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# ACCESS Year Four Semi-annual Report

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**October 1, 2007 – March 31, 2008**

**Submitted to: United States Agency for International Development  
under Cooperative Agreement #GHS-A-00-04-00002-00**

**Submitted by: JHPIEGO in collaboration with Save the Children,  
Constella Futures, Academy for Educational Development,  
American College of Nurse-Midwives, IMA World Health**

*Submitted: April 2008  
Revised: May 2008*

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# Abbreviations and Acronyms

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<b>ACCESS</b>	Access to Clinical, Community, Maternal, Neonatal & Women's Health Services
<b>AMTSL</b>	Active Management of the Third Stage of Labor
<b>ANC</b>	Antenatal Care
<b>ANM</b>	Auxiliary Nurse Midwives
<b>ART</b>	Antiretroviral Therapy
<b>BCC</b>	Behavior Change Communication
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>BPHS</b>	Basic Package of Health Services
<b>CAG</b>	Community Action Group
<b>CHEW</b>	Community Health Extension Worker
<b>CHW</b>	Community Health Worker
<b>CKMC</b>	Community-based Kangaroo Mother Care
<b>CRP</b>	Community Resource Person
<b>DOT</b>	Directly Observed Therapy
<b>DRH</b>	Division of Reproductive Health
<b>EmONC</b>	Emergency Obstetric and Newborn Care
<b>ENC</b>	Essential Newborn Care
<b>FBO</b>	Faith-Based Organization
<b>FMOH</b>	Federal Ministry of Health
<b>FP</b>	Family Planning
<b>HEW</b>	Health Extension Worker
<b>HIDN</b>	Health, Infectious Diseases and Nutrition
<b>HO</b>	Health Officer
<b>IEC</b>	Information, Education and Communication
<b>IP</b>	Infection Prevention
<b>IPT</b>	Intermittent Preventive Treatment
<b>IR</b>	Intermediate Result
<b>ITN</b>	Insecticide-Treated (bed) Net
<b>IUD</b>	Intrauterine Device
<b>JICA</b>	Japan International Cooperation Agency
<b>KMC</b>	Kangaroo Mother Care
<b>LAM</b>	Lactational Amenorrhea Method
<b>LGA</b>	Local Government Area
<b>LRP</b>	Learning Resource Package
<b>MCH</b>	Maternal and Child Health

<b>MCPC</b>	Managing Complications in Pregnancy and Childbirth
<b>MIP</b>	Malaria in Pregnancy
<b>MMAM</b>	Primary Health Services Development Programme
<b>MNH</b>	Maternal and Newborn Health
<b>MOH</b>	Ministry of Health
<b>MoHSW</b>	Ministry of Health and Social Welfare
<b>MWRA</b>	Married Women of Reproductive Age
<b>NFHP</b>	National Family Health Program
<b>NGO</b>	Nongovernmental Organization
<b>NRHP</b>	National Reproductive Health Program
<b>PAC</b>	Postabortion Care
<b>PMI</b>	President's Malaria Initiative
<b>PMNCH</b>	Partnership for Maternal, Newborn and Child Health
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission of HIV
<b>POPPHI</b>	Prevention of Postpartum Hemorrhage Initiative
<b>PPFP</b>	Postpartum Family Planning
<b>PPG</b>	Performance-based Partnership Grants
<b>PPH</b>	Postpartum Hemorrhage
<b>PQI</b>	Performance and Quality Improvement
<b>QI</b>	Quality Improvement
<b>RACHA</b>	Reproductive and Child Health Alliance
<b>RHAC</b>	Reproductive Health Association of Cambodia
<b>RBM</b>	Roll Back Malaria
<b>RH</b>	Reproductive Health
<b>SBA</b>	Skilled Birth Attendance/Attendant
<b>SBAI</b>	Safe Birth Africa initiative
<b>SBM-R</b>	Standards-Based Management and Recognition
<b>SNL</b>	Saving Newborn Lives
<b>SP</b>	Sulfadoxine-Pyrimethamine
<b>TIMS</b>	Training Information Monitoring System
<b>TOT</b>	Training of Trainers
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization
<b>WRA</b>	White Ribbon Alliance

# Introduction

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The Access to Clinical and Community Maternal, Neonatal and Women’s Health Services (ACCESS) Program seeks to increase use and coverage of maternal, neonatal and women’s health and nutrition interventions. ACCESS is a five-year, \$75 million Leader with Associate Award to Jhpiego in collaboration with Save the Children, Constella Futures, the Academy for Educational Development, American College of Nurse-Midwives and IMA World Health. Since its start in July 2004, ACCESS has received \$65.2 million, leaving approximately \$9.8 million for FY08 obligations before reaching the Program ceiling. ACCESS has worked in more than 25 countries with large country programs in Bangladesh, Tanzania, Kenya, Nigeria, Malawi, Ethiopia, South Africa and Rwanda. ACCESS has received three associate awards: ACCESS-FP, ACCESS/Afghanistan—Health Services Support Program (HSSP) and ACCESS/Cambodia.

This report presents ACCESS Program results and activities from 1 October 2007 to 30 April 2008 and is organized by the four results pathways of the United States Agency for International Development’s (USAID) Office of Health, Infectious Diseases and Nutrition (HIDN): Skilled Birth Attendance (SBA), Antenatal Care (ANC), Postpartum Hemorrhage (PPH), and Newborn Care. Important results that do not fit under these pathways are presented under an “other results” category. The final section in this report discusses challenges and programmatic opportunities.

ACCESS has continued collaboration with the World Health Organization (WHO), The Partnership for Maternal, Newborn and Child Health (PMNCH) and the White Ribbon Alliance (WRA). ACCESS continues to monitor small grant awards for innovative work in PPH and with faith-based organizations (FBOs) that have the potential for programmatic lessons learned and scale-up. During this time period, more than 1,140 people completed the 7 ACCESS-developed USAID Global Health e-learning courses, including 3 new courses which were uploaded to the site in this reporting period. Since October, core funds have also supported the final review of clinical practice guidelines on prevention and management of PPH developed last year in Kenya,<sup>1</sup> and the second year of the Safe Birth Africa Initiative (SBAI) in Rwanda, which has expanded beyond the initial four districts. Regional AFR/SD activities also boost key core results: strengthening the planning/implementation of the Road Map for Safe Motherhood in several countries and upgrading pre-service training in four countries (Ethiopia, Ghana, Malawi and Tanzania). Kangaroo Mother Care (KMC) activities have been introduced in four country programs—Rwanda, Nigeria, Malawi and Nepal. In India, where ACCESS, along with CEDPA, is increasing access to and demand for skilled community-based midwives, a second group of auxiliary nurse midwives (ANMs) has been trained and posted, and is now providing services in the community.

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<sup>1</sup> Training is ongoing using the draft PPH guidelines in two provinces through the local USAID bilateral programs: APHIA East and West programs.

ACCESS also worked to develop and provide input into national policies on maternal and newborn health (MNH) as well as to scale up capacity building, community outreach and demand generation for MNH interventions, using field support funds in multiple countries.

- In Ethiopia, ACCESS initiated the basic emergency obstetric and newborn care (BEmONC) skills strengthening of faculty and providers and prepared materials for training health extension workers.
- In Cambodia, ACCESS contributed to the revision of national PAC guidelines, assisted national MNH working groups and prepared for a pilot program on the prevention of PPH.
- Afghanistan HSSP finalized national quality assurance standards, which were used to help conduct baseline assessments. HSSP also continued to build the capacity of local nongovernmental organizations (NGOs) implementing the basic package of health services (BPHS). Results of the pilot project for community-based prevention of PPH in Afghanistan showed that misoprostol is safe and programmatically effective. HSSP also provided technical assistance to the Information, Education and Communication (IEC) department in revising the national IEC strategy for health, which was endorsed by the MOPH.
- ACCESS/Tanzania held a successful WRA Day event and assisted Zanzibar to form its own WRA. ACCESS further continued to scale up focused ANC (FANC) training in Tanzania nationally and was cited for its good work during President Bush's visit to the country.
- Facilities in Malawi implementing a quality improvement approach for reproductive health (RH) and infection prevention (IP) demonstrated important improvements in service delivery.
- Bangladesh reached thousands of pregnant and postpartum women with prenatal and postpartum visits, and supported women and families to practice evidence-based MNH behaviors in the home.
- In Kenya, ACCESS worked to support the Division of Reproductive Health (DRH) to move forward with prevention of mother-to-child transmission of HIV (PMTCT) standards and services. Providers at ACCESS-supported pilot sites in Kenya successfully provided integrated ANC/Tuberculosis screening services. In addition, Kenya helped develop new policy guidelines on reproductive tract cancer and HIV counseling and testing.
- In South Africa, ACCESS-supported facilities demonstrated improved quality of antiretroviral therapy (ART) services.
- ACCESS continued work with Mada community in Nigeria to address financial barriers to health services, including developing ways for women to save and loan money to one another.



