



Year One Annual Report

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Cotopaxi, Ecuador Essential Obstetric and Neonatal Care (EONC) Project
Center for Human Services - Ecuador
USAID/Child Survival and Health Grants Program
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List of acronyms

AMTSL	Active Management of Third Stage of Labor
BCC	Behavior Change Communication
CHS	Center for Human Services
CHW	Community Health Worker
CSHGP	Child Survival and Health Grants Program
CONPAS	Parish Health Committee (in Spanish)
CONASA	National Council of Health of Ecuador (in Spanish)
CQI	Continuous Quality Improvement
CUS	User Committee (in Spanish)
DPSC	Cotopaxi Provincial Ministry of Health Office (in Spanish)
EBAS	Basic Health Team (in Spanish)
ENC	Essential Newborn Care
EONC	Essential Obstetric Newborn Care
HCI	Health Care Improvement Project
IEC	Information, Education and Communication
IESS	Institute of Social Security of Ecuador (in Spanish)
JP	Parish Boards (in Spanish)
KPC	Rapid Knowledge, Practices, and Coverage
LBW	Low Birth Weight
LMGAI	Law of Free Maternity and Child Care (in Spanish)
MCHIP	Maternal and Child Health Integrated Program
MICC	Cotopaxi Indigenous Movement (in Spanish)
M&E	Monitoring & Evaluation
MNC	Maternal Neonatal Children
MNH	Maternal and Newborn Health
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-governmental Organization
QA	Quality Assurance
QAP	Quality Assurance Project
QI	Quality Improvement
QIT	Quality Improvement Teams
SSC	Peasant Social Security (in Spanish)
TBA	Traditional Birth Attendant
TTM	Trained Traditional Midwives
URC	University Research Co, LLC
USAID	United States Agency for International Development

Section A: Project Progress and Main Accomplishments to Date

- The Minister of Health of Ecuador, as well as the Ministry's Office for International Cooperation, addressed a Letter of Approval to USAID/Ecuador and CHS, expressing their satisfaction with the implementation of the EONC Project in Cotopaxi and recommending a close collaboration with the central and provincial offices of the MOH.
- The Minister appointed the Division of Norms at the central MOH as the official counterpart for CHS to coordinate project activities. Two meetings have been conducted with this Division to coordinate activities.
- USAID/Washington approved the Detailed Implementation Plan (DIP), as well as the Operations Study Protocol submitted by CHS.
- Project objectives, expected results, intervention strategies, activities and main technical contents, were presented to and accepted by nearly all maternal and neonatal staff from the Cotopaxi MOH Office (Provincial authorities; Health Area Offices; Technical management teams; Physicians and nurses from health centers and hospital in Pujilí canton).
- A close coordination was developed with the provincial MOH office in Cotopaxi, which facilitated the development and approval of the FY 2010 workplan. The project was also able to leverage additional resources from the provincial MOH office.
- Project contents and key community benefits were also socialized with the municipal government of Pujilí canton and Pilaló and Angamarca parishes.
- The Guide to Create Parish Health Councils was completed, submitted and approved by the Cotopaxi Provincial MOH Office. The Guide is available upon request.
- The Guide to Develop Parish Health Micro-networks was completed, submitted and approved by the Provincial MOH Office. The Guide is available upon request.
- The Baseline assessment of Maternal and Neonatal Knowledge, Attitudes and Practices was completed based on a sample of approximately 500 households from the province. The baseline survey report is available upon request.
- The Baseline assessment of Maternal and Neonatal Knowledge, Attitudes and Practices conducted among a sample of Trained Traditional Midwives was completed. The baseline survey report is available upon request.
- An assessment of quality of care in seven hospitals of Cotopaxi was completed. Data was processed to see what hospitals are in compliance with standards for obstetric and newborn care. Technical assistance will be provided based on the assessment results.

- The clinical EONC training plan for facility-based providers from MOH and IESS was completed and approved by MOH and IESS. This training plan was developed with the active participation of doctors and nurses of the main hospitals in Cotopaxi who will participate as tutors in the training activities. Thirteen training modules are available upon request.
- Two Parish Health Councils –CONPAS- have been created in Pilaló and Angamarca parishes from the Pujilí canton. Parish Councils are formed by representatives of the Parish Government, parish social organizations and health service providers.
- The Pilaló CONPAS created its Maternal and Neonatal Parish Health Plan. Pilaló formed a “Maternal and Neonatal Care Micro-Network”, comprised of health center staff and traditional midwives from several parish communities.
- A process of Humanization and Cultural Adaptation of Delivery Care (HACAP, in Spanish) has started in the Rafael Ruiz Hospital located in Pujilí canton. The hospital staff had the opportunity to interact with users and traditional midwives while discussing and analyzing major cultural barriers and the best ways to overcome them to attain culturally-responsive services.
- The Claudio Benati Hospital, managed by the Matto Grosso NGO and located in the Zumbahua parish, has begun its incorporation into the Cotopaxi EONC Network. This rural hospital experienced isolation from MOH Health Units for several years.
- Contacts and agreements have been developed to initiate incorporation of the Latacunga Social Security Hospital (IESS) into the EONC Network.

Section B: Status of Activities

Project Objectives/ Results *	Related Key Activities (as outlined in DIP)	Status of Activities	Comments
<p>Result 1 Greater availability of/ access to a continuum of high-impact maternal-neonatal care, at household level and in the facility network.</p>	<p>Strengthen high-impact, maternal & neonatal community care, integrating traditional midwives, health centers, and EBAS.</p>	<p>On target</p>	<ul style="list-style-type: none"> • The Guide to Create Parish Health Micro-Networks is completed, incorporating MOH and IESS health centers, and traditional midwives. • The first micro-network was created in Pilaló parish, Pujilí canton.
	<p>Develop/ strengthen communication and referral mechanisms between different levels of care (community, 1st. and 2nd. Level)</p>	<p>Not yet on target</p>	<ul style="list-style-type: none"> • Baseline results of patient referral to health units by traditional midwives are available. • Work meetings were conducted with the Cotopaxi DPSC to address referral issues and develop an intervention proposal.
	<p>Improve relationships between health providers and community health workers/traditional midwives.</p>	<p>On target</p>	<ul style="list-style-type: none"> • Activities to bring together traditional midwives and health staff have begun in Pilaló and Angamarca parishes. Two meetings were conducted between health center staff and parish midwives in Pilaló.
	<p>Actively involve community organizations</p>	<p>Not yet on target</p>	<ul style="list-style-type: none"> • Community representatives and leaders have participated in Parish Health Council meetings in Pilaló and Angamarca.

