model Integrated into MCHI Activities

Contract modification #2 added a new **Result:** *"Early Intervention model developed by USAID-funded Assistance to Russian Orphans Program (ARO) integrated in MCHI models,"* to be achieved via the following **Task**:

1. **"***The Contractor shall work with the Early Intervention Institute, its branch in Novgorod and other relevant programs to introduce early intervention activities as feasible in MCHI pilot regions and facilities."*

I. PMTCT and Family Planning for HIV+ Women Addressed

MANDATE

Contract modification #2 added a new **Result: "***A collaborative model on PMTCT-plus developed and implemented together with ARO in Irkutsk and other regions"* that was to be achieved via the following **Task:**

1. *"The Contractor shall work with ARO to develop a collaborative model on PMTCT-plus in Irkutsk and other regions."*

Contract modification #5 amended this **Result** by substituting "*in one of the pilot regions, for example, Irkutsk"* for *"in Irkutsk and other regions"* and amended the **Task** by substituting "*in one of the pilot regions with high HIV-prevalence rates, for example, Irkutsk"* for "*in Irkutsk and other regions."*

Although MCHI and ARO were able to successfully collaborate in other areas and despite MCHI's willingness to work with ARO in Irkutsk and some initially positive beginnings, ARO and its local partners in Irkutsk were not able to work on this activity as planned. Contract modification #7 deleted this **Result** and its **Task** in its entirety.

Contract modification #5 also added two new **Results**: *"Family planning and prevention of mother-to-child transmission of HIV (PMTCT) capacity strengthened at HIV Centers"* and **"***Family planning integrated into counseling services for HIV-positive women,"* which were to be achieved via five **Tasks**:

1. "*Carry out needs assessment on family planning among HIV-positive women."*
2. *"Develop guidelines on family planning counseling of HIV-positive women."*
3. **"***Build capacity of the Federal Research Center for Health Care of HIV-Positive Women and Children, Federal AIDS Prevention Center and Regional HIV Centers on family planning and PMTCT."*
4. **"***Issue a newsletter on family planning and PMTCT in coordination with the Russian Ministry of Health and Social Development (MOHSD), the Federal Research Center for Health Care of HIV-Positive Women and Children, and Federal AIDS Prevention Center."*
5. **"***Organize and conduct a conference on family planning and PMTCT in coordination with MOHSD, UNICEF and other international organizations."*

As none of the proposed partners demonstrated any subsequent interest in developing a newsletter, contract modification #7 deleted **Task 4** in its entirety.

J. Abortion Rates Decreased and Use of Modern Contraception Increased

MANDATE

In the original contract, at the conclusion of MCHI, the following two **Results** were to be achieved:

1. *"The abortion rate reduced in the targeted regions."*
2. *"Use of modern contraceptives as a mean to prevent unwanted pregnancies increased in the targeted regions."*

K. Documentation and Dissemination Emphasized

MANDATE

Contract modification #2 added a new **Result:** *New activities included and monitored in the overall monitoring and evaluation plan. Overall project results documented and disseminated in the pilot regions and nationwide."*

Contract modification #5 added another new **Result:** *"Additional (non-intervention) regions oriented to MCHI model and up-dated replication package"* to be achieved via four **Tasks**:

1. **"***Develop an educational film on MCHI practices for medical schools and facilities."*
2. *"Additional activities and results which were added under several contract modifications shall be included and monitored in the overall monitoring and evaluation plan. Overall project results should be properly documented and disseminated to obstetricians, gynecologists, pediatricians, midwives, and nurses throughout Russia by writing and publishing papers in influential professional journals and giving presentations at appropriate professional meetings and conferences in the pilot regions and nationwide."*
3. **"***Conduct a broad MCHI Dissemination Conference with involvement of non-MCHI regions, especially those that have already participated in MCHI activities at their own cost and/or sent official letters of interest."*
4. *"Conduct a workshop to orient selected non-intervention regions interested in implementing MCHI practices, using an updated Replication Package and sharing the experience of successful intervention regions."*

Contract modification #7 also added a new **Task**:

5. *"Develop guidelines on MCH care and services monitoring and evaluation."*

L. Hepatitis B Vaccinations in Russian Far East Supported

MANDATE

In 2004, MCHI was asked to assist USAID/Russia by moving funds and support through the MCHI contract mechanism to the Vishnevskaya-Rostropovich Foundation for vaccination programs for adolescents in the Russian Far East.

Contract modification #2 added the **Result**, "*Hepatitis B vaccination program for adolescents implemented in partnership with Vishnevskaya-Rostropovich Foundation in the Far East,"* which was to be achieved via **Task**:

1. "*The Contractor shall implement a Hepatitis B vaccination program for adolescents in at least one region in the Far East through a partnership with the Vishnevskaya-*

Rostropovich Foundation. The funds for this activity should be tracked and reported on separately."

M. Future of Russia Foundation Pass-through Monitored by JSI

MANDATE

Contract modification #4 amended the statement of work to include the Future of Russia Foundation (FORF) as a pass-through subcontractor receiving Global Development Alliance (GDA) funding. FORF's Result (not MCHI's) *"The maternal and perinatal health care system in the Moscow oblast will be reformed through the creation of a model state-of-the-art regional perinatal health care program at the Moscow Regional Perinatal Center (MRPC)"* was to be achieved via six Tasks:

1. **"***Antenatal care, both primary and high risk care, will be reviewed along with health promotion and disease prevention practices for preconception and interpregnancy care, and recommendations will be made for improvement."*
2. **"***Health care workers will be trained in evidence-based practices and standards of care during labor, delivery and the postpartum period."*
3. **"***Guidelines for perinatal care based on international standards will be developed."*
4. **"***International public health standards and management practices will be implemented at the MRPC as it is brought up to international standards. This work will necessarily include a reform of public policy and laws dealing with health care in which FOR is actively engaged in work with the MOH and Moscow Oblast Duma.*
5. "*Strategies to minimize the effects of sexually transmitted diseases (STDs) and the emerging problem of maternal and infant HIV/AIDS will be implemented. The guidelines for perinatal care will include guidelines for diagnosing the pregnant mother so retroviral drugs can be given to minimize viral transmission to the infant and to treat the mother post-partum, surveillance to minimize the emergence of drug resistance, and public policy development regarding HIV/AIDS and control."*
6. *"A responsive and accurate epidemiological surveillance program, which has begun in 2003, will be implemented to record the project's success and inform future programming."*