Teaching use of partograph, Afghanistan.

While new country programs, such as Malawi and Ethiopia, began activities during this reporting period, several other existing ACCESS country programs closed, including Haiti, West Africa and ACCESS/Afghanistan (separate from HSSP).

# Major Achievements in First Half of Year Four

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## SKILLED BIRTH ATTENDANCE

### Core Funds

- ACCESS collaborated with global stakeholders to support the international “Women Deliver” conference in London, October 18–20, 2007, including support to more than 20 participants and panelists. ACCESS and ACCESS-FP facilitated several panel discussions on PPH, SBA, postpartum family planning (FP), FBOs and malaria in pregnancy (MIP). WRA representatives presented panel discussions and provided country examples; 2 representatives from faith-based health networks in Africa presented papers, raising awareness of the role of FBOs in providing health care services.
- Completed and uploaded the seventh USAID’s Global Health e-learning course, Maternal Survival: Programming Issues.
- Continued support for the technical advisor to the PMNCH, who is assisting with implementation of their global activities.
- ACCESS began drafting toolkits for religious leaders—one for Christian leaders and one for Islamic leaders—to help build their capacity for promoting Safe Motherhood messages in their communities and within their constituencies.
- In **Rwanda**, the SBAI expanded beyond the initial 4 districts. ACCESS and other implementing partners assisted the Ministry of Health (MOH) to design a plan for national-level scale up of MNH. In a collaborative effort, a new group of national-level trainers was trained in the last quarter. The Health Facility Assessment and Qualitative Assessment were completed, and preliminary reports were finalized and submitted for dissemination to MOH and partners, which will provide useful and effective information for program implementation and monitoring.



Mother and baby, Ghana.

- In **Rwanda**, of the 3 target districts that were followed up after training: 15 of 21 target facilities are providing active management of the third stage of labor (AMTSL). In addition, 100% of target facilities are using the partograph correctly; and from October 2007–March 2008, in 15 of 21 facilities, 1,923 women received oxytocin after birth, a key component of AMTSL.
- In **Ghana**, completed Standards-based Management and Recognition (SBM-R) module one and baseline assessments and action plans of all new facilities. As a result, key personnel in Birim North district are now able to train and transfer updates and quality improvement.

Four external assessors were trained to increase sustainability of the process and make Birim North a national model for the accreditation process.

- In **Ghana**, at 3 ACCESS-supported facilities, 83%-100% of clients received AMTSL and 48%-81% births were managed using the partograph from October 2007 - January 2008.
- In **Ethiopia**, 10 health centers that refer cases to Ambo hospital maternity services were assessed, and strengthening is under way to improve EmONC service delivery in collaboration with the Ethiopian Society of Obstetricians and Gynecologists (ESOG).
- In Jharkhand, **India**, where ACCESS and CEDPA are increasing access to and demand for skilled community-based midwives, a second group of ANMs were trained and posted, and are now providing services in the community.



Women's group, India.

- From October 2007 to February 2008 in **India**, trained ANMs reported attending 103 deliveries, 95% of which received AMTSL. All newborns received clean cord care, 99% were breastfed within one hour of birth, and 99% received all three elements of essential newborn care (ENC), including cord care, exclusive breastfeeding within 1 hour, and drying and wrapping.
- In **Nigeria**, ACCESS continued work with local stakeholders and representatives from Mada community (Zamfara state) to

implement a community initiative to address financial barriers to antenatal, obstetric and post-obstetric services. With community preferences for solutions in mind, plans are under way to train 2 female facilitators to organize and support a pilot “Mothers’ Club” to provide women a means to save and use those savings to make loans to one another. This group will also be a vehicle for ACCESS to reinforce RH messages and behaviors to the community.

## Field Funds

- At the request of the national PAC Technical Working Group in **Cambodia**, ACCESS drafted an additional chapter to introduce medical management of incomplete abortion for the national postabortion care (PAC) guidelines, and an accompanying outline for a training module. The national protocol will be used to standardize PAC services in Cambodia.
- ACCESS provided technical expertise and leadership at the national level in **Cambodia** as a member of coordination bodies at the MOH, including membership of the secretariat of the High Level Midwifery Task Force and the National Neonatal Health sub working group. ACCESS technical assistance helped the MOH to develop a vision statement, terms of reference, and a five-year workplan for the Secretariat of the Midwifery Task Force; all are in review.
- **Afghanistan** HSSP finalized national quality assurance standards in Dari for 13 areas of the BPHS in collaboration with the MOPH and the Central Quality Assurance Committee. ACCESS shared results from baseline surveys using the standards in 5 provinces with the

technical deputy minister, general directors of the MOPH, and NGOs receiving Performance-based Partnership Grants (PPG) for BPHS health service delivery. NGOs have created action plans to bridge the performance gaps identified in the baseline assessments to improve the quality of health service delivery.

- **Afghanistan** HSSP continued to build the capacity of NGOs implementing the BPHS, training 607 health providers, NGO managers and representatives from the central and provincial MOPH to improve performance in areas including IP, partnership-defined quality, rational use of drug/management drug supply, gender, general management, behavior change communication (BCC) and human resource management.
- **Afghanistan** HSSP supported the Afghan Society of Obstetricians and Gynecologists (AFSOG) to conduct their second congress with the theme, “Afghan obstetricians, gynecologists, and midwives are working together to make women and newborn health better in Afghanistan.” A total of 150 participants attended the congress, which was considered to be a critical step in the revival of the society.
- A Community Mobilization Training Manual was developed for the community MNH package in **Malawi**. The manual targets trainers who train and supervise health surveillance assistants on community-level MNH knowledge and skills, enabling them to identify and refer women and newborns to health facilities for comprehensive care.
- The WRA of **Tanzania**, with support from ACCESS and other key partners, coordinated a very successful White Ribbon Day event, with the President of the United Republic of Tanzania and his wife as the guests of honor. The ceremonies—which had the theme “Stop needless maternal, newborn and child deaths—it can be done!”—were preceded by a march and rally of more than 500 people. The WRA also provided technical assistance to Zanzibar to establish its own chapter of the Alliance, which was launched on 25 March 2008.
- ACCESS/**Tanzania** collaborated with the Ministry of Health and Social Welfare (MoHSW) to establish a Safe Motherhood Working Group, a sub-group of the Reproductive and Child Health Services National Coordination Group, to address MNH issues, and the policy and social environments. ACCESS is the Secretariat for this national Working Group.
- ACCESS provided assistance to the MoHSW, along with various UN agencies, to revise the One Plan, the implementation strategy for the National Road Map Strategic Plan to Accelerate Reduction of Maternal and Newborn Deaths in Tanzania (2006–2010).
- In **Ethiopia**, 7 hospitals and 12 health centers were strengthened to ensure adequate resources to support the learning and training activities of the Health Officers (HOs) and the



President of the United Republic of Tanzania, Jakaya Kikwete, holds a baby at the WRA White Ribbon Day Ceremony

Health Extension Workers (HEWs); developed HEW safe and clean delivery learning resource package (LRW); and arranged to obtain free misoprostol for HEWs to use to prevent PPH in the third stage of labor.

- During this reporting period in **Nigeria**, 9,336 women delivered with an SBA at 17 ACCESS-supported hospitals. Of these, 8,054 (91% of vaginal births) received AMTSL and 5,935 births were managed using the partograph. In addition, 482 women with eclampsia received treatment according to protocol.
- ACCESS **Nigeria** expanded into additional local government areas (LGAs) in Kano and Zamfara and a new state – Katsina. ACCESS held advocacy meetings with the governor and key stakeholders in Katsina to promote support for maternal and newborn care services and to select 3 LGAs in which to work. The program conducted a baseline facility assessment in 6 facilities in Katsina. Findings include: weak record keeping and infection prevention; lack of medical equipment; and shortages in skilled birth attendants.
- In **Nigeria**, ACCESS renovated 8 health facilities in Kano and Zamfara States. In addition to supplies bought by ACCESS/Nigeria, IMA donated medical equipment to the facilities.

### Regional: AFR/SD and Core Funds

- Completed revisions to the Best Practices in Essential and Basic BEmONC LRW based on pre-test recommendations. Package is currently being copyedited and formatted.
- Coordinated and planned second regional Clinical Training Skills and Curriculum Design courses to be held in April for approximately 20 pre-service midwifery educators from 3 countries (**Ethiopia, Ghana and Tanzania**) in order to build more champions for implementing best practices in BEmONC into midwifery education and practice.
- Roadmap partners in **Niger** integrated the MNH situation analysis into the MOH/Niger 2008 plan with support from ACCESS.
- Collaborated with WHO-AFRO to plan a workshop in Entebbe, **Uganda** for the operationalization of the Roadmap in Anglophone countries in Eastern and Southern Africa.



Transporting a pregnant woman, Tanzania.