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities	Comments
Result 2 Improved knowledge / demand of evidence-based practices, at household and facility levels.	Communication Activities for Behavior Change	Not yet on target	<ul style="list-style-type: none"> • Technical proposal will be completed this month. • Baseline results on household knowledge, attitudes and practices are available.
	Strengthen counseling activities carried out by health personnel and community health workers at facility and home levels.	On target	<ul style="list-style-type: none"> • Baseline results that include data on midwives counseling role during pregnancy are available. • A training proposal aimed at midwives was developed, including a component on pregnancy counseling.
	Improve the cultural competency of institutional health services	On target	<ul style="list-style-type: none"> • Health Units in Pujili canton started a process of Humanization and Cultural Adaptation of Delivery Care.
	Disseminate citizen rights to quality health care	Not yet on target	
	Develop rights exigibility mechanisms	Not yet on target	

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities	Comments
Result 3 Improved quality of maternal-neonatal care available at household level and in facility network.	Train traditional midwives in basic EONC skills	On target	<ul style="list-style-type: none"> The project developed a training plan for midwives, in coordination with the Cotopaxi MOH Office (DPSC). Training activities with midwives from Pujilí canton will begin the second week of November.
	Design/implement oversight and CQI mechanisms aimed at traditional midwives	Not yet on target	<ul style="list-style-type: none"> The Guide to Create Parish Health Micro-Networks includes elements for supervision of midwives by health centers.
	Strengthen EONC knowledge/skills of formal health providers	On target	<ul style="list-style-type: none"> A clinical training plan on EONC skills for institutional health providers was completed. Training will begin on November 2010.
	Design / implement oversight and CQI mechanisms aimed at facilities	On target	<ul style="list-style-type: none"> A Provincial Team was created to provide supervision and support to Quality Improvement Teams in Hospitals and Health Centers in Cotopaxi Province.
	Organize a EONC network based on levels of care	On target	<ul style="list-style-type: none"> Maternal and neonatal care parish networks (micro-networks) have started to be created, with participation of health providers and traditional midwives.
	Design / implement participation of community-users in QI control	Not yet on target	<ul style="list-style-type: none"> Contacts were made with the provincial organization that groups User Committees.

Project Objectives/ Results	Related Key Activities (as outlined in DIP)	Status of Activities	Comments
Result 4 Improved policy environment for coordination among community health workers, health care institutions, and community /social organizations	Promote a provincial EONC network of community and facility-based services	On target	Creation of Maternal-neonatal Parish micro-networks has started, with participation of health providers and traditional midwives.
	Develop a subsystem for surveillance and analysis of maternal/newborn health	Not yet on target	
	Strengthen county health committees and Free Maternity Law (LMGAI)	Not yet on target	
	Disseminate legal framework favorable to health network	Not yet on target	

Section C: Contextual Factors

Contextual Factors that have Impeded Progress

- The Ministry of Health experienced a change of authorities by mid year 2010. New authorities decided to revise the project through a long process that lasted until execution was officially approved, limiting the beginning of interventions in the province as a result. Currently the MOH has submitted its official approval, and necessary coordination meetings have been conducted to continue effective project implementation.
- The time available from provincial officials and professionals in health units is limited. This creates involuntary delays in programmed activities. The technical team frequently coordinates local provincial activities to optimize time use and synchronize agendas.
- There is a lack of human resources throughout the public health system. Ministry of Health Offices, hospitals, and health centers, often express this lack of professionals (general physicians, nurses, dental practitioners, pediatricians, institutional midwives)

Section C: Contextual Factors that have Facilitated Progress

- Support received from the CHS Bethesda Headquarters, as well as from MCHIP technical staff, have been key factors to advance activities.
- Collaboration and joint work between the CHS team and the Cotopaxi MOH Office technical team have multiplied possibilities for project advancement.

Section D: Technical Assistance

There are currently no plans for technical assistance outside of the normal support provided to the CHS-Ecuador team by USAID and MCHIP.

Section E: Substantial Changes to the Project Description

No substantial changes were made to project technical contents.

Section F: Progress toward the Sustainability Plan

The Project gives high importance to work carried jointly with the MOH, both at the central and provincial level. Likewise, the project works to align its strategies with policies and objectives of the Ecuadorian Government, particularly the “National Development Plan 2009-2013” [“Plan Nacional del Buen Vivir 2009 – 2013”] and the MOH Plan to Reduce Maternal and Neonatal Mortality. This will enable project methods and strategies to have a higher probability of sustainability. The project also develops partnerships and joint work with other institutions legally established and socially recognized in Ecuador, such as local parish governments (Parish Boards), community organizations, Peasant Social Security and NGOs, like the Matto Grosso Foundation, with over ten years of work in Cotopaxi.

Section G: Specific Information Requested during DIP Process

Not applicable.

Section H: Other Specific Information

The Social and Behavior Change Strategy for New Partners is presented as **Annex 3**.

Section I: Challenges or updates to the Project Management System

- The Project will operate from its office in Latacunga city (Capital of Cotopaxi Province) starting November 2010. An administrative assistant and professional driver for the project vehicle were hired, both residents of Cotopaxi. Two technical members of the project team, Field Program Manager Dr. Mario Chávez and Anthropologist Daniel González, will establish residency in Latacunga, Cotopaxi.
- An additional professional with experience in maternal health and community mobilization will be hired to support field work and activities with midwives.