Contract modification #5 clarified that the above Tasks were to be implemented in Moscow Oblast under the Future of Russia Foundation subcontract (and not as part of the main MCHI contract) by adding the phrase "*through a sub-contract with the Future of Russia Foundation*" to the end of their original Result. Contract modification #7 provided further clarification of JSI's role vis-à-vis the Future of Russia Foundation subcontract by deleting the six Future of Russia Foundation Tasks and substituting the following **Task**:

1. "*The Contractor shall provide administrative and financial oversight to the Future of Russia Project and provide technical assistance as requested by the Future of Russia to implement a maternal and perinatal healthcare system in the Moscow oblast and develop a state-of-the-art perinatal health care program at the Moscow Region Perinatal Center (MRPC). The funds for this activity should be tracked and reported on separately."*

Appendix B. Result Indicators for Maternal and Child Health Initiative

Expected results	Indicator	Indicator definition	Data Source	Data Collection Method	Frequency of measure
Russian organization empowered and strengthened					
	Supportive Policy Environment	Memorandum of Understanding between RSOG and JSI signed	RSOG/ MCHI records	Documentation with materials compiled	n/a
		MOH agrees on partnership with RSOG to implement MCHI	RSOG/ MCHI records	Documentation with materials compiled	n/al
		Monthly collaborative meetings with RSOG leadership	RSOG/ MCHI records	Documentation with materials compiled	Quarterly
	Organizational Capacity	Persons responsible for MCHI-RSOG coordination of joint activity identified	RSOG/ MCHI records	Documentation with materials compiled	n/a
		RSOG participation in MCHI Interregional Working Group activities	RSOG/ MCHI records	Documentation with materials compiled	Quarterly
		RSOG participation in Regional Coordinating Teams activities	RSOG/ MCHI records	Documentation with materials compiled	Quarterly
		RSOG participation in joint MCHI work plans development at national and regional levels	RSOG/ MCHI records	Documentation with materials compiled	Annual

		RSOG participation in: • MCHI staff meetings, • M&E team meetings • follow-up visits.	RSOG/ MCHI records	Documentation with materials compiled	Quarterly
		Number of RSOG members trained in capacity building	RSOG/ MCHI records	Documentation with materials compiled	Annual
		RSOG and JSI jointly organize MCHI conference in the frame of the National congress "Mother and Child"	RSOG/ MCHI records	Documentation with materials compiled	Annual
		RSOG regularly publishes MCH/MTCT/RH evidence-based updates in RSOG journal	RSOG/ MCHI records	Documentation with materials compiled	Annual
		RSOG has a follow-on strategy to continue MCHI activities by the end of the project	RSOG/ MCHI records	Documentation with materials compiled	n/a
	Technical Capacity	Number of RSOG trainers trained at MCHI TOT	RSOG/ MCHI records	Documentation with materials compiled	n/a
		RSOG participation in training activities in regions	RSOG/ MCHI records	Documentation with materials compiled	Quarterly
		Number of protocols and guidelines from MCHI Replication Package implemented in regions	RSOG/ MCHI records	Documentation with materials compiled	Annual
		Number of journal articles on activities published	RSOG/ MCHI records	Documentation with materials compiled	Annual

MCH practices adopted in targeted facilities					
	Supportive Policy Environment	Number of regions institutionalized MCHI approaches in their official policies Number of RSOG regional groups involved to facilitate MCHI implementation	RSOG/ MCHI records RSOG/ MCHI records	**Documentation with materials compiled** **Documentation with materials compiled**	n/a Annual
	Number of facilities implemented evidence-based MCH practices	Number of facilities implemented MCHI interventions	Facility Survey Follow-up visits	Client Interview **Observations, providers interview,** **record review;** **regional health administration records**	Baseline and endline Annual
Prenatal Care	**Prenatal clients counseled on Breast Feeding**	**Percent of prenatal clients who report that provider discussed Breast Feeding**	Facility Survey	Client Interview	Baseline and endline
	Prenatal clients counseled on partner/family participation and support during childbirth	Percent of prenatal clients who report that provider discussed partner/family participation and support during childbirth	Facility Survey	Client Interview	Baseline and endline
	Prenatal clients counseled on healthy lifestyle	Percent of prenatal clients who report that provider discussed healthy lifestyle	Facility Survey	Client Interview	Baseline and endline

	Prenatal clients counseled on healthy nutrition	Percent of prenatal clients who report that provider discussed healthy nutrition	Facility Survey	Client Interview	Baseline and endline
Labor and Delivery Services					
• **Beneficial practices are increased**	Prevalence of rooming-in facilities	Percent of postpartum women who report that they had their baby in their room day and night, for the entire hospital stay.	Facility Survey	Client Interview	Baseline and endline
	Support during labor and delivery	**Percent of post-partum women who had a partner/close person support during labor and delivery**	Facility Survey	Client Interview	Baseline and endline
	Use of Partograph	Percent of deliveries with completed WHO partograph	Follow-up visit	Record review	Biannual
	Ambulation and position during labor	Percent of women, who were allowed to walk, sit during labor	Facility Survey	Client Interview	Baseline and endline
	Active management of 3-rd stage of labor	Percent women who receive oxytocin during 3RD stage of labor	Follow-up visit	Record review	Biannual
• **Harmful or potential dangerous intervention are decreased**	Prevalence of Harmful or potentially dangerous labor and delivery procedures	Percent of all postpartum women who report experiencing following procedures during labor and delivery: perineal shave, enema and routine: IV solution, labor induced and episiotomy	Facility Survey	Client Interview	Baseline and endline