### Regional: West Africa Funds

- ACCESS participated in an assessment visit to Ngaoundere district, **Cameroon**, along with AWARE-RH partners, with results showing:
  - At the Protestant Hospital of Ngaoundere district, 6 staff were formally trained in EmONC and had used their new skills to educate other colleagues. The labor ward, antenatal clinic and postnatal clinic were all found to be clean and using appropriate IP practices (disposal of sharps, etc.). Moreover, essential care of the newborn was

integrated into routine operation (e.g., protocols for newborn care were posted on the wall and underweight twins were in incubator care).

- The nurse aide training school integrated some FANC, partograph, AMSTL, IP and orientation to community mobilization techniques into its curriculum.
- **Cameroon** held a dissemination of best practices workshop during which results from both clinical and social mobilization efforts under ACCESS, as well as other activities on developing referral systems and health mutual schemes, were shared, including:
  - Utilization of ANC services rose from 45% of pregnant women in 2004 to 63% in 2007 in urban areas, and from 29% to 80% in rural areas of Ngaoundere district.<sup>2</sup>
  - Facility-based deliveries in Ngaoundere rose from 16% in 2004 to 47% in 2007.
  - The proportion of cesarean sections was nearly zero in 2004 and rose to 1.6% in 2007.
  - A total of 94 providers were trained in EmONC and 5 were developed as trainers. For social mobilization, 22 trainers were trained from 18 health zones, who in turn trained 575 community members. Thus, a core group of EmONC and social mobilization trainers were created as a resource for the country.

## PREVENTION OF POSTPARTUM HEMORRHAGE

### Core Funds

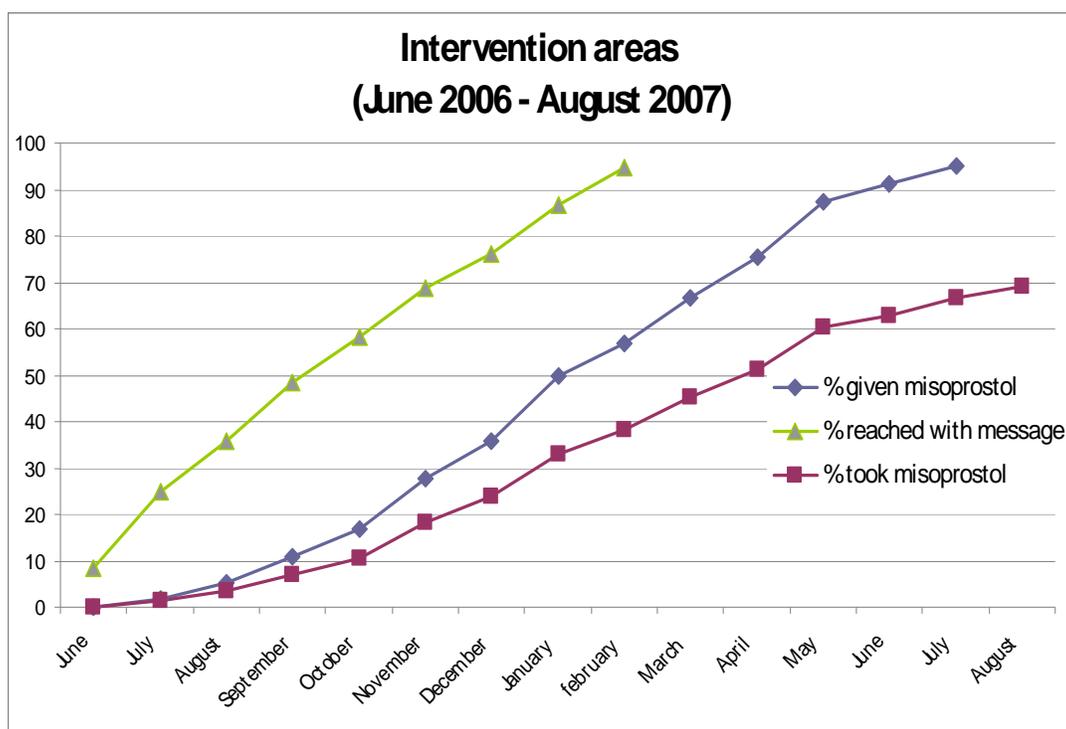
- USAID's Global Health Preventing Postpartum Hemorrhage and Postpartum Care e-learning courses completed by an estimated 300 users each (nearly 600 users in total).
- ACCESS staff chair the Prevention of Postpartum Hemorrhage Initiative (POPHI) technical working group on training, and participate in the technical working groups on uterotonic drugs and devices, and PPH. ACCESS involved in the review of the AMTSL LRP, which is in final stages of preparation.
- Supported 9 technical and advocacy meetings on prevention of PPH in **Cambodia** attended by 62 stakeholders representing USAID, UNICEF, UNFPA, WHO, JICA, GTZ, Save the Children, RACHA and RHAC, as well as the Director and Deputy Director of the NRHP, Pursat Provincial MCH staff, and national NRHP staff.
- ACCESS/**Cambodia** prepared for PPH project implementation: drafted a BCC package; developed training materials; conducted an assessment of the referral hospital in Pursat to examine its ability to treat referred PPH cases; and completed a detailed implementation plan in collaboration with the NRHP and RACHA. The PPH project proposal and accompanying materials were submitted for review to the Cambodian Ethical Review Committee.
- Continued support and follow up of small grants to 7 local organizations in 6 African countries (**Madagascar, Kenya, Ethiopia, Burkina Faso, Mali and DR Congo**), who are continuing their country-level PPH activities to expand training for AMTSL.
- In **Kenya**, clinical practice guidelines developed last year to address gap in service delivery guidelines for the prevention and treatment of PPH were submitted to the MOH for approval, and 41 service providers were trained on AMTSL in the Eastern and Western provinces.

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<sup>2</sup> Data source: Presentation by District Health team/Adamaoua.

## Field Funds

- Developed HEW safe and clean delivery LRP, oriented trainers to the package, and strengthened clinical sites (7 hospitals and 12 health centers) in **Ethiopia** to ensure adequate resources to support the learning and training activities of HOs and HEWs, who provide services at the health post and community levels and will provide misoprostol to prevent PPH.
- Presented final results from the community-based prevention of PPH pilot project in **Afghanistan** to the MOPH and key stakeholders, providing convincing evidence of the effectiveness of the intervention to prevent PPH at homebirths (see Figure 1 below). The MOPH and USAID have requested a plan to scale up community-based prevention of PPH using misoprostol in Afghanistan.
- **Figure 1: Coverage of Community-based PPH Interventions, Afghanistan**



- In order to further strengthen the ACCESS **Nigeria** objective of reducing maternal mortality as a result of PPH, ACCESS provided 4 community health extension workers (CHEWs) and 15 nurse/midwives from ACCESS-supported facilities an additional two-day training on the prevention and management of PPH, the leading cause of maternal mortality in Nigeria.
- Conducted baseline assessments at 6 facilities in **Malawi**, which will undergo the SBM-R quality and performance improvement process for strengthening RH services, focusing on the prevention and management of PPH. Baseline results were comparable at all 6 sites, with no facility scoring above 40%. ACCESS will monitor the performance and quality of RH services at 14 facilities (these 6 facilities plus 8 which had started this process prior to ACCESS start-up) to promote the use of EmOC and AMTSL to reduce PPH.

## NEWBORN CARE

### Core funds

- Participated with USAID and Saving Newborn Lives (SNL) in planning the global technical consultation on community-based KMC that will take place in May in Washington, D.C.
- Worked with colleagues from MotherNewBorNet and SNL to plan preparation of technical updates on neonatal sepsis and KMC to disseminate through the MotherNewBorNet newsletter.
- USAID's Global Health e-learning courses on Essential Newborn Care and Emergency Obstetric and Newborn Care completed by more than 700 users.
- Drafted global community KMC training manual, which is currently being adapted and field tested in **Bangladesh**.
- Four hospitals and 3 primary health centers in **Nepal** integrated KMC into their postnatal care for low birth weight/premature babies. Based on lessons learned from ACCESS-funded activities in Kanchanpur District, Nepal, management of low birth weight newborns will be included as part of a community-based integrated neonatal care package to be implemented nationally.

### Field funds

- In **Nigeria**, 10,802 mothers and newborns received postpartum/postnatal care within 3 days at 17 ACCESS-supported hospitals. ACCESS trained total of 43 health providers supporting EmONC services in Kano and Zamfara states on how to provide KMC to low birth weight babies. Participants developed action plans to improve newborn care services at their own facilities, including setting up KMC services.
- Drafted postnatal care training and service delivery package for midwives in **Cambodia** under the recommendations from the National Neonatal Health sub working group, which will be used to train midwives in 2 target provinces in the next year.