Section J: Local Partners Organization, Collaboration, and Capacity Building

- The main local partner is the Cotopaxi MOH Office, with whom we have coordinated most project components and all activities at different levels.
- The Social Security Institute and the Peasant Social Security are local partners of importance that have ample coverage of maternal and neonatal care in the province. The project has made progress coordinating Continuous Quality Improvement and clinical training interventions with these partners.
- Other partners include organizations and local governments, such as the Pujilí Canton Health Council and Parish Boards (Pilaló, Angamarca, and Zumbahua), which jointly

implement Project strategies to increase coverage and quality of services aimed at rural and impoverished populations.

- The Claudio Benati hospital in Zumbahua (Pujilí Canton) is another strategic partner that has started its incorporation into the EONC network. This important rural hospital belongs to the NGO Matto Grosso Foundation.

Section K: Mission Collaboration

Collaboration between the Project and the Mission, via Mrs. Paulyna Martínez, USAID/Ecuador, has been excellent. Throughout the year, we have conducted three coordination and briefing meetings. The Mission has actively participated informing new MOH authorities about the Project. Recently, USAID and the Project Team were invited by the Ministry of Health to make a detailed presentation of the Project on a date to be defined in November. The Project has submitted most important technical reports (Detailed Implementation Plan; Baseline Reports) to the Mission.

List of Annexes

1. M&E Table
2. Project Workplan FY2011
3. Social Behavior Change Strategy for New Partners
4. Results Highlight
5. CSHGP Data Form

Annex 1 – M&E Table
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Objective / Result	No.	Indicators	Rapid Catch Indicator	Source / Measurement Method	Frequency	Team Member Responsible	Baseline Value	2009			2010												EOP Target
								Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Coverage & Utilization of maternal newborn care services																							
1. Increased availability/ access to a coordinated continuum of high-impact maternal newborn care provided as part of a network of community and facility services.	1	% of mothers with children ages 0-23 mos. who report 4 or more ANC visits when they were pregnant with their youngest child	YES	HH Survey	Baseline/Endline	Genny	69%	No Data			69%						75%						
	2	% of mothers with children ages 0-23 mos. who received at least two tetanus toxoid vaccinations before the birth of their youngest child	YES	HH Survey	Baseline/Endline	Genny	42%	No Data			42%						50%						
	3	% of mothers with children aged 0-23 mos who report a delivery with an SBA at a health center (midwife, doctor, or nurse)	YES	HH Survey	Baseline/Endline	Genny	74%	No Data			74%						80%						
	4	% of mothers with children ages 0-23 mos. who report post-partum visit in health center within first 2 days of life after a home delivery	NO	HH Survey	Baseline/Endline	Pending	Pending	No Data			Pending						TBD						
	5	% of mothers with children ages 0-23 mos. who report home post-partum visit within first 2 days of birth after a home or facility delivery.	NO	HH Survey	Baseline/Endline	Genny	7%	No Data			7%						25%						
Referral process and outcome indicators																							
1. Increased availability/ access to a coordinated continuum of high-impact maternal newborn care provided as part of a network of community and facility services.	6	Revised referral guidelines/protocol for maternal newborn services at community, ambulatory and hospital level	NO	Ecuador MOH & Project Documents	Annual	Patricio	No				No Data - Pending Baseline						Yes						
	7	% of participating parishes that have held a "referral workshop" with TBAs and parish health center representatives in last year	NO	Project Documents	Annual	Daniel	NA				No Data - Pending Baseline						85%						
	8	% of counties in Cotopaxi province that have held a "referral workshop" with county hospital and parish health center staff in last year.	NO	Project Documents	Annual	Patricio	NA				No Data - Pending Baseline						85%						
	9	Number of patients treated for a maternal complication in parish health center or county hospital referred by TBA	NO	Parish Health Center or County Hospital Record	Quarterly	Patricio	Pending				No Data - Pending Baseline						TBD						
	10	Number of newborns treated for a newborn complication in parish health center or county hospital referred by TBA	NO	Parish Health Center or County Hospital Record	Quarterly	Patricio	Pending				No Data - Pending Baseline						TBD						
	11	% of women treated for a maternal complication in hospital referred from a lower level center	NO	County & Provincial Hospital and Parish Records	Quarterly	Patricio	Pending				No Data - Pending Baseline						TBD						
	12	% of newborns treated for a newborn complication in hospital referred from a lower level center	NO	County & Provincial Hospital and Parish Records	Quarterly	Patricio	Pending				No Data - Pending Baseline						TBD						
	13	% of hospitals that have established maternal newborn referral guidelines	NO	Hospital Survey	Annual	Patricio	Pending				No Data - Pending Baseline						90%						
	14	% of TBAs who report to know how to contact a skilled provider at nearest health center	NO	TBA Survey	Annual	Daniel	19%	No Data			19%						TBD						
	15	% of TBAs who report to have visited nearest health center in last 3 months	NO	TBA Survey	Annual	Daniel	15%	No Data			15%						TBD						
	16	% of TBAs who report a supervision visit by a skilled health provider within past 3 months	NO	TBA Survey	Annual	Daniel	64%	No Data			64%						TBD						
	Access to emergency care: transport availability:																						
	1. Increased availability/ access to a coordinated continuum of high-impact maternal newborn care provided as part of a network of community and facility services.	17	% of Prioritized Communities in each CONPAS (Parish Health) Teams that have an established Obstetric and Neonatal Emergency Committee and emergency transportation Plan	NO	Parish Health Team Emergency preparedness committee	Annual	Daniel	Pending				No Data - Pending Consultation with Cusubamba Council						90%					
		TBA Service Coverage and referral patterns																					
		18	% of TBA's active in project who report providing Post-partum home visits within first two days of birth (for home and facility births)	NO	TBA Survey and TBA Record	Bi-Annual	Daniel	67%	No Data			67%						90%					
		19	# of early post-partum visits (1st 2 days) made by project parish TBA's in last quarter	NO	TBA Record	Quarterly	Daniel	NA				No Data - Pending Consultation with Cusubamba Council						TBD					
20		# of newborns referred to health center or county hospital by TBA within past 3 months	NO	TBA Record	Quarterly	Daniel	17	No Data			17						TBD						
21		# of pregnant women referred to health center or county hospital by TBA within past 3 months	NO	TBA Record	Quarterly	Daniel	119	No Data			119						TBD						
22		# of women in labor referred to health center or county hospital by TBA within past 3 months	NO	TBA Record	Quarterly	Daniel	13	No Data			13						TBD						
23		# of women post-partum referred to health center or county hospital by TBA within past 3 months	NO	TBA Record	Quarterly	Daniel	15	No Data			15						TBD						
Coordination of community and facility services																							
1. Increased availability/ access to a coordinated continuum of high-impact maternal newborn care provided as part of a network of community and facility services.		24	% of parishes that have an operating Parish Health Team (CONPAS) that met at least once in last quarter	NO	Project CONPAS team records	Quarterly	Daniel	NA				No Data - Pending						90%					
		25	% of parish CONPAS teams that have a parish maternal newborn health plan	NO	Project CONPAS team records	Annual	Daniel	NA				No Data - Pending Consultation with Cusubamba Council						90%					