Breast Feeding practice implemented	Prevalence of exclusive breastfeeding in maternities	Percent of postpartum women who report that their infant received only breast milk during entire hospital stay	Facility Survey	Client Interview	Baseline and endline
	Exclusive breastfeeding rate among 0-6 month olds	Percent of children exclusively breastfed up to 6 month	Children policlinics reports	Record review	Biannual
MTCT (HIV/AIDS Prevention)					
	Supportive Policy environment	**MTCT integrated in MCHI working plans in the regions** **Number of regions institutionalized MTCT in their official policies**	RSOG/ **MCHI records** RSOG/ **MCHI records** RSOG/ **MCHI records**	**Documentation with materials compiled** **Documentation with materials compiled** **Documentation with materials compiled**	**n/a** **n/a** **n/a**
	Organizational Capacity	**MCHI MTCT working group organized as a part of MCHI Interregional Working Group** **RSOG included MTCT in their agenda** **RSOG/MCHI meetings to follow-up on planned MTCT activities**	RSOG/ **MCHI records** RSOG/ **MCHI records** RSOG/ **MCHI records**	**Documentation with materials compiled** **Documentation with materials compiled** **Documentation with materials compiled**	**n/a** **n/a** **Biannual**

MTCT practices implemented in:					
• **Prenatal Care**	Prenatal clients counseled on MTCT (HIV/AIDS Prevention)	Percent of prenatal clients who report that they were counseled on MTCT (HIV/AIDS Prevention)	Facility Survey	Client Interview	Baseline and endline
• **Labor and Delivery Services**	Access to anti-HIV treatment for women	Percent of HIV infected clients who received/took antiviral treatment	Follow-up visit	Record review	Biannual
	Access to anti-HIV treatment for newborns	Percent of newborns from HIV-positive mothers who received antiviral treatment	Follow-up visit	Record review	Biannual
• **Postpartum care**	Postpartum clients counseled on MTCT (HIV/AIDS Prevention)	Percent of postpartum clients who report that they were counseled on MTCT (HIV/AIDS Prevention)	Facility Survey	Client Interview	Baseline and endline
• **Family Planning**	Post-abortion and Family Planning clients counseled on HIV/AIDS Prevention	Percent of Post-abortion and Family Planning clients counseled on HIV/AIDS Prevention	Facility Survey	Client Interview	Baseline and endline
Satisfaction with services increased	Satisfaction with services (by type of client -Prenatal, postpartum, and post-abortion)	Percent of women (by type of service) who recommend a friend to come for care at this facility	Facility Survey	Client Interview	Baseline and endline
Use of modern contraceptives increased					
	Prenatal, postpartum and post-abortion clients counseled on contraception	Percent of each client type who report that provider discussed contraception prior to discharge from facility	Facility Survey	Client Interview	Baseline and endline

	Modern contraceptive use	• Percent of clients of reproductive age currently using modern contraceptive methods in women's consultation and family planning centers • Percent of abortion clients who got pregnant while using the contraceptive method • Percent of abortion clients who is planning to start using the modern contraceptive method	Facility survey	Client interview	Baseline and endline
Abortion rate reduced					
	General Abortion Rate in cities in participating regions	Number of abortions per 1000 women of reproductive age (15-44)	Official statistics	Official form #13	Annual
Reproductive Health Youth friendly services introduced and adopted					
	Supportive Policy Environment	Number of regions included Reproductive Health Youth friendly services in their official policies	RSOG/ MCHI records	Documentation with materials compiled	n/a
	Organizational Capacity	**MCHI working group on Reproductive Health Youth friendly services organized as a part of MCHI Interregional Working Group**	RSOG/ MCHI records	Documentation with materials compiled	n/a

	Reproductive Health Youth-friendly curriculum introduced in facilities	Number of providers in MCHI facilities trained on Youth-friendly services	RSOG/ **MCHI records**	**Documentation with materials compiled**	**Biannual**
	Reproductive Health Youth-friendly services implemented in selected facilities	Number of MCHI facilities implemented Youth-friendly services	RSOG/ **MCHI records**	**Documentation with materials compiled**	**Biannual**
Men's access to health services and information increased					
	Practices supporting partner/family involvement introduced in:				
	• **Prenatal Care**	**Percent of prenatal women who had a partner with her during prenatal visits**	**Facility survey**	**Client interview**	**Baseline and endline**
	• **Labor and Delivery Services**	**Percent of postpartum women who had a partner support during labor and delivery**	**Facility survey**	**Client interview**	**Baseline and endline**
	• **Family Planning**	**Percent of prenatal, postpartum and post-abortion clients who discussed their current method of contraception with their partner**	**Facility survey**	**Client interview**	**Baseline and endline**

Introduction of new protocols and standards into medical school materials initiated					
	Changes in Medical school curriculum	**Number of regional medical schools curriculum revised to include new MCH practices**	**RSOG/** **MCHI records** **Follow-up visits**	**Documentation with materials compiled** **Medical schools records**	**Annual**
	Technical capacity of medical schools	**Number pf representatives of regional medical schools trained on Projects seminars**	**MCHI records**	**Documentation with materials compiled**	**Biannual**

Appendix C. Documents Reviewed

Assessment of the USAID/ Russia Women and Infant Health (WIN) Project. Andrew Kantner, Judith Rooks, Michael Jordan. LTG Associates, Inc. and TvT Associates, Inc. December 2001.

TASC Russia Women and Infants' Health (WIN) Health Project: Final Report. 2003.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. 8 September 2003.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #1. 28 May 2004.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #2. 1 July 2004.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #3. 28 July 2004.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #4. 22 September 2004.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #5. 22 June 2005.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #6. 18 August 2005.

Contract HRN-I-00-98-00032-00 Delivery Order No. 813 between USAID/ American Embassy Moscow and John Snow Inc. Modification #7. 26 May 2006.