- In **Bangladesh**:

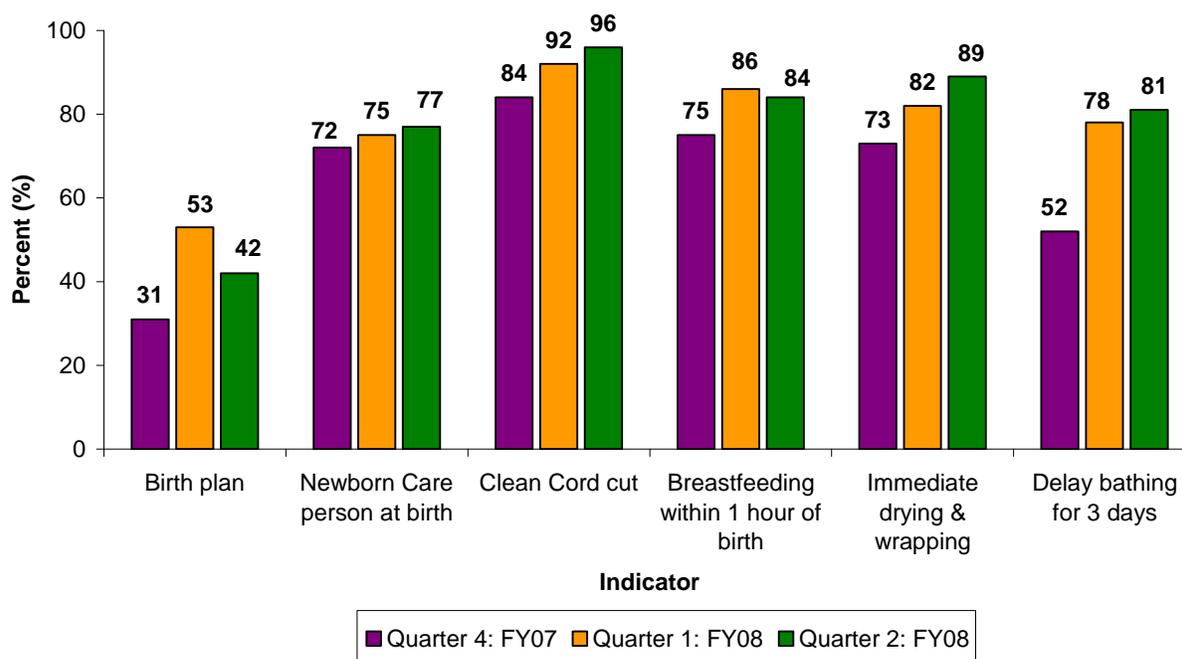
- Registration of Married Women of Reproductive Age (MWRA) was high: The estimated number of MWRA is 290,591 (19.9% of total population) and, as of February 2008, a total of 230,385 (79%) MWRA were registered. The estimated number of pregnant women is 21,904 during the reporting period and, as of February 2008, a total of 22,790 pregnant women were identified and registered.



- Coverage with key visits by ACCESS counselors is very high: During the reporting period, 19,360 (85%) pregnant women received a counseling visit within 3–5 months of pregnancy and 18,174 (80%) pregnant women received a counseling visit within 7–8 months of pregnancy.

- A total number of 20,730 deliveries were notified during the reporting period. ACCESS counselors reached 11,212 (54%) of those recently delivered women within 24 hours and 14,943 (72%) within 72 hours.
- Of 458 Community Action Groups (CAGs) in **Bangladesh**, 403 CAGs developed action plans to address priority MNH problems identified using the Community Action Cycle; the groups are in various phases of implementation. A total of 458 Community Resource Persons (CRPs) received facilitation skill development orientation to be able to conduct the CAG meetings.
- In **Bangladesh**, developed key training manuals in English and Bangla (for TBAs and community-based KMC) and held trainings of trainers (TOTs): Trainers are training ACCESS counselors to coach mothers to provide KMC to all newborns.
- Completed baseline survey data collection and preliminary data analysis in **Bangladesh**. Of 20,730 recently delivered women who received postnatal visits in **Bangladesh**: 47% had a birth plan; 76% of newborns were attended by a newborn care person; 94% of mothers had clean cord cuts; 85% of mothers initiated breastfeeding within 1 hour of birth; 86% of newborns who were delivered at home were dried and wrapped immediately after birth; and 79% mothers delayed bathing their newborns for 3 days.

**Figure 2: Practice of Key MNH Behaviors in Sylhet, Bangladesh by Quarter**



- **Afghanistan** HSSP provided technical assistance to the MOPH and UNICEF to strengthen clinical training sites for training in obstetric care and care of the newborn.
- Facilitated the integration of targeted community MNH activities into the District Implementation Plans in 3 ACCESS-focus districts in **Malawi**. Activities included: training of health surveillance assistants in the community MNH package; training in monitoring and

supervision; organizing drama groups; and mobilizing community-based healthcare workers to increase access to MNH.

- Conducted needs assessments in KMC in 2 districts of **Malawi**—4 health facilities in Rumphi District and 3 health facilities in Nkhhotakota District. Preliminary results showed that, while many providers have previously been oriented to KMC, the main reason for not implementing the method is the lack of a neonatal ward. Results from the assessments will inform the implementation of KMC as a strategy to decrease neonatal mortality in 3 of 28 districts in Malawi.

## ANTENATAL CARE

### Core Funds

- Completed monograph on “Faith-based Models for Improving Maternal and Newborn Health,” adding to the limited written resources about FBOs and health services.
- Identified major issues to be addressed in the revision of the *Managing Complications in Pregnancy and Childbirth Manual* (MCPC) manual. Established a technical review process and timeline: first draft will be available for review in November 2008; global launch of the second edition is slated for June 2009.
- USAID’s Global Health Antenatal Care e-learning course completed by an estimated 650 users.
- USAID’s Global Health Prevention of Mother-to-Child Transmission of HIV e-learning course completed by more than 250 users.
- Trained ANMs in Jarkhand, **India**, reported providing services for a total of 1,498 ANC visits; an estimated 75% of ANC clients received iron/folate.
- In **India**, trained community health workers (CHWs) reported reaching 636 pregnant women with BP/CR messages. CHWs further reported counseling a total of 1,128 pregnant and postpartum women about dangers signs in pregnancy and the postpartum period. A total of 60 CHWs were trained this period.
- In **Rwanda**, knowledge, awareness and skills in FANC have increased from 12 to 24 districts. ACCESS conducted advocacy and held a training to update district heads and providers in MIP based on the new Rwandan policies, using ACCESS-revised LRP.
- Discussed with USAID/**Nepal**, the National Family Health Program (NFHP), and the Nepal MOH collaboration on development of an operations research activity to target pre-eclampsia/eclampsia.
- Met with USAID and partners in **Tanzania** to outline need for strategy at community and facility levels for prevention and treatment of pre-eclampsia/eclampsia; USAID mission interested in including this as part of proposed funding for BEmONC throughout the country.

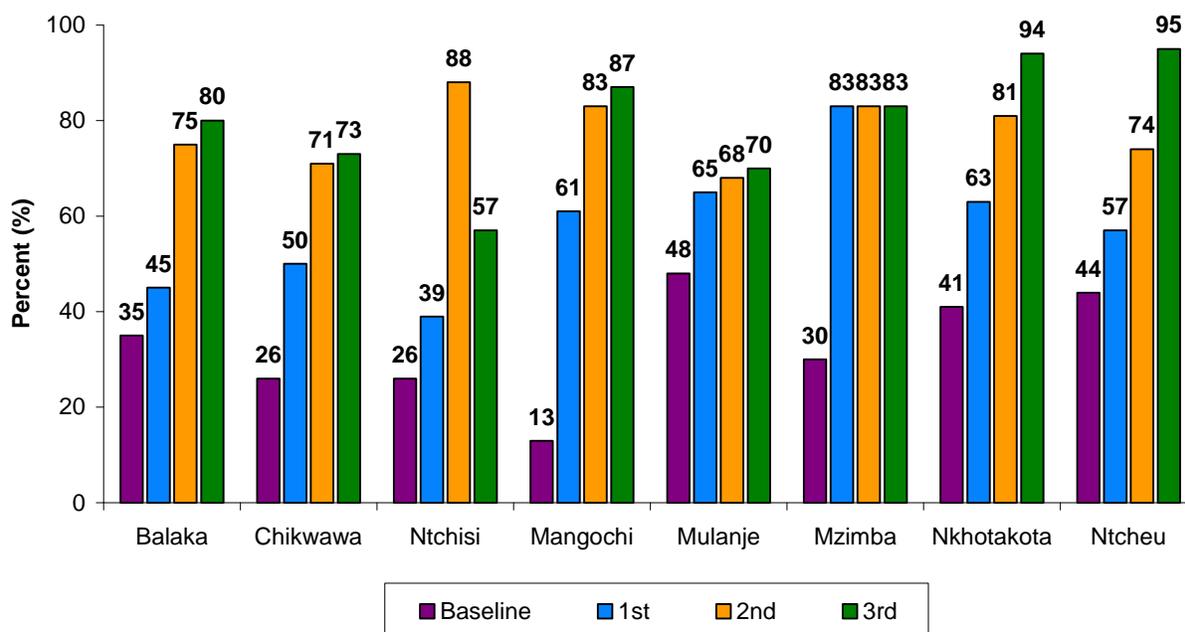
## Core Malaria Funds

- Completed and published Malaria Action Coalition Final Report (October 2002–September 2007).
- Contributed to the development of a Roll Back Malaria (RBM) global statement on community distribution of intermittent preventive treatment during pregnancy (IPTp) that will provide guidance to countries in their efforts to scale up MIP prevention and control.
- Developed 2 global resources for MIP prevention and control that will directly support countries in efforts to scale up malaria prevention and control: The MIP Implementation Guide, now at WHO for endorsement, and the revised Malaria Resource Package, expected to be finalized and printed by the end of May.
- Short-term technical assistance in **Nigeria** to address bottlenecks to implementation of global fund activities has led to accelerated expansion of global fund implementation.