Household knowledge and practice											
2. Improved knowledge of/ demand for evidence-based community and facility MNC services, including improved household health promotion practices	26	% of mothers children 0-23 mos. who report BF within first hour after birth	YES	HH Survey	Baseline/Endline	Mario	56%	No Data	56%		65%
	27	% of mothers of children 0-23 mos. who did not give anything other than breast milk until age 6 months	NO	HH Survey	Baseline/Endline	Mario	55%	No Data	55%		65%
	28	% of mothers ages 0-23 months who can name two pregnancy danger signs	NO	HH Survey	Baseline/Endline	Mario	63%	No Data	63%		75%
	29	% of mothers of children 0-23 mos. who can name two newborn danger signs.	NO	HH Survey	Baseline/Endline	Mario	60%	No Data	60%		70%
	30	% of mothers of children 0-23 mos. who can name two post-partum maternal danger signs.	NO	HH Survey	Baseline/Endline	Mario	60%	No Data	60%		70%
	31	% of mothers of children 0-23 mos. who made at least 2 birth preparations before birth of their youngest child	NO	HH Survey	Baseline/Endline	Mario	56%	No Data	56%		65%
	32	% of mothers of children 0-23 mos. who followed through on referral by TBA for post-partum complication for newborn	NO	TBA records	Quarterly	Daniel	NA	No Data - Pending Micronetwork Meeting			TBD
	BCC and Counseling										
	33	% of parish-based CONPAS implementing BCC activities in last quarter, in accordance to their BCC plan.	NO	CONPAS and project records	Quarterly	Mario	NA	No Data - Pending Consultation with Cusubamba Council			90%
	34	% of TBAs in each parish with more than 75% score of adherence with a set of evidence-based standards for post-partum counseling for mothers and newborns	NO	Observation of TBA Simulated Counseling Sessions by Project staff or	Bi-Annual	Juana Maria	Pending	No Data - Pending Development of Standards			TBD
35	% of antenatal / antepartum care sessions in parish health center with at least 75% score of adherence with a set of evidence-based standards including counseling	NO	Compound Indicator - Review of Sample Parish Health Center Records	Monthly	Patricio	Pending	No Data - Pending Baseline			TBD	
36	% of post-partum care sessions at health center with at least 75% score of adherence with a set of evidence-based standards including counseling standards.	NO	Compound Indicator - Review of Sample Parish Health Center Post Partum	Monthly	Patricio	Pending	No Data - Pending Baseline			TBD	
37	% of newborns consultation sessions at a health center with at least 75% score of adherence with a set of evidence-based standards including counseling standards.	NO	Compound Indicator - Review of Sample Parish Health Center Post Partum	Monthly	Patricio	Pending	No Data - Pending Baseline			TBD	
Improved cultural responsiveness of institutional health services:											
38	% of parish health centers and county hospitals who have implemented at least one new intervention for increasing cultural responsiveness of delivery and post-partum care within past 3 months, in	NO	Facility Survey	Annual	Daniel	pending	No Data - Pending Baseline			90%	
Promote Awareness of Citizens' rights to quality health care & support legal enforcement mechanisms											
39	% of counties in which radio messages have been broadcast on citizen health care rights including Free Maternity Law in past 6 months	NO	Project Records	Bi-Annual	Mario	NA	No Data - Pending Consultation			100%	
40	% of parishes / counties in which social organizations or Free Maternity Law User Committee members have participated in at least one CONPAS or County Health Committee meeting in 6	NO	Project and CONPAS records	Bi-Annual	Mario	NA	No Data - Pending Consultation			90%	
3. Improved quality of MNC services provided as part of a coordinated network of CHWs and facilities	Quality of Facility Services										
	41	% of deliveries benefitting from AMTSL in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	42	% of births demonstrating compliance with partograph use in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	43	% of births demonstrating compliance with use of corticoids for fetal lung maturity in preterm birth in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	44	Compliance with evidence-based case-management standards for premature rupture of membranes	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	45	% of births demonstrating compliance with Essential Newborn Care Standards in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	46	Compliance with evidence-based PPH management standards in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	47	Compliance with evidence-based newborn sepsis case-management standards in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	48	Compliance with evidence-based neonatal resuscitation standards in participating facilities	NO	Facility Records	Quarterly	Patricio	pending	No Data - Pending Baseline			TBD
	TBA knowledge & competence										
	49	% TBAs able to cite at least 2 antenatal danger signs	NO	TBA Survey	Quarterly	Juana Maria	84%	No Data	84%		TBD
	50	% TBAs able to cite at least 2 birth preparedness actions	NO	TBA Survey	Quarterly	Juana Maria	70%	No Data	70%		TBD
	51	% TBAs able to cite at least 2 post-partum danger signs for mother	NO	TBA Survey	Quarterly	Juana Maria	59%	No Data	59%		TBD
	52	% TBAs able to cite at least 2 post-partum danger signs for newborn	NO	TBA Survey	Quarterly	Juana Maria	61%	No Data	61%		TBD
	53	% TBAs able to cite at least 2 newborn best practices	NO	TBA Survey	Quarterly	Juana Maria	62%	No Data	62%		TBD
	54	#/% TBAs in active project parishes trained in community/home-based high-impact maternal newborn services	NO	Project Records	Quarterly	Juana Maria	NA	No Data			100%
	55	% average TBA compliance with post-partum counseling standards by observation of simulated or real client counseling session	NO	Direct Observation of sample of TBAs	Quarterly	Juana Maria	pending	No Data - Pending Training			85%
	56	% average TBA compliance with post-partum newborn examination standards for identification of danger signs by observation of simulated or real-newborn physical examination	NO	Direct Observation of sample of TBAs	Quarterly	Juana Maria	pending	No Data - Pending Training			85%
QI processes											
57	% of parish health centers in which QI team completed at least one Rapid Improvement Cycle in last quarter	NO	Facility Survey, Project & MOH Records	Quarterly	Patricio	0%	No Data			0%	85%
58	% of county hospitals in which QI team completed at least one Rapid Improvement Cycle in last quarter	NO	Facility Survey, Project & MOH Records	Quarterly	Patricio	NA	No Data - Pending Baseline			85%	