The Maternal and Child Health Initiative Quarterly Report: September-December 2003.

The Maternal and Child Health Initiative Quarterly Report: January-March 2004.

The Maternal and Child Health Initiative Quarterly Report: April-June 2004.

The Maternal and Child Health Initiative Quarterly Report: July-September 2004.

The Maternal and Child Health Initiative Quarterly Report: October-December 2004.

The Maternal and Child Health Initiative Quarterly Report: January-March 2005.

The Maternal and Child Health Initiative Quarterly Report: April-June 2005.

The Maternal and Child Health Initiative Quarterly Report: July-September 2005.

The Maternal and Child Health Initiative Quarterly Report: October-December 2005.

The Maternal and Child Health Initiative Quarterly Report: January-March 2006.

The Maternal and Child Health Initiative Quarterly Report: April-June 2006.

The Maternal and Child Health Initiative Quarterly Report: July-September 2006.

The Maternal and Child Health Initiative Quarterly Report: October-December 2006.

Russia Maternal and Child Health Initiative (MCHI) Three-Year Work Plan. JSI. December 2003.

MCHI Annual Work Plan 10/2004-09/2005.

MCHI Monitoring and Evaluation Plan including Annex A: Result Indicators for Maternal and Child Health Initiative. Undated.

Strategic Framework Maternal and Child Health Initiative (MCHI) October 2004 – September 2006: JSI. October 2004.

TASC Russia Maternal and Child Health Initiative Contract Deliverables Schedule.

MCHI Baseline Assessment Report. August 2004 Draft.

MCHI Project 2004 Facility Survey: Report of Main Findings. November 2004 Final Draft.

Mid-term Evaluation of the Russia Maternal and Child Health Initiative (MCHI) Project. Laurel A. Cappa and Elaine Rossi. March/ April 2005.

Protocol: Assessment of PMTCT and Family Planning Practices in HIV-Infected Women (PMTCT+FP). MCHI. Undated.

Clinical-organizational Guidelines on Prevention of HIV Mother-to-Child Transmission: first edition. MCHI 2005

Russia Maternal and Child Health Initiative Documentation and Dissemination Strategy. February 17 2005 draft

MCHI: A Leveraging Success Story. Lisa Hare and Tatyana Makarova. September 2006

A Reporter at Large: The Devastation. Michael Specter. The New Yorker. October 11, 2004.

USAID/ Russia 2003-2008 HIV/AIDS Prevention Operational Plan.

Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report. United States Department of Health and Human Services Centers for Disease Control and Prevention. April 2003.

1996 Russia Women's Reproductive Health Survey: A Study of Three Sites. Final Report: May 1998. All-Russian Centre for Public Opinion and Market Research, Centers for Disease Control and Prevention, United States Agency for International Development.

1999 Russia Women's Reproductive Health Survey: A Follow-up of 3 Sites. Preliminary Report: March 2000. All-Russian Centre for Public Opinion and Market Research, Centers for Disease Control and Prevention, United States Agency for International Development.

Russia Health Care Improvement Maternal and Child Health Initiative (MCHI) April 2004 one page flyer.

TASC Russia Women and Infant Health (WIN) Project May 2003 one page flyer.

Knowledge, Attitudes and Practices of Russians on Reproductive Health and Family Planning: Summary of Focus Group Discussions. Healthy Russia 2020. February 2005.

Appendix D. MCHI Selection Criteria

Selection Criteria for MCHI Sites	Scores
• Supportive environment among health administrative leadership and policy makers (a special written document)	**12**
• Existence of own resources such as: o Means of communication (telephone, e-mail, internet, fax) o Keeping salaries for facility representatives, participating in the project training events at the time of a training o Partial reimbursement of transport and trip expenses for the region representatives o Providing spaces to conduct seminars and meetings	**12** 3 3 3 3
• Existence of facilities in urban areas with potential to reach large population groups, wish to collaborate with the project, ability to provide continuity between Maternities, Women's Consultations and Children's Policlinics	**11**
• Existence of preliminary plan (with a description of key trends in work, noticing the priorities) to participate in the project	**10**
• Experience implementing new practices, existence of new orders, recommendations and publications, corresponding to the modern international standards	**9**
• Existence of a Statistical- Analytical Center/Group to provide the data collection and monitoring in the frame of the project	**8**
• Existence of other organizations to assist with leveraging resources or funds for sustainability	**7**
• Working with Mass Media	**6**
• Medical school in Oblast (and supportive environment within)	**5**
• Support by professional societies (a written document)	**4**
• Experience working with international projects and donors	**4**
• Opportunity of collaboration and coordination with other current programs	**3**
• Key demographic and health indicators: population density, birth rate, mortality, infant mortality, perinatal mortality, neonatal mortality, maternal mortality/per 100 thousand live-births, absolute abortion number, abortion rate/per 1000 women of fertile age for the period of 2000-2002. • HIV/AIDS prevalence	**Yes/No**
• Economic development level of Oblast	**Yes/No**

The Selection Procedure

Step 1

- An invitation letter to take part in the competition is sent to the Regions. The letter includes the following issues:
  - Selection criteria
  - Information on the oblast statistics
  - Proposed regional working plans according to the Project activity

The deadline to send the feedback was determined: **November 6, 2003.**

Step 2

- An independent Committee selects the oblast, based on the received information. This Committee consists of: representatives and experts from the Project, representatives from the Ministry of Health, USAID, Russian Society of Obstetricians-Gynecologists.
- After looking through the feedback letters there will be conducted an oral interview over the phone with the potential candidates to participate in the Project (not only Heads of Administration but also with Chiefs of facilities) to understand whether they really do understand the key concept of the Project.
- As a result, members of this Committee will make an assessment of each region with their final comments and conclusions.

Step 3

- Final decision, concerning the pilot regions for the MCH Initiative will be made by December 20th, 2003.