## Field funds

- In **Kenya**, an advocacy meeting convened by ACCESS for the DRH, provincial RH coordinators and district RH coordinators on next steps for PMTCT led to consensus about: developing PMTCT national standards using the SBM-R approach; piloting PMTCT standards at selected provincial general hospitals; the readiness of the DRH and provincial teams to strengthen leadership, supervision and coordination of the PMTCT program.
- In **Rwanda**, funds from the President’s Malaria Initiative (PMI) used to adapt MIP/FANC manuals for use as training tools for national-level TOT for supervisors.
- ACCESS **Malawi** organized 5 Zonal stakeholder’s meetings to rapidly assess the current status of FANC/MIP at district level throughout the country. Based on informal IPTp situational data gathered by district officers, there was a clear indication that many health facilities had experienced a shortage of sulfadoxine-pyrimethamine (SP) for IPTp, inadequate training on FANC and MIP was provided to districts, and almost all (100%) facilities that reported did not have requisite supplies to provide directly observed therapy (DOT).
- Expanded the performance and quality improvement (PQI) approach for ANC services to 6 new facilities in **Malawi**, which conducted baseline assessments. Follow-up assessments of ANC services at 8 continuing health facilities revealed higher performance scores compared to baseline, with an average increase of 50 percentage points.

**Figure 3. Performance Standards Achievements, ANC Service, Malawi, 2006-2008**



- Supportive supervision visits to the 4 facilities implementing a pilot program of integrated ANC/Tuberculosis screening services in **Kenya** revealed that screening for Tuberculosis was being successfully integrated into the ANC services: post intervention, 91% of 1,069 new ANC clients and 55% of 1,143 ANC revisits were screened for TB. Of the 1,796 ANC visits that were reported screened post-intervention, only 3 were referred to the Chest Clinic and 1 of these was confirmed positive. The reasons for the small number of referrals are unclear and ACCESS is following up.



Healthy mother and child, Tanzania.  
Photo credit: Rene Salgado/PMI Tanzania

- Among the 30 sentinel sites where ACCESS monitors ANC service provision by providers trained in FANC and MIP with ACCESS support in **Tanzania**, in the last quarter of 2007, in 16 of the 30 facilities where no stockouts of SP occurred, 61% of ANC clients received IPT 1 and 44% of ANC clients received IPT 2. In addition, 66% of ANC clients received TT2 and over 91% received insecticide-treated (bed) net (ITN) vouchers. ACCESS also conducted a survey on the issue of stockouts of SP for IPT, documenting and reporting on new evidence around the scale of the problem: during the 12 months prior to the survey, 53% of facilities experienced a stockout of SP.

- Assisted the MoHSW in **Tanzania** to revise the 2-year certificate and 3-year diploma nursing and midwifery curricula, in response to the recently issued Primary Health Services Development Programme (MMAM), which calls for a more rapid preparation of health providers. The MMAM is a national strategy to make health services accessible to the entire population through increasing the number of functioning and staffed dispensaries and health centers throughout the country.
- President Bush at Meru District Hospital: “[PMI] supports treatment for those who are most vulnerable to malaria, especially pregnant women. Here in Tanzania, more than 2,400 health workers have been trained to provide specialized treatment that prevents malaria in expectant mothers.”
- President Bush visited **Tanzania** in February 2008 as part of a five-country trip to Africa. Observing the current PMI- and PEPFAR-funded initiatives in action was the focus of his trip. In preparation for this visit: developed a press release; identified useful FANC IEC materials for display during official site visits; and provided updated program information to USAID for use in preparation of presidential remarks during his visit. The ACCESS FANC program was highlighted by President Bush during a speech he made at Meru District Hospital.
  - Revised the FANC quality improvement (QI) strategy in **Tanzania** to reflect a more feasible, measurable and responsive mechanism for scaling up quality improvement efforts. Of the 8 facilities reporting FANC QI follow-up assessment results during this time period, 7 showed an improvement in the quality of FANC service delivery as compared to baseline assessment results. Also during this period, 25 nursing and midwifery tutors and clinical preceptors were trained in QI for FANC.
  - ACCESS/**Tanzania** is collaborating with T-MARC Company Ltd. to integrate FANC messages into season four of the Mama Ushauri radio serial drama, and participated in script development and review to ensure that appropriate and correct FANC information was incorporated into the storylines.
  - Supported the National Department of Health in **South Africa** to introduce the new National PMTCT Guidelines in KwaZulu Natal Province. A total of 802 health providers and trainers from 7 of 11 districts were trained on the new PMTCT guidelines, which now include implementation of dual therapy (AZT & nevirapine), replacing the single dose nevirapine regimen in the country.
  - ACCESS/**Haiti** supported the MOH to improve the quality of PMTCT and FP services at 6 facilities through facilitative supervision and coaching, which included feedback to service providers to improve their competencies in FP and PMTCT service provision.

## OTHER ACCESS RESULTS FOR WOMEN’S HEALTH

### Core FP/RH Funds

- Translated the PAC LRP into French and preparations undertaken for field-testing the package during a training of providers in **Haiti**.

## Core ACCESS-FP Funds

- ACCESS-FP: Postpartum Family Planning USAID Global Health e-learning course in development.
- New field-funded programs started up in **Albania, India and Guinea**.
- Revitalized lactational amenorrhea method (LAM) through the LAM Working Group with the Institute of RH at Georgetown University.
- Postpartum Family Planning Community of Practice continues to grow, with 415 members from 50 countries, and has served as a key information sharing mechanism for global discussions on topics related to postpartum family planning (PPFP).
- Contributed to the body of literature with some new ACCESS-FP publications: Tanzania DHS secondary analysis of PP data, LAM technical brief, community-based PPFP, and updated programmatic framework.
- Postpartum family planning promoted globally at various national and international venues including the Scaling Up Best Practices Meeting in Bangkok, Thailand; Women Deliver in London; Union for African Population Studies Fifth African Population Conference in Arusha, Tanzania; Flexible Fund Meeting; and the Mini University.
- The FRONTIERS Program completed an evaluation of a PPFP pilot program implemented by ACCESS-FP in **Kenya**. Data analysis is currently under way.

## Field Funds

- Developed National Reproductive Tract Cancer Guidelines, which include breast and prostate cancers, in **Kenya**.
- In **Kenya**, ACCESS provided technical support for the development of new policy guidelines on HIV testing and counseling in **Kenya**.
- Preliminary results of an evaluation of ACCESS **Kenya's** HIV Counseling and Testing Program last year revealed: (1) ACCESS trained 73% of all 402 service providers providing services at provincial general hospitals, (2) number of clients offered HIV counseling increased from 2,861 to 4,662 after initiation of the program, (3) percentage of clients accepting HIV testing increased from 95% to 99%, and (4) 95% of clients offered HIV testing and counseling were satisfied with the service.
- In **Kenya**, strengthened the capacity of MOH/DRH staff and provincial RH supervisors to provide post-trauma counseling as part of ongoing efforts to improve post-rape care services, a RH priority of the MOH.
- Developed a FP orientation package for ART service providers in **Kenya**.
- In **Nigeria**, 11,817 clients received FP counseling and 933 clients received PPFP counseling at 36 ACCESS-supported facilities. ACCESS staff further helped to ensure that FP commodities were always available at the facilities.
- In **South Africa**, 5 facilities supported by ACCESS and the Foundation of Professional Development improved the performance and quality of ART services using the ART

Services SBM-R approach. Three facilities assessed during this period improved from a mean score of 37% to 52% out of 165 total standards.