4. Improved policy environment for coordination among community health workers, health care institutions, and community /social organizations	59	% of counties that have an operating County Health Council in accordance to official Government guidelines	NO	Project Records	Annual	Mario	Pending	No Data - Pending Consultation with County Governments		TBD	
	60	% of counties that have an established Free Maternity Law Users' Committee	NO	Project Records	Annual	Mario	Pending	No Data - Pending Consultation with County Governments		TBD	
	61	% of municipal governments that have operating mechanism to pay for transportation of obstetric emergencies	NO	Interview Municipal govt rep	Annual	Mario	Pending	No Data - Pending Consultation with County Governments		TBD	
	Develop a provincial maternal and newborn surveillance and audit system										
	62	% of facility maternal deaths in last 6 months that have been investigated with maternal audit	NO	MOH & CONPAS Records	Bi-Annual	Juana Maria	Pending	No Data - For Further Definition		TBD	
	63	% of maternal deaths in project participant parish villages in last 6 months that have been investigated with verbal autopsy led by CONPAS	NO	MOH & CONPAS Records	Bi-Annual	Juana Maria	Pending	No Data - For Further Definition		TBD	
	64	% of facility newborn deaths in last six months investigated with audit	NO	MOH & CONPAS Records	Bi-Annual	Juana Maria	Pending	No Data - For Further Definition		TBD	
65	% of newborn deaths in project participant parish villages in last 6 months that have been investigated with verbal autopsy	NO	MOH,CONPAS & TBA Records	Bi-Annual	Juana Maria	NA	No Data		75%		
Mortality											
Outcome Indicators	66	Maternal Mortality Ratio (MMR—per 100,000 live births)	NO	INEC (National Statistics and Census Office)	Annual	Genny	117.6	117.6		NA	
	67	Neonatal mortality rate	NO	INEC	Annual	Genny	8.7	8.7		NA	
	68	Stillborn rate	NO	INEC	Annual	Genny	Pending			NA	
	69	Infant mortality rate (IMR)	NO	INEC	Annual	Genny	Pending			NA	
	70	Case-fatality rate for direct obstetric causes (per 100 severe obstetric complications) active project facilities	NO	Facility Records	Bi-annual	Genny	Pending	No Data - Pending Baseline		TBD	
	71	NMR (newborn mortality prior to discharge from facility)	NO	Facility Records	Quarterly	Genny	Pending	No Data - Pending Baseline		TBD	
	72	# of maternal deaths in last year community	NO	INEC	Annual	Genny	Pending	2		TBD	
	73	# of stillborns in last year community	NO	INEC	Annual	Genny	Pending			TBD	
74	# of newborn deaths in last year community	NO	INEC	Annual	Genny	Pending	4		TBD		

3. Improve interpersonal relations between health personnel and community health workers/TBAs	3.1.1 Workshops for health professionals on Intercultural awareness and fair treatment of patients			X			X			X			X	
	3.1.2 Exchange meetings between TBAs, health promoters, and personnel in each Micronetwork			X			X			X			X	
	3.2.1 Implementation of surveys to measure the interpersonal relationships between health workers, TBAs, and health promoters.			X			X			X			X	
4. Actively involve community organizations and local governments	Parish meetings with community leaders, parish councils, TBA representatives, health promoters, and women's groups to form and strengthen the Parish Councils of Health.	X	X	X	X	X	X	X	X	X	X	X	X	

* Only communities that warrant the establishment of emergency transfer plans were selected

EXPECTED OUTCOME # 2: Improved knowledge / demand for evidence-based community and facility-level maternal newborn services, including improved household health promotion practices.