Step 4

- A notification of the regions about the accepted decision will be sent.

Appendix E. MCHI Final Replication Packages

The MCHI Replication Package includes:

- WIN Training curricula on Antenatal Care, Breast Feeding, Family Centered Maternity Care and Infection Control in Maternities
- MCHI Training curricula on Family Planning for Primary Health Care Providers
- WIN Project's Guidelines on Breast Feeding, Post-abortion Care and Infection Control in Maternities
- MCHI PMTCT Guidelines
- MCHI Guidelines on reproductive health and family planning among HIV-positive women
- MCHI Clinical Protocols in Obstetrics
- MCHI Youth Programming Guidelines
- AIHA Newborn Resuscitation Training Module
- ARO Early Intervention Model materials
- WIN Training Curricula on Youth Friendly Services
- WIN Project's "How to do" Guide
- MCHI Monitoring & Evaluation Guidelines
- Information Education and Communication Brochures, Audio-visual Products
- FCMC educational film
- WHO Medical Eligibility Criteria for Contraceptive Use

Details of replication packages subject by technical are presented below.

A. Family Planning/Reproductive Health and HIV/AIDS Prevention Package

1. Training curricula on Family Planning for Primary Health Care Providers are designed for training health care providers to strengthen their knowledge and counseling skills in order to provide quality evidence-based family planning services, integrating family planning into the broader spectrum of reproductive health care services.
Topics include:
    - o Methods of Contraception
    - o Family Planning Counseling
    - o Post-partum and Post-abortion Family Planning Counseling
    - o HIV/AIDS and STI Prevention including PMTCT and Family Planning
2. WIN Project's Guideline on Post-abortion Care
3. MCHI PMTCT Guidelines
4. MCHI Guidelines on reproductive health and family planning among HIV-positive women
5. WHO Medical Eligibility Criteria for Contraceptive Use
6. IEC materials on Family Planning and HIV\AIDS and STI Prevention
7. The WIN Project's "How to do" Guide

B. Family Centered Maternity Care/MTCT Package

1. Training curricula aimed at improving the health and well-being of mothers and babies by preparing health practitioners to implement family centered maternity care (FCMC) practices in their hospitals. FCMC approach expands the focus during the birthing process from an exclusive medical model to a family-centered approach, emphasizing both the involvement of the woman and her partner and the function of the providers as a complementary team of physician and midwives.

Topics include:

- Importance of FCMC approach
- Evidence-based labor and birth practices
- Prevention of HIV mother-to-child transmission
- Partograph
- Newborn care
- Postpartum care of the mother
- Childbirth education
- Family counseling on FCMC
- Infection control

2. WIN Project's Guideline on Infection Control in Maternities
3. MCHI Clinical Protocols in Obstetrics
4. IEC materials on FCMC
5. MCHI FCMC educational film
6. WIN Project's "How to do" Guide
7. ARO Early Intervention Model materials

C. PMTCT

The PMTCT Guidelines include the latest international recommendations on prevention of mother-to-child transmission of HIV/AIDS; Russian governmental directives on PMTCT; WHO, CDC and UNICEF materials. The Guidelines are nationally approved.

D. Breastfeeding counseling, Baby-Friendly Initiative and HIV/AIDS Prevention, PMTCT

1. Training curricula aimed at training doctors and mid-level personnel of maternities, women's consultations, children's policlinics and hospitals methods of breastfeeding support and implementation of "Baby Friendly Hospital Initiative." Topics also include Breastfeeding and HIV/AIDS prevention.
2. WIN Project's Guideline on Breastfeeding
3. IEC materials on Breastfeeding, Video Film on Breastfeeding
4. The WIN Project's "How to do" Guide

E. Newborn Care and Breastfeeding/PMTCT Package

1. Training curricula aimed at: increasing understanding and knowledge about principles and practice of essential newborn care including breastfeeding management; at developing the corresponding skills and attitudes among health professionals in charge of delivery and neonatal care; and at training doctors and mid-level personnel of maternities, women's consultations, children's policlinics and hospitals on the methods of breastfeeding support and prevention of HIV mother-to-child transmission.

Topics include:

- Essential care of the newborn
- Prevention of HIV mother-to-child transmission
- Breastfeeding and Baby-friendly Initiative
- Neonatal resuscitation

2. WIN Project's Guidelines on Breastfeeding
3. IEC materials on Breastfeeding and Neonatal Care, Video Film on Breastfeeding
4. The WIN Project's "How to do" Guide

F. Neonatal Resuscitation Package

1. AIHA Newborn Resuscitation Training module aimed at training medical providers in the field of neonatal resuscitation in delivery rooms and maternities.
2. The WIN Project's "How to do" Guide

G. Infection/HIV Control in Maternity Package

1. WIN Project's Guideline on Infection/HIV Control in Maternities
2. WIN Project's "How to do" Guide

H. Antenatal/PMTCT Package

1. Training curricula aimed at enhancing health professional's understanding and knowledge of skills in antenatal care and modern evidence-based principles and practices of sound care in pregnancy, childbirth education, and healthy lifestyles.

Topics include:

- Antenatal care (roles and responsibilities of the health care provider during pregnancy, a critical attitude to traditional observation and treatment methods, and the need for improvement clinical and counseling skills at caring for high-risk group during labor)
- HIV/AIDS and STI Prevention
- Maternal and infant nutrition and healthy life style
- Childbirth education (including breastfeeding preparation)

2. WIN Project Guidelines on Infection Control in Maternities
3. ARO Early Intervention Model materials
4. IEC materials on Antenatal Care
5. The WIN Project's "How to do" Guide

I. Youth Friendly Services and HIV/STI Prevention

1. Training curricula for health professional aimed at developing skills to establish youth-friendly reproductive health services. WIN Training Curriculum on Youth Friendly Services Topics include:

- Importance of working with youth and basic principles of working with adolescents and definition of quality services
- Components of model reproductive health services for adolescents and approaches to reproductive health services for adolescents
- Adolescent social-psychological development, physical changes and common concerns during puberty, definition of sexually healthy adolescent
- Contraception for youth and emergency contraception
- HIV prevention
- Counseling for adolescents and youth and elements of effective outreach

2. MCHI Youth programming Guidelines are designed for the policy elaboration and protection of adolescents and youth reproductive health. The main focus of activities and complex approaches to the programs are described in these Guidelines.