- Thirteen new Training Information Management Systems (TIMS) sites have been established in **South Africa** during this period: 12 in the KwaZulu-Natal Department of Health and 1 at the Department of Public Service and Administration. These sites, added to the existing 7 sites established in the previous years, make a total 20 sites that are monitoring provider training.
- A total of 68 trainers and program coordinators were trained on Palliative Care for Adults clinical guidelines to deliver services, according to national and/or international standards in **South Africa**. This was a TOT program attended by participants from all 9 provinces of South Africa who were in turn expected to cascade training in their provinces.
- Cervical cancer prevention services were established at 9 facilities in the NorthWest province of **South Africa**, each of which has a nurse trained in visual inspection of the cervix with acetic acid wash and cryotherapy.
- Increased access to long-term family planning methods (IUD, Norplant and vasectomy) at 2 facilities in southern **Haiti** through “mobile clinics” conducted by 2 visiting providers.
- ACCESS/**Haiti** purchased and distributed \$35,000 worth of equipment and supplies for LAPM/FP to be used in the bilateral project in public institutions.
- Three facilities in **Malawi** achieved target levels of performance and quality in IP with scores above 80% (88%–91%) on IP standards. The facilities were nationally recognized by the MOH.

# Challenges and Opportunities

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## Challenges

- **Collaboration with Partners on Tools and Materials:** ACCESS is working with other partners to develop or update documents that are of global significance by working in conjunction with several multilateral partners such as WHO and other collaborating agencies. Development of several of these documents—for example, the MIP Implementation Guide and Managing Complications in Pregnancy and Childbirth Manual (MCPC)—has been delayed because the internal processes for review and endorsements within these organizations can be long and bureaucratic.
- **Country level surveys:** In Bangladesh and Rwanda, baseline surveys have been conducted to provide a foundation for assessing the outcomes of the programs. There have been delays in finalizing protocols and data collection instruments, getting IRB approval or MOH approval (Bangladesh and Rwanda, respectively) and from the research agencies in conducting the survey and analysis. In India, where there is great anticipation of the results from the ACCESS Program, some groups are being pressed to move forward and utilize different models of training without awaiting results from the endline survey.
- **Closing out programs while scaling up others:** As ACCESS completes its fourth year, some country programs have closed out. These include Haiti, West Africa Regional Program and Nepal. In Nepal, there is renewed possibility of receiving field support funding. However, in order to manage close-out efficiently in Nepal, ACCESS had already cut back staff and minimized program activities. Other countries, like Tanzania, are allocating funds that were discussed last year. As we enter into our final year, ACCESS will carefully plan close out for other countries so that we have a smooth transition.

## Opportunities

- ACCESS is collaborating with USAID and SNL on a technical forum of global experts to discuss community-based care for low birth weight newborns. This meeting will review evidence and experience from recent research and programs on community-based KMC (CKMC) approaches, recommend approaches for CKMC for pre-term/low birth weight to be included in program setting and identify key knowledge gaps that require further evidence (research, program evaluation) to enable policy endorsement.
- Develop new associate awards. During this reporting period, ACCESS initiated discussion of associate awards with Tanzania, Kenya, Nigeria and Bangladesh. Associate awards require additional startup coordination and management efforts but are a great testament to the success of the ACCESS Program's mandate.
- ACCESS country retreat. ACCESS is planning a meeting for country directors from all ACCESS countries in June 2008. This will be a great occasion for country staff to celebrate their unique programs and learn from each other. It will also be a great opportunity for them to meet with USAID/Washington and obtain a better understanding of global priorities.