STRATEGIES	ACTIVITIES	FY2011												OBSERVATIONS	
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
1. Behavior Change Communication Activities	Design, implementation, and monitoring of a Behavior Change Communication strategy for Maternal and Neonatal Health	X	X	X	X	X	X	X	X	X	X	X	X	X	
2. Strengthen counseling activities carried out by health personnel, TBAs and community health workers, at facilities as well as in homes.	Design, implementation, and monitoring of a proposal for strengthening the activities of counseling by institutional and community health care providers			X		X		X		X			X		
3. Improve cultural competence of institutional health care services	Process implementation of humanization and cultural appropriateness of childbirth care in two counties (Pujilí and Sigchos)		X		X		X		X		X			X	
4. Disseminate citizens right to quality health care	4.1.1 Design, implementation, and monitoring of the diffusion of a proposal regarding citizens' rights to quality health care					X		X		X			X		

EXPECTED OUTCOME # 3: Improved quality of maternal-neonatal services provided as part of a coordinated network of facilities and community agents														
STRATEGIES	ACTIVITIES	FY2011												OBSERVATIONS
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
1. Train TBAs for Basic EONC skills	TBA training workshops on knowledge, skills, and expertise in community EONC		X		X		X		X		X			
2. Design/implement mechanisms for TBA supervision and CQI	Design a monitoring system and implement CQI for TBAs in selected parishes in three counties (Pujilí, Saquisilí and Sigchos)			X			X			X			X	
3. Strengthen EONC knowledge / skills of health care workers	EONC skills training for institutional providers of the Provincial Network	X		X		X		X		X		X		
4. Strengthen supervision and QI mechanisms for health facilities	Support to the provincial MOH in Quality Management		X		X		X		X		X			
	CQI technical support visits as necessary	X	X	X	X	X	X	X	X	X	X	X	X	X
5. Design / implement community/users participation in CQI control	Development and implementation of a proposal to strengthen the role of community representatives and users in CONPAS, County Councils, and CUSs based on the Ecuadorian Law on Maternity and Child Care			X	X	X				X	X	X		

EXPECTED OUTCOME # 4: Improved policy environment for coordination among community agents (TBAs), health care institutions and community/social organizations.

STRATEGIES	ACTIVITIES	FY2011												OBSERVATIONS
		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	
1. Promote a County-level EONC network that includes community and institutional services	Develop and implement a technical proposal for the creation of County EONC network, with a register of health stake holders and the design of a monitoring system					X	X	X	X	X	X	X	X	
	Quarterly meetings for coordination and monitoring of the county Networks and Micronetworks						X			X			X	
2. Develop a subsystem for oversight and analysis of maternal and neonatal deaths	Design, implementation, and monitoring of a neonatal death epidemiological surveillance system at the provincial level							X	X	X	X	X	X	
3. Strengthen County and Parish-level Health Councils and Free Maternity User Committees	Organizational strengthening and training of county and parish level CUSs on the Ecuadorian Law of Free Maternity and Child Care				X		X		X		X		X	
4. Disseminate legal framework supportive of EONC Network	Design and implementation of a communication proposal for a favorable legal EONC framework with a set of graphics and printed materials to diffuse regularly through mass media							X	X	X	X	X	X	

Annex 3 – Social Behavior Change Strategy for New Partners
CHS Ecuador – CSHGP Year One Annual Report



ECUADOR EONC PROJECT – COTOPAXI PROVINCE



BEHAVIOR CHANGE COMMUNICATION STRATEGY

October 2010

INTRODUCTION

Despite large accomplishments in the maternal and child mortality field, Ecuador sustains high rates of neonatal mortality (9.3 x 1000 l.b. in 2008). The neonatal mortality rate in Cotopaxi province for this same year was 7.8 x 1000 l.b., placing it among the Andean provinces with the highest mortality levels in the country. Such levels are linked to socioeconomic factors, including poverty, ethnicity, rurality, female illiteracy, unemployment, and unequal income distribution.

The EONC Network Project, in coordination with the Cotopaxi MOH Office, incorporates the Behavior Change Communication Strategy (BCC) to support mortality reduction among mothers and children under one month of age.

IMPORTANCE OF BCC (IEC) IN HEALTH CARE

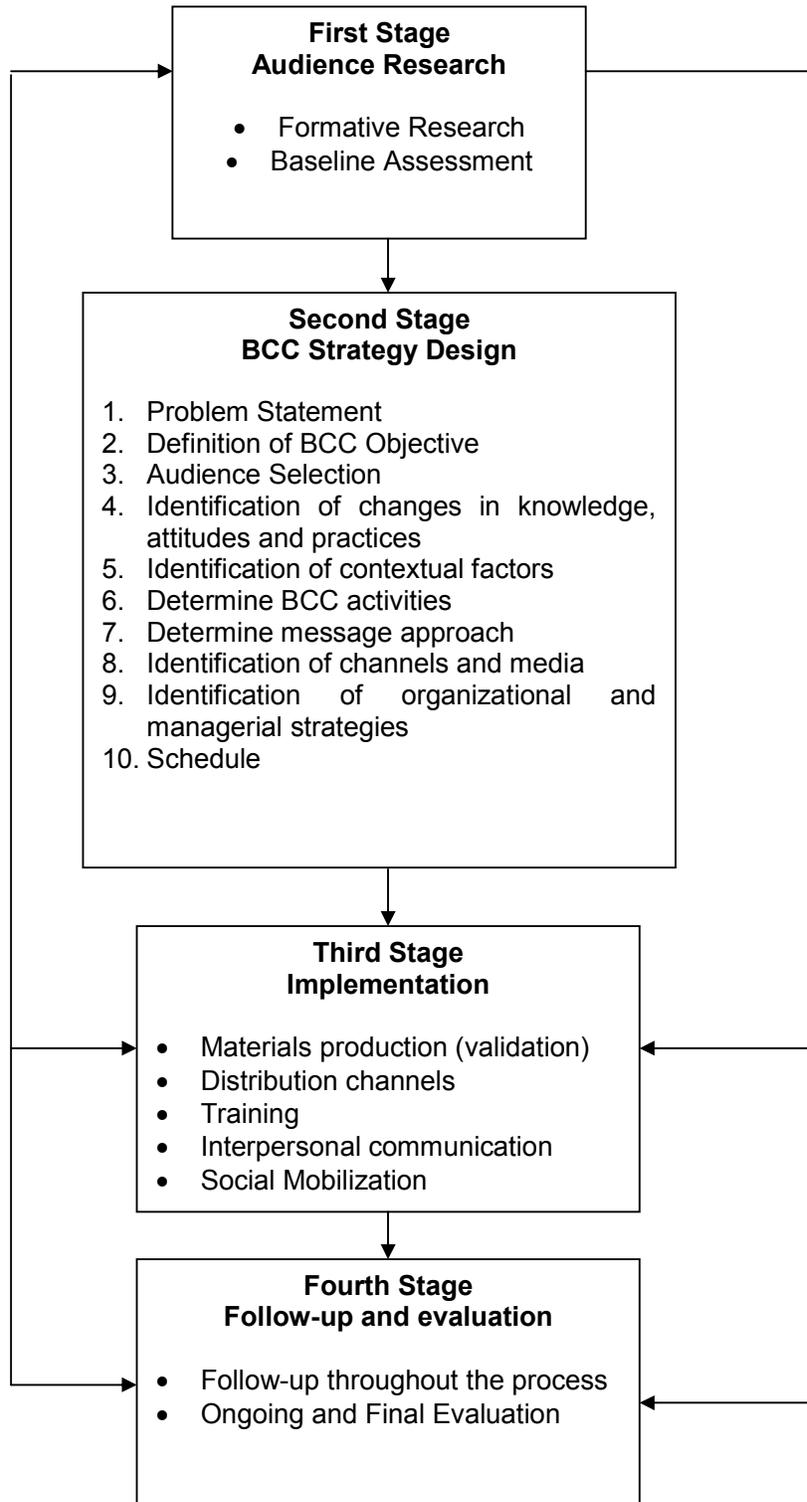
Since 1980, the Information, Education and Communication (IEC) strategy in health programs has constituted a fundamental tool for health promotion, recognized as such in all international declarations that assert health as a universal right. In 1994, the National Health Communication Policy was created through a ministerial agreement with the purpose of “privileging Information, Education and Communication activities, dissemination of health rights and technical, scientific and cultural knowledge, in an ethical, democratic and ample manner to empower civil society, promote inter-sector coordination, and the adoption of personal attitudes favorable to health care”.¹