3. The WIN's Project "How to Do" Guide – MCHI is currently working to define this Replication Package. It may eventually include other curricula and training materials; information, education and communication (IEC) brochures; audiovisual and other media products; provider job aids; and clinical protocols developed by USAID-funded and other agencies, as necessary.

Appendix F. MCHI Workshops and Trainings by Topic and Region

	Initial RH and FP TOT	Family Planning	Breast-feeding	FCMC	Newborn Resuscitation	Infection Control in Maternities
MCHI Regions – Original 10						
Altai Krai (Barnaul) *Youth*	Moscow May 2004	Barnaul Mar 2005	Krasnoyarsk May 2004	Perm Oct 2004 Barnaul Jan 2006	Cheliabinsk Oct 2004 Barnaul April 2005	Perm Dec 2004
Irkutsk Oblast (Irkutsk, Bratsk)	Moscow May 2004	Irkutsk May 2004 Irkutsk June 2004	Krasnoyarsk May 2004 Khabarovsk Nov 2004	Irkutsk Sept 2004	Cheliabinsk Oct 2004 Irkutsk Feb 2005	Perm Dec 2004
Kaluga Oblast (Kaluga)	Moscow May 2004	Kaluga May 2004	Kaluga Sept 2004	Kaluga Dec 2004	Cheliabinsk Oct 2004 Kaluga June 2005	Perm Dec 2004
Komi Republic (Syktyvkar, Vorkuta) *Youth*	Moscow May 2004	Vologda May 2004	Syktyvkar Jan 2005	Syktyvkar Feb 2005	Cheliabinsk Oct 2004 Syktyvkar Jan 2005	Perm Dec 2004
Krasnoyarsk Krai (Krasnoyarsk)	Moscow May 2004	Irkutsk May 2004 Irkutsk June 2004	Krasnoyarsk May 2004	Orenburg June 2004 Kaluga Dec 2004	Cheliabinsk Oct 2004 Krasnoyarsk June 2005	Perm Dec 2004
Murmansk Oblast (Murmansk)	Moscow May 2004	Kaluga May 2004	Kaluga Sept 2004	Kaluga Dec 2004	Cheliabinsk Oct 2004 Murmansk April 2005	Perm Dec 2004
Omsk Oblast (Omsk, Tara)	Moscow May 2004	Omsk Sept 2004	Tyumen June 2004	Perm Oct 2004	Cheliabinsk Oct 2004 Omsk March 2005	Perm Dec 2004
Orenburg Oblast (Orenburg) *Youth*	Moscow May 2004	Barnaul Mar 2005	Tyumen June 2004	Orenburg June 2004	Cheliabinsk Oct 2004 Orenburg Jan 2005	Perm Dec 2004
Tyumen Oblast (Tyumen, Tobolsk) *Youth*	Moscow May 2004	Tyumen Sept 2004	Tyumen June 2004	Tyumen Feb 2005	Cheliabinsk Oct 2004 Tyumen April 2005	Perm Dec 2004
Vologda Oblast (Vologda, Cherepovetch) ***Youth***	Moscow May 2004	Vologda May 2004	Vologda Sept 2004 Vologda March 2006	Vologda Nov 2004 Vologda Oct 2005	Cheliabinsk Oct 2004 Vologda May 2005	Perm Dec 2004
MCHI Regions – First Additional 2 (July 2004)						
Khabarovsk Krai (Khabarovsk, Komsomolsk-na-Amure) *Youth*	**N/A**	Khabarovsk Feb 2005	Khabarovsk Nov 2004	Khabarovsk April 2005	Cheliabinsk Oct 2004 Khabarovsk June 2005	Perm Dec 2004
Primorsky Krai (Vladivostok, Nakhodka) *Youth*	N/A	Vladivostok Jan 2005	Vladivostok Feb 2005	Vladivostok May 2005	Cheliabinsk Oct 2004 Vladivostok June 2005	Perm Dec 2004

MCHI Regions – Second Additional 2 (June 2005)						
Sakhalinskaya Oblast	N/A	Yuzhno-Sakhalinsk April 2006	Yuzhno-Sakhalinsk Dec 2005	Yuzhno-Sakhalinsk March 2006	Yuzhno-Sakhalinsk Nov 2005	
Sakha Republic aka Yakutia	N/A	Yakutsk Feb 2006	Yakutsk Nov 2005	Yakutsk May 2006	Yakutsk Nov 2005	
WIN Regions – Original 2						
Perm Oblast (Perm, Berezniki)	Moscow May 2004	Kaluga May 2004		Perm Oct 2004		Perm Dec 2004
Novgorod Oblast (V. Novgorod) *Youth*	Moscow May 2004				Cheliabinsk Oct 2004	Perm Dec 2004

	M&E/ Methodology Facility-Based Surveys	Communications for MCHI	PMTCT	PMTCT Guidelines Workshop		Antenatal Care
MCHI Regions -- Original 10						
Altai Krai (Barnaul)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Barnaul Oct 2005
Irkutsk Oblast (Irkutsk, Bratsk)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Irkutsk Sept 2005
Kaluga Oblast (Kaluga)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Kaluga Dec 2005
Komi Republic (Syktyvkar, Vorkuta)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Syktyvkar June 2005
Krasnoyarsk Krai (Krasnoyarsk)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Krasnoyarsk Oct 2005
Murmansk Oblast (Murmansk)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		
Omsk Oblast (Omsk, Tara)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Omsk Dec 2005
Orenburg Oblast (Orenburg)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		
Tyumen Oblast (Tyumen, Tobolsk)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Tyumen June 2005 Tyumen' Oct 2006
Vologda Oblast (Vologda, Cherepovetch)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Vologda Mar 2005 (Pretest of revised curriculum) Vologda Oct 2006
MCHI Regions -- First Additional 2 (July 2004)						
Khabarovsk Krai (Khabarovsk, Komsomolsk-na-Amure)	Moscow Oct 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Khabarovsk Nov 2005
Primorsky Krai (Vladivostok, Nakhodka)	Moscow Oct 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		Vladivostok Feb 2006 Vladivostok Oct 2006
MCHI Regions -- Second Additional 2 (June 2005)						
Sakhalinskaya Oblast						Yuzhno-Sakhalinsk May 2006
Sakha Republic aka Yakutiya						Yakutsk April 2006