# Annex A: Core Activity Matrix

**Table 1: ACCESS Core-Funded Activities and Outputs for Program Year Three (FY08) from Oct. 1, 2007-March 31, 2008**

Core Activity	Major Programmatic Outputs/Deliverables Produced
<b>IR 1: Global leadership for maternal, neonatal, and women’s health AND nutrition programs AND policies strengthened</b>	
<p>1.1 Through global partnerships promote ways and means of overcoming policy and program barriers to ensure maternal, neonatal, and women’s health goals and incorporation of evidence-based strategies in country</p>	<ul style="list-style-type: none"> <li>■ ACCESS continued support for the technical advisor to the Partnership for Maternal, Newborn, and Child Health (PMNCH) who is assisting with the implementation of their global activities.</li> <li>■ ACCESS members chair the Prevention of Postpartum Hemorrhage Initiative (POPHI) technical working group on training, and participate in the technical working groups on uterotonic drugs and devices, and PPH.</li> <li>■ ACCESS worked with colleagues from MotherNewBorNet and SNL to plan preparation of technical updates on neonatal sepsis and KMC to disseminate through the MotherNewBorNet newsletter.</li> <li>■ A global community KMC training manual has been drafted and is currently being adapted and field tested in Bangladesh.</li> <li>■ Technical meeting of Managing Complications in Pregnancy and Childbirth (MCPC) manual Revision Task Force took place in Geneva on 22 – 23 October 2007 attended by WHO Making Pregnancy Safer (MPS) Department representatives as well as Harshad Sanghvi and Jeff Smith from ACCESS/ Jhpiego. Technical review process and timeline established, and specific assignments for preparation and review of sections were made. MPS staff informed WHO, UNFPA, UNICEF, and the World Bank of plans for the revised edition. ACCESS/ Jhpiego staff updated, compiled, and sent files on suggestions for changes, IMPAC inconsistencies, and technical adaptation to the MCPC Revision Task Force to guide the MCPC revision process.</li> <li>■ Collaborated with global stakeholders to support the international “Women Deliver” conference in London, October 18-20, 2007, including support to over 20 participants and panelists. Several panels submitted by ACCESS and ACCESS-FP on PPH, SBA, PPF, FBOs, and MIP were accepted for presentation. WRA National Alliance representatives presented panel discussions and provided concrete country examples of the problems and solutions; two representatives from faith-based health networks in Africa presented papers and raised awareness of the role FBOs play in providing health care services to women and children.</li> <li>■ Support leveraged by two WRA Alliances (Malawi and Zambia) for additional funding from DFID to support roll-out of strategies.</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
<p><b>1.2</b> Partner with faith-based health care networks to expand emergency maternal and newborn care interventions</p>	<ul style="list-style-type: none"> <li>■ Organized a panel on improving maternal and newborn care through faith-based organizations at Women Deliver conference and enabled two representatives from faith-based health networks in Africa to participate and present papers at the Women Deliver conference, raising awareness of the role FBOs play in providing health care services to women and children.</li> <li>■ Developed outline and draft in process of country-specific toolkits for religious leaders to help build their capacity in promoting Safe Motherhood messages in their communities and within their constituencies. The toolkits—one for Christian leaders and one for Islamic leaders—will be tested in July/August 2008.</li> <li>■ Presented on ‘Role of Faith-Based Organizations in Improving Maternal and Newborn Health’ at UNFPA Offices to the staff in the UN system</li> <li>■ Completed FBO brief on health networks and community health programs focused on behavior change.</li> <li>■ Completed monograph on ‘Faith-based Models for Improving Maternal and Newborn Health’ adding to the limited written resources about FBOs and health services.</li> <li>■ Disseminated ACCESS resources to 10 faith-based health networks in Africa and 4 in Asia.</li> </ul>
<p><b>1.3</b> Disseminate ACCESS Program materials and resources to stakeholders worldwide to advance knowledge of and programming in maternal and newborn health</p>	<ul style="list-style-type: none"> <li>■ ACCESS dissemination of materials: Women Deliver conference; PRIDE Project in Pakistan; a national RH/CH meeting in Mozambique (supported by Jhpiego’s Forte Saude project); and APHA.</li> <li>■ Materials completed: Two e-learning course technical briefs completed – on PPH and MTCT of HIV – now available on the MAQ website; FBO health networks brief; MAC final report; ACCESS country briefs (five in draft form: Afghanistan/HSSP, Bangladesh, Kenya, Nigeria; Tanzania).</li> <li>■ Major issues to be addressed in the revision of the Managing Complications in Pregnancy and Childbirth Manual (MCPC) manual identified. A technical review process and timeline was established: first draft will be available for review in November 2008; global launch of the second edition is slated for June 2009.</li> <li>■ Training package and implementer’s guide on community based use of misoprostol in the final stages of editing and production.</li> <li>■ 1,140 people have completed the seven e-learning courses on ANC, Postpartum Care, ENC, MTCT, Maternal Disability and Preventing PPH developed by ACCESS. ACCESS-FP: Postpartum Family Planning e-learning course in development.</li> <li>■ ACCESS website: 5,770 visitors and 53 downloads of major publications in past six months. In April, the first “ACCESS Update” was sent via email to ACCESS staff and more than 150 colleagues at USAID Missions, collaborating organizations, and HIDN and ACCESS-FP offices.</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
<b>IR 2: Preparation for childbirth improved</b>	
<p><b>2.1 India:</b> Field-test interventions to reduce maternal and neonatal mortality and morbidity based on guidelines for skilled attendance at birth developed for India's RCH II program</p>	<ul style="list-style-type: none"> <li>■ Nineteen ANMs completed training and posted at the community; 283 mahila mandals were formed and are conducting regular monthly meetings; 233 of these have monthly savings, which can be given out as loans for obstetric emergency, and 178 mahila mandals have opened bank accounts; village-level workshop completed in all 40 locations to increase community awareness of the project and maternal and newborn care services; SMVs (safe motherhood volunteers) and SMAs (safe motherhood advocates) finalized by the communities; 1,064 SMVs, SMAs and mahila mandal leaders trained over two days in all 40 locations; 5,015 new and continuing clients were visited at home and counseled on BPCR messages by SMAs and SMVs..</li> <li>■ In the past six months, ACCESS-trained ANMs: conducted 137 deliveries; provided antenatal care 1,686 times; and conducted 131 AMTSL and 43 postnatal/postpartum visits.</li> <li>■ Community mobilization activities: In each of the 40 HSCs areas, SM volunteers and SM advocates were selected and trained; in total, 1,064 participants trained (231 SMA; 434 SMVs; 356 mahila mandal leaders). 188 of these SMAs are active and supportive in carrying out CM activities.</li> <li>■ Block level workshops completed in all the 3 blocks for program briefing with block level officials of health and ICDS dept. along with service providers.</li> <li>■ Resources and experience shared with other Jharkhand SBA projects including participation in Vistaar planning meetings and trainings.</li> <li>■ Baseline report finalized, operations research ANM quarterly monitoring visit conducted, and ACCESS monitoring visits conducted.</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
<p><b>2.2</b> Consolidate lessons learned through the Malaria Action Coalition in selected countries in Africa</p>	<ul style="list-style-type: none"> <li>■ Development of a consensus statement on the community distribution of IPTp.</li> <li>■ Development of MIP Guide and Malaria Resource Package.</li> <li>■ Contributed to the development of a RBM global statement on community distribution of IPTp that will provide guidance to countries in their efforts to scale up MIP prevention and control.</li> <li>■ Short-term technical assistance in Nigeria to address bottlenecks to implementation of global fund activities has led to accelerated expansion of global fund implementation.</li> <li>■ ACCESS has developed two global resources for MIP prevention and control that will directly support countries in efforts to scale up MIP prevention and control.</li> <li>■ ACCESS program officers updated with essential technical and programmatic guidance to support MIP implementation in their countries.</li> <li>■ Malaria Action Coalition Final Report (October 2002-September 2007) completed.</li> <li>■ In Rwanda, PMI funds used to adapt MIP/FANC manuals for use as training tools for national-level training-of-trainers for supervisors.</li> </ul>
<p><b>IR 3: Safe delivery, postpartum care, and newborn health</b></p>	
<p><b>3.1</b> Contribute to the knowledge and expansion of prevention of PPH in ACCESS countries</p>	<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>■ Supported nine technical and advocacy meetings on prevention of PPH in Cambodia attended by a total of 62 stakeholders representing USAID, UNICEF, UNFPA, WHO, JICA, GTZ, Save the Children, RACHA, RHAC, Director and Deputy Director of the NRHP, Pursat Provincial MCH staff, national NRHP staff.</li> <li>■ Prepared for PPH project implementation: drafted a BCC package, developed training materials, started drug packaging design, conducted an assessment of the referral hospital in Pursat to examine its ability to treat referred PPH cases; completed a detailed.</li> </ul> <p><b>Kenya</b></p> <ul style="list-style-type: none"> <li>■ Developed clinical practice guidelines on prevention of PPH</li> <li>■ Supportive supervision for trainers who had been developed in July 2007</li> <li>■ Trained 19 service providers on AMTSL in Eastern province</li> <li>■ Trained 22 service providers on AMTSL in Western province</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
<p><b>3.2</b> Build strategic opportunities to improve safe delivery in Africa</p>	<p><b>Rwanda</b></p> <ul style="list-style-type: none"> <li>■ Preliminary reports for the Facility assessment and the Community qualitative assessment finalized and shared with stakeholders. The findings will provide useful information for program implementation and monitoring.</li> <li>■ Revision of MNH guidelines in progress—currently under review by stakeholders.</li> <li>■ Forty health centers assessed/supervised to evaluate equipment status, staff EmONC performance, data, and challenges.</li> <li>■ EmONC scaling up strategy document and budget finalized and approved by MMR/TWG.</li> <li>■ Increased interest of MMR/TWG, HIV partners, mayors and hospitals directors in improving EmONC after the dissemination of EmONC assessment reports in ACCESS districts (5 maternity hospitals and 40 health centers). Assessment included equipment status, staff capacity in EmONC, data, and challenges for service delivery.</li> <li>■ Helped catalyze basket funding mechanism among partners, including two HIV partners and two UN partners, for the training of 23 participants from 15 hospitals and adaptation of EmONC training materials and tools for health centers providers.</li> <li>■ Training of Nyamagabe district HCs staff through cost share with Twubakane.</li> <li>■ Increased EmONC and FANC capacity for 27 HCs providers in Nyamagabe district.</li> <li>■ Training of EmONC providers from 15 hospitals to replace turned over staff.</li> <li>■ In 3 of the 4 assessed districts, 15 of 21 target facilities are providing active management of the third stage of labor (AMTSL).</li> <li>■ HCs EmONC tasks defined as a basis for training manual adaptation.</li> <li>■ Functional KMC Unit serving as a training center for KMC scaling up activities. More than 100 low birth weight babies admitted as of March 27, 2008</li> <li>■ Knowledge, awareness and skills in FANC/MIP increased from 12 to 24 districts through advocacy and training efforts with district heads and providers, based on the new Rwandan policies .</li> </ul> <p><b>Ghana</b></p> <ul style="list-style-type: none"> <li>■ Completed Standards-based Management and Recognition (SBM-R) module one and baselines of all new facilities, which has resulted in the ability of key personnel in Birim health district to train and transfer updates, quality assurance and quality improvement.</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
	<ul style="list-style-type: none"> <li>■ Three district personnel and 1 Jhpiego staff trained as external assessors to increase sustainability of the quality improvement process and make Birim North a national model for the accreditation process.</li> <li>■ Expanded to the southern and central part of the Birim North District, which includes double the number of facilities than the northern part of the district, for a total of 11 health facilities, 2 of which are district level hospitals.</li> </ul>
<p><b>3.3</b> Implement Local Financing Mechanisms to Increase Equity of Health Services to the Most Vulnerable in Nigeria</p>	<ul style="list-style-type: none"> <li>■ ACCESS staff and local stakeholders and representatives from Mada community (Zamfara state) in Nigeria agreed that ACCESS can help them overcome financial barriers to antenatal, obstetric and post-obstetric services. With community preferences for solutions in mind, plans are underway to train two female facilitators to organize and support a pilot “Mothers’ Club” to provide women a means to save and use those savings to make loans to one another. This group will also be a vehicle for ACCESS to reinforce RH messages and behaviors to the community.</li> </ul>
<p><b>IR 4: Management of obstetric complications and sick newborns improved</b></p>	
<p><b>4.1</b> Increase access to skilled attendance at birth through strengthening of pre-service midwifery education of frontline providers in four countries (Ethiopia, Ghana and Tanzania)</p>	<ul style="list-style-type: none"> <li>■ Coordinated and planned second regional Clinical Training Skills and Curriculum Design course to be held in April for approximately 20 Pre-service Midwifery Educators from 3 countries (Ethiopia, Ghana, and Tanzania) in order to build more champions for implementing best practices in Basic Emergency Obstetric and Newborn Care (BEmONC) into midwifery education and practice.</li> <li>■ Completed revisions to BEmONC LRP based on pre-test recommendations. Package is currently being copyedited and formatted.</li> <li>■ The MOH in Madagascar, with advocacy and support from ACCESS, repeated the Roadmap Forum held in September 2007 in Antananarivo.</li> <li>■ Roadmap partners in Niger integrated the maternal and newborn health (MNH) situation analysis into the MOH/Niger 2008 plan with support from ACCESS.</li> <li>■ Planned a workshop in Entebbe, Uganda for the operationalization of the Roadmap in Anglophone countries in Eastern and Southern Africa.</li> </ul>
<p><b>4.2</b> Assist the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to build capacity of skilled providers in EMNC</p>	<ul style="list-style-type: none"> <li>■ 10 Health Centers referring to Ambo hospital maternity services assessed and strengthening underway to improve EmONC service delivery in collaboration with ESOG.</li> </ul>