The National Plan for the Rapid Reduction of Maternal and Neonatal Mortality states as its specific objective 5: “Conduct Education and Communication activities using an intercultural and rights-based approach aimed at women of reproductive age, particularly adolescents, pregnant women, women experiencing labor, delivery, and post-partum, their families and communities, to promote the timely recognition of risk factors related to their reproductive health, adequate care seeking, and immediate transport of mother and/or child to the nearest Health Unit through coordinated work between local social actors, health care providers, and the EONC network”².

¹ Ministry of Public Health of Ecuador. National Health Council. General Framework for the Ecuadorian Health Sector Structural Reform. Quito. 2007

² Ministry of Public Health of Ecuador. National Plan for the Rapid Reduction of Maternal and Neonatal Mortality. Quito 2008

BCC STRATEGY STRUCTURE



PROBLEM STATEMENT

In Cotopaxi province, as in many other Ecuadorian provinces, many women, their husbands and their families, do not exhibit sufficient knowledge or adequate behaviors related to maternal and neonatal health that might enable them to confront specific situations during the prenatal, perinatal and post-natal periods in a timely and appropriate manner. In many families, women continue to go through their pregnancies without any type of counseling on adequate care, nutrition and hygiene; deliveries are not attended by qualified community or institutional health workers, and women fail to recognize elemental danger signs that could alert them about complications affecting themselves and their children.

Women's dependence on their partners' decisions as well as gender inequality are quite strong and prevent women from taking their own timely decisions to solve obstetric and neonatal problems. Such life-threatening events take place without any help available and result in a greater number of maternal and neonatal complications and deaths.

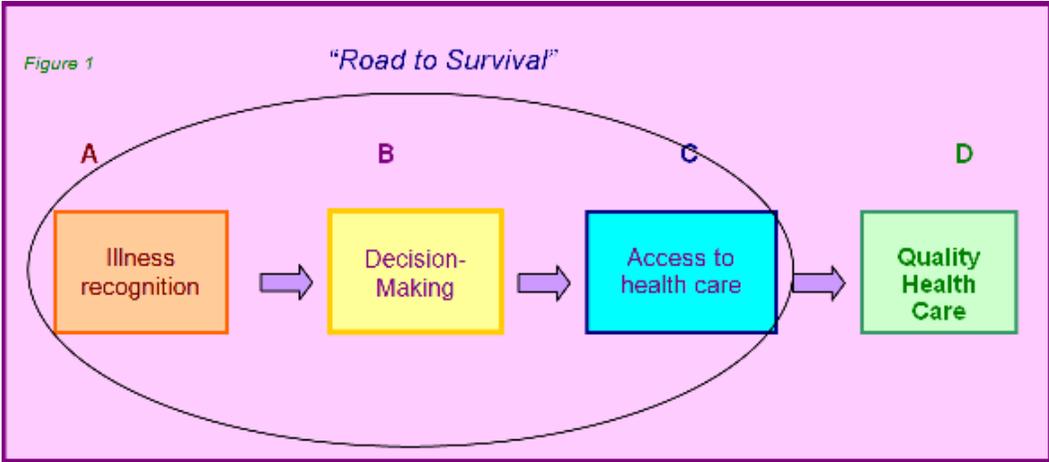
In addition, the MOH does not possess a consistent Information, Education and Communication (Behavior Change Communication) plan. Community and institutional health care providers have scarce access to counseling and message dissemination methods, as well as to adequate materials for this type of activity.

OBJECTIVE OF IEC STRATEGY

Contribute to the reduction of maternal and neonatal morbidity and mortality rates in Cotopaxi province within a 3-year period by: a) Improving mothers', fathers' and families' knowledge of life-threatening signs in newborns; b) Promoting timely decision-making and professional care seeking among mothers and fathers; c) Increasing access to health care services for users.

THE 4 DELAYS MODEL

The Road to Survival involves a group of 4 circumstances or moments, starting from the appearance of an illness or complication and leading up to its outcome. When these circumstances are properly dealt with, they become steps towards survival, but when they are not adequately handled they turn into obstacles and death can be the outcome. The project will implement a BCC strategy for the first 3 delays. See Figure 1 Below.