WIN Regions – Original 2						
Perm Oblast (Perm, Berezniki)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		
Novgorod Oblast (V. Novgorod)	Moscow March 2004	Moscow Jan 2005	Irkutsk Sept 2004	St. Pete Mar 2005		

	RSOG Organizational Development Workshop	M & E/ Methodology PMTCT + FP Survey	PMTCT + FP Study			
MCHI Regions -- Original 10						
Altai Krai (Barnaul)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Irkutsk Oblast (Irkutsk, Bratsk)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Kaluga Oblast (Kaluga)	Moscow May 2005			Moscow April 2005		
Komi Republic (Syktyvkar, Vorkuta)	Moscow May 2005			Moscow April 2005		
Krasnoyarsk Krai (Krasnoyarsk)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Murmansk Oblast (Murmansk)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Omsk Oblast (Omsk, Tara)	Moscow May 2005			Moscow April 2005		
Orenburg Oblast (Orenburg)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Tyumen Oblast (Tyumen, Tobolsk)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Vologda Oblast (Vologda, Cherepovetch)	Moscow May 2005			Moscow April 2005		
MCHI Regions -- First Additional 2 (July 2004)						
Khabarovsk Krai (Khabarovsk, Komsomolsk-na-Amure)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
Primorsky Krai (Vladivostok, Nakhodka)	Moscow May 2005	Moscow April 2005	Conducted May 2005	Moscow April 2005		
MCHI Regions -- Second Additional 2 (June 2005)						
Sakhalinskaya Oblast						
Sakha Republic aka Yakutia						
WIN Regions -- Original 2						
Perm Oblast (Perm, Berezniki)	Moscow May 2005	Moscow April 2005	Conducted May 2005			
Novgorod Oblast (V. Novgorod)	Moscow May 2005					

Appendix G. Dissemination of MCHI Methods and Results

A. Publications for Medical and Health Policy Professionals

1. "New plus very good old. 10 Russian regions participate in Maternal and Child Health Initiative." "Medizinskaya Gazeta" 27.02.04, N 15 (National professional newspaper)

2. "PMTCT. Russian – American Project Maternal and Child health Initiative." "Medizinskaya Gazeta"24.09.2004, N 75.

3. "Without stereotypes. Quality assurance of women and child health care by modern technology."

4. "Medizinskaya Gazeta" 5.11.04, N 87.

5. "Maternal and Child Health Initiative in Russia'; Natalia Vartapetova. Obstetrician – Gynecology Journal, 2004, N1, p.39.

6. "Experience in Using Programs for Improvement of Perinatal Care"; Irina Ryumina, Natalia Vartapetova, A. Bachi et al.

7. "Maternal and Child Health Initiative: Implementation of Effective Health Care. Experience of Russian - American Collaboration"; Natalia Vartapetova. Abstracts of the National Congress Mother and Child 12-15 October 2004, p.604

8. "Implementation of Modern Standards of Mother and Child Health Care. The Experience of Russian - American Project Maternal and Child Health Initiative"; Natalia Vartapetova. Abstracts of the National Congress Man and Health in the frame of III Baikal International Forum. Irkutsk, September 9-10th , 2004, p.162.

9. "Urgency for PMTCT Improvement: Results of the Multi-Centers Survey". Natalia Vartapetova, Anna Karpushkina. Abstracts of the National Congress Man and Health in the frame of III Baikal International Forum. Irkutsk, September 9-10th , 2004, p.162.

10. "Actuality of HIV Prevention among Women of Reproductive Age". Natalia Vartapetova, Anna Karpushkina. International Russian-Canadian Conference on Actual Aspects of HIV-infection. Moscow, December7-9th, 2004. Conference Abstract, p. 11.

11. "Modern methods of prevention mother-to-child transmission of HIV-infection". Anna V. Karpushkina, Natalia V. Vartapetova, Valentina N. Sadovnikova, Natalia V. Protopopova, Olga P. Gorbunova. Siberian Medical Journal, November 2005, Appendix 1 to N 7, Volume 56, p. 7-12.

12. "The ways of improving health care for women and infants: Maternal and Child Health Initiative experience in Russian regions". Natalia V. Vartapetova, Anna V. Karpushkina,

Andrey G. Trushkov, Oleg R. Shvabskiy. Siberian Medical Journal, November 2005, Appendix 1 to N 7, Volume 56, p. 13-16.

13. "Fresh insight in maternities." "Medizinskaya Gazeta" 9.06.06, N 42. p.

14. "Current PMTCT practices in Russia: client perceptions from a Maternal and Child Health Initiative survey". Anna V. Karpushkina, Natalia V. Vartapetova, Valentina N. Sadovnikova, Yulia V. Boyarkina, A. Fullem, R. Malyuta. Abstracts of the XVI International AIDS Conference. Toronto, August 13-18 2006.

15. "International input in development national PMTCT guidelines in Russia: Maternal and Child Health Initiative experience". Natalia V. Vartapetova, Anna V. Karpushkina, Valentina N. Sadovnikova, Alexander T. Goliusov, R. Malyuta. Abstracts of the XVI International AIDS Conference. Toronto, August 13-18 2006.