Core Activity	Major Programmatic Outputs/Deliverables Produced
<p><b>4.3</b> Continue Expansion of Kangaroo Mother Care services for improved management of low birth weight babies</p>	<ul style="list-style-type: none"> <li>■ A global community KMC training manual has been drafted and is currently being field tested in Bangladesh, where over 24 trainers are training ACCESS counselors to coach mothers to provide universal KMC to all babies.</li> <li>■ Four hospitals and 3 primary health centers in Nepal have integrated KMC into their postnatal care for low birth weight/premature babies.</li> <li>■ Based on lessons learned from the ACCESS-funded manual “Providing care for low birth weight infants: a community level approach in Kanchanpur District, Nepal,” management of low birth weight newborns is being modified and will be included as part of a community-based integrated neonatal care package to be implemented nationally.</li> </ul>
<p><b>4.4</b> Prevention of Eclampsia/Pre-eclampsia</p>	<ul style="list-style-type: none"> <li>■ Commitment from the National Family Health Program (NFHP), and the Nepal MOH to include a strategy targeting pre-eclampsia/eclampsia.</li> <li>■ Meeting with USAID and partners in Tanzania outlining need for strategy at community and facility levels for prevention and treatment of pre-eclampsia/eclampsia; USAID mission is interested in including this as part of proposed funding for basic emergency obstetric and newborn care throughout the country.</li> <li>■ Teleconference with partners from USAID and PATH regarding prevention and treatment of pre-eclampsia/eclampsia, including discussion of next steps to raise this as a solvable issue in many countries</li> <li>■ Meetings with USAID, MOH, and other partners in Ethiopia, Kenya, and South Africa to discuss importance of strategy to decrease maternal and newborn mortality due to pre-eclampsia/eclampsia.</li> </ul>
<p><b>IR 5: Prevention and treatment of priority health problems of non-pregnant women of reproductive health age (Targets of Opportunity)</b></p>	
<p>5.1 Field-test and finalize the revised post-abortion care curriculum</p>	<ul style="list-style-type: none"> <li>■ French translation of PAC curriculum nearly complete; field testing in Haiti set for June, pending political stability.</li> </ul>

# Annex B: Program Coverage Matrix

ACCESS clinical (e.g., capacity building and service delivery) and community-based (e.g., demand generation) interventions have reached women and families in Afghanistan, Bangladesh, Burkina Faso, Cameroon, Ethiopia, Ghana, Haiti, India, Kenya, Nigeria, Madagascar, Malawi, Mauritania, Nepal, Niger, Nigeria, South Africa, Tanzania and Togo. Table 1 below presents information on the types of interventions being implemented in each country and the associated potential population coverage (those living in the intervention target communities and/or facility catchment areas).

It is important to note that this matrix does not always capture national-level policy work. In addition, ACCESS country programs are at different stages of implementation – some began in 2004 while others began in 2007 – thus, coverage may be vastly different. Finally, ACCESS is a global, core-funded program that uses its core funds primarily for technical leadership and global learning. Core-funded country-level interventions tend to be relatively small in geographic scope and serve to demonstrate transfer of research to practice of evidence-based approaches in MNH. These results are then used to inform national and global policy and programming. Field support funded programs, on the other hand, tend to have larger geographic scope and funding for scale up.

**Table 1: ACCESS Program Coverage**

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15–49)
<b>AFGHANISTAN</b>							
PPG Skilled Birth Attendant Intervention	N/A	36,088	118 out of 329	36%	13 out of 34	9,513,316	1,902,663
<b>BANGLADESH</b>							
Prenatal/postnatal Community Outreach visits and referral	7 sub-districts (upazillas)	N/A	1 out of 64	1.6%	N/A	1,443,841	287,324

COUNTRY INTERVENTION	# OF COMMUNITIES	# OF FACILITIES	# OF DISTRICTS/ DEPARTMENTS	% OF DISTRICTS/ DEPARTMENTS	# OF REGIONS/ PROVINCES	TOTAL POP. (IN TARGET COMMUNITIES OR FACILITY CATCHMENT AREAS/DISTRICTS)	# OF WOMEN OF RE-PRODUCTIVE AGE (15-49)
<b>ETHIOPIA</b>							
Hospitals strengthening in BEmONC for Accelerated Health Officer Training Program	N/A	8 out of 20 AHOTP Hospitals (total 115 hospitals in country)	2 out of 17 zones in Oromia (there are over 300 woredas in Oromia)	Each hospital is in a woreda, but that is not very relevant. More relevant is perhaps that 5 universities are managing the PSE of Hos in accelerated program and all 5 are represented through our sites.	2 hospitals in Oromia region 2 in Amhara 2 in SNNPR 1 in Dire Dawa 1 in Tigray region Total of 11 regions (9 regions and 2 city administrations- AA and Dire Dawa)	N/A	N/A
<b>GHANA</b>							
Technical Updates and Clinical Skills Standardization for Midwifery Educators		2	1 (Accra City) out of 138 districts	1%	1 out of 10 regions	2,029,143	515,402 (estimate)
SBM-R Process and MNH Technical Updates and Clinical Skills Standardization for maternity providers		3	1 ( Birim North) out of 138 districts	1%	1 out of 10 regions	151,401	73,884

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<b>INDIA</b>							
Skilled birth attendance (community-based and facility-based midwives plus community mobilization)	213 villages	3	1 district	4.1 % (1 district out of 24 districts in the state of Jarkhand)	N/A	118,878	20,208
<b>KENYA</b>							
HIV/AIDS Counseling and Testing	N/A	30 districts across all provinces (50%)	30 / 76	39.4%	8 out of 8	14,310,448 Estimates from 30 districts in all provinces	3,739,501 Estimates from 30 districts in all provinces
Postpartum Family Planning (ACCESS FP)	N/A	4 facilities in one district (40%)	1 district-Embu	1.3%	1 out of 7	318,724	78,087
ART	N/A	40 (60%)	40 / 76 Five districts in each Province	52.6%	8 / 8 Central, Eastern, Nairobi	24,801,943 5 districts per province: Nairobi 2,940,911 Central 3,209,646 Coast 2,719,989 Eastern	6,451,092  (Nairobi 895,482 Central 963,071 Coast 779,582 Eastern 924,349 N. Eastern 293,734

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						3,872,503 N. Eastern 1,368,185 Nyanza 2,848,732 Rift Valley 4,249,432 Western 3,592,545)	Nyanza 748,252 Rift Valley 1,067,367 Western 779,256)
Injection safety	12	12 Districts: [6 from Rift Valley and 6 from Nyanza] (40%)	12 Districts from 2 Provinces: <b>Rift Valley:</b> Nakuru, Nanyuki, Koibatek, Kericho, Uasin Gishu, Nandi <b>Nyanza:</b> Kisumu, Bondo, Kisii, Nyamira, suba, Homabay	15.7%	2 out of 8 provinces Rift Valley and Nyanza	Nyanza 6 districts: 2,173,000 Rift Valley 6 districts: 3,329,000	Nyanza 6 districts: 1,134,000 Rift Valley 6 districts: 1,651,000
TB/ANC Training (Pilot at Provincial and District level)	N/A	3 Pilot sites in one district (Mbeere) (20%)	9 / 76 Embu, Kitui, Machokas, Mbeere, Meru Central, Meru North, Meru South, Tharaka	11.8%	1 out of 8 Eastern	4,709,58	1,201,609

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<b>MADAGASCAR</b>							
FANC/MIP service delivery scale-up		76	4 out of 22	18%	2 out of 6	710,808	164,197 (estimate)
<b>MALAWI</b>							
PQI in RH		(RH) 14 district hospitals representing 100% of district hospitals in the 14 districts	14 districts	50% (14 out of 28 districts)	3 out of 3 regions	5,507,352	1,321,764
PQI in IP		(IP) 24 hospitals, representing 100% of target hospitals in the 21 districts	21 districts	75% (21 out of 28 districts)	3 out of 3 regions	9,716,857	2,332,046
<b>NIGERIA</b>							
Emergency obstetric and newborn care as an entry point to postpartum family planning and community mobilization	71	37: 14 General Hospitals; 1 Comprehensive Health Centre and 22 primary healthcare centers	18 LGAs (districts) out of 774 (6 LGAs in each of 3 States including Kano, Zamfara and Katsina)	2.3%	1 out of 6	4,202,775	975,044 (estimate)

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<b>SOUTH AFRICA</b>							
Implementation of Antiretroviral Service Standard-based Management	N/A	5	2	4%	2 out of 9	1,068,771	287,878
<b>TANZANIA</b>							
FANC/MIP service delivery scale-up		1,192	90 out of 133 (mainland)	68%	19 out of 21	31,481,125	7,494,579
Technical Updates and Clinical Skills Standardization for Midwifery Educators		1	1 (Morogoro) out of 130	1%	1 out of 21	1,753,362	3,507,462

Note: Data sources for population figures include national census data; US Census Bureau, International Database, <http://www.census.gov/ipc/www/idbpyr.html>; World Gazetteer at [www.world-gazetteer.com](http://www.world-gazetteer.com)); <http://population.wn.com> <http://www.odci.gov/cia/publications/factbook/index.html> ( Madagascar); *Kenya 1999 Population and Housing Census Volume VII: Analytical Report on Population Projections, 2002* (Kenya). Nigeria: Population Commission report.