16. "Family planning needs of HIV-positive women in Russia: data of Maternal and Child Health Initiative". Natalia V. Vartapetova, Anna V. Karpushkina, A. Fullem, Yulia V. Boyarkina, Albina Dvoekonko. Abstracts of the XVI International AIDS Conference. Toronto, August 13-18 2006.

17. "HIV screening of women in Russia: Maternal and Child Health Initiative facility-based survey". Anna V. Karpushkina, Natalia V. Vartapetova, Yulia V. Boyarkina, Olga P. Gorbunova. Abstracts of the XVI International AIDS Conference. Toronto, August 13-18 2006.

B. Presentations

1. Presentation "From the WIN Project to MCH Initiative" was presented at the meeting in the USAID by Natalia Vartapetova on October 10th, 2003.

2. Natalia Vartapetova made a presentation "The necessity of improving counseling women of reproductive age on the HIV/AIDS prevention. Results of MCHI multicentral survey" at the National Conference on HIV/AIDS Prevention in Suzdal on September 28- 30, 2004.

3. Natalia Vartapetova made a presentation on "Implementing of Modern Standards of Health Care for Women and Infants: MCHI experience" at the Russian National Congress "Man and Health", held in Irkutsk on September 2-3, 2004.

4. Natalia Vartapetova participated and made a presentation "Improving of HIV prevention among women of reproductive age. Results of multicentral survey" in the Russian-Canadian Conference on HIV/AIDS prevention, held on December 7-9, 2004.

5. Natalia Vartapetova took part in the Ministry of Health Committee on PMTCT and made a presentation there on "Integration of PMTCT into MCHI activities", held in November, 2004.

6. Natalia Vartapetova, made a presentation at the national conference on "Current Health Care Practices in Prevention of Mother-to-Child HIV-Transmission in 14 Russian Regions" at PMTCT National Conference in Saint-Petersburg on March 17-18, 2005.

7. Natalia Vartapetova presented on "Current Health Care Practices in Prevention of Mother-to-Child HIV-Transmission in 14 Russian Regions" (MCHI Survey")., in the training workshop addressing PMTCT issues on February 4-5, 2005 in Saint-Petersburg .

8. Natalia Vartapetova participated in the Russian National Scientific Conference on Quality Insurance of Health and Social Care, held in Moscow on May 25, 2005 and presented on MCHI implementation in the regions in the presence of Deputy Minister of Health - Dr. Starodubov.

9. Natalia Vartapetova, made a presentation on "Replicating and Rolling-Out a Successful Pilot Project" at JSI International Division (ID) Meeting "Public Health Impact: Experiences in Scaling-Up" on June 6-8, 2005, in Washington DC.

10. On June 9, 2005 JSI EE/EA projects were presented to USAID Global Health Bureau on regional approaches and lessons learned implementing reproductive health projects. MCHI COP, Natalia Vartapetova, made a presentation on integration of PMTCT as part of a large EE/EA presentation.

11. USAID/Russia Second Annual RFE Implementing Meeting in Moscow on April 4, 2005. At the meeting Dr. Vartapetova made a presentation on the MCHI activities in the Far East regions.

12. Anna Karpushkina participated in the Ministry of Health PMTCT Coordinating Committee on May, 24, 2005. Per MOH request she presented MCHI PMTCT strategy and activities. Being a coordinator of all USAID-funded projects, MCHI made a presentation on the activity of all projects, working in the PMTCT.

13. Natalia Vartapetova made a presentation of MCHI's PMTCT guidelines in the National HIV/AIDS Conference in Suzdal on October 11-14, 2005.

14. Anna Karpushkina participated and presented at the Strategic Workshop on the Issues of Organization of Prevention, and Treatment of HIV in the frame of implementation of National Project in Health Care (founded by the President of RF) in Kemerovo in November 29-30, 2005.

15. Natalia Vartapetova participated at the UNICEF Annual Review and presented MCHI's PMTCT guidelines in November 2005.

16. Natalia Vartapetova made a presentation on "Promoting breastfeeding in Russia: From WIN project to Maternal and Child Health Initiative" at the APHA Annual Conference held in Philadelphia on December 10-14, 2005.

17. Anna Karpushkina made a one-hour presentation on the data obtained in the result of conducting a PMTCT+FP survey at the URC workshop in Saratov on March 1-3, 2006.

18. Natalia Vartapetova presented MCHI PMTCT guidelines in the regional workshop on Experience Sharing and Consensus Building in PMTCT for Russia, Ukraine and Belarus, held in Saint-Petersburg on April 5-7, 2006.

19. Natalia Vartapetova made a presentation on "Collaboration of MCH service and HIV/AIDS Centers on PMTCT in the frame of international project implementation" in the meeting, titled "HIV, women, children", held in the context of Coordinating Committee on PMTCT and annual meeting of MCH service by the Ministry of Health and Social Development of Russia in Moscow on June 27, 2006.

20. Natalia Vartapetova presented the outcomes of the EE/EA meeting, held in Moscow in May, 2006 at the JSI International Division Meeting, held on June 5, 2006 in Washington DC.

21. Natalia Vartapetova presented the key findings and selected accomplishments of MCHI to USAID/W.

22. Natalia Vartapetova made poster presentations at HIV/AIDS Conference held in Toronto on August 13-18, 2006.

23. Elena Stemkovskaya made a presentation "Family Planning – a choice of Russian Women?" at Healthy Russia Conference on new approaches to solve the reproductive health problems in Russia on October 12-14, 2006 in Vologda city.

24. Yulia Boyarkina presented on regional model of guidelines on developing policies and programs on youth reproductive Health at UNICEF Conference "Main Resource. Reproductive Health of Young People and Demography", which was held within "Invitation to the Future" Project in St-Petersburg on 22nd November 2006.

25. Natalia Vartapetova presented on "The Importance of PMTCT Improvement in Russian regions at HIV/AIDS National Conference held in Suzdal on December 4-5, 2006.