AUDIENCE IDENTIFICATION:

Relevant audiences for this strategy will include **pregnant women, women in labor, women who have just given birth, their husbands or partners and close relatives** with power to influence women's decisions

IDEAL VS ACTUAL BEHAVIORS:

MOMENT	AUDIENCE	IDEAL BEHAVIOR	ACTUAL BEHAVIOR	CHANGE POTENTIAL	IMPACT	EXECUTION FEASIBILITY
	Pregnant women	Attend a minimum of 5 prenatal visits	Do NOT attend a minimum of 5 prenatal visits	(a) Possible	(b) Medium	(a) Feasible
	Pregnant women	Take iron and folic acid provided by the Health Center	Do NOT take iron and folic acid provided by the Health Center	(a) Possible	(a) High	(a) Feasible
	Pregnant women	Display favorable care, nutrition and hygiene behaviors	Do NOT display favorable care, nutrition and hygiene behaviors	(a) Possible	(a) Medium	(a) Feasible

	Pregnant women	Recognize danger signs for themselves and their children	Do NOT recognize danger signs for themselves and their children	(a) Possible	(a) High	(a) Feasible
	Pregnant women	Make timely decisions to seek care from a qualified community or institutional health care provider in case of danger signs	Do NOT make timely decisions to seek care in case of danger signs	(a) Possible	(a) High	(a) Feasible
	Women in labor and their husbands	Seek a qualified community or institutional health care provider to attend delivery	Do NOT seek a qualified community or institutional health care provider to attend delivery	(a) Possible	(a) High	(a) Feasible
	Women in labor and their husbands	Recognize danger signs for themselves and their children during delivery	Do NOT recognize danger signs for themselves and their children during delivery	(a) Possible	(a) High	(a) Feasible

	Women in labor and their husbands	Demand their newborn be placed on their chest immediately after birth	Do NOT demand their newborn be placed on their chest immediately after birth	(a) Possible	(a) High	(a) Feasible
	Women in labor and their husbands	Demand the umbilical cord be cut after it has stopped beating	Do NOT demand the umbilical cord be cut after it has stopped beating	(a) Possible	(a) High	(a) Feasible
	Post-partum women	Breastfeed their newborn within the first hour after birth	Do NOT breastfeed their newborn within the first hour after birth	(a) Possible	(a) High	(a) Feasible
	Post-partum women	Breastfeed their children exclusively	Do NOT breastfeed their children exclusively	(a) Possible	(a) High	(a) Feasible
	Post-partum women	Recognize danger signs for themselves and their newborns during post-partum	Do NOT recognize danger signs for themselves and their newborns during post-partum	(a) Possible	(a) High	(a) Feasible

	Post-partum women and their husbands	Make timely decisions to seek care from a qualified community or institutional provider in case of danger signs	Do NOT make timely decisions to seek care from a qualified community or institutional provider in case of danger signs	(a) Possible	(a) High	(a) Feasible
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**IDENTIFICATION OF BCC ACTIVITIES
MOMENT: PREGNANCY
AUDIENCE: PREGNANT WOMEN AND THEIR HUSBANDS**

IDEAL BEHAVIOR BY AUDIENCE AND KAP	ACTIVITIES	MEDIA USED ACCORDING TO COMMUNICATION TYPE		
		MASS MEDIA	GROUP COMMUNICATION	INTERPERSONAL
Attend a minimum of 5 prenatal visits	Education of pregnant women on importance and benefits of attending a minimum of 5 prenatal visits	Radio spots		
Take iron and folic acid provided by the Health Center	Education of pregnant women on the importance of taking iron and folic acid provided by the Health Center		Video disseminated in waiting areas	Post-visit counseling by institutional provider (Nurse) using two-fold leaflet
Display favorable care, nutrition and hygiene behaviors	Dissemination of key behaviors and practices on adequate nutrition, care and hygiene for pregnant women during pregnancy	Radio Spots		Home-based Counseling by Traditional Midwives using Leaflet

<p>Recognize danger signs for themselves or their children</p>	<p>Information aimed at pregnant women to create awareness of danger signs and their consequences during pregnancy for themselves and their children</p>	<p>Radio Spots</p>		<p>Home-based Counseling by Traditional Midwives using Three-fold Leaflets</p>
<p>Make timely decisions to seek care from a qualified community or institutional health care provider in case of danger signs</p>	<p>Education activities for pregnant women and their husbands to promote timely decision-making and care seeking from a qualified community or institutional health provider</p>	<p>Radio Spots</p>	<p>Group Counseling in waiting areas by Nurse using Video</p>	<p>Home-based Counseling by Traditional Midwives using Fliers</p>

**IDENTIFICATION OF BCC ACTIVITIES
MOMENT: DELIVERY
AUDIENCE: WOMEN IN LABOR AND THEIR HUSBANDS**

IDEAL BEHAVIOR BY AUDIENCE AND KAP	ACTIVITIES	MEDIA USED ACCORDING TO COMMUNICATION TYPE		
		MASS MEDIA	GROUP COMMUNICATION	INTERPERSONAL
Seek a qualified community or institutional health care provider to attend delivery	Promote qualified delivery care by institutional provider or Trained Traditional Midwife	Television Spots		
Demand their newborn be placed on their chest immediately after birth	Information and education aimed at women to create awareness of benefits of early contact and demands for children to be placed on mothers' chest immediately after birth			<ul style="list-style-type: none"> • Counseling activities by health staff in labor wards • Counseling activities by TTM right before labor and during delivery care

Demand the umbilical cord be cut after it has stopped beating	Information and education aimed at women to create awareness of benefits of umbilical cord cutting once beating stops			<ul style="list-style-type: none"> • Counseling activities by health staff in labor wards • Counseling activities by TTM right before labor and during delivery care
Recognize danger signs for themselves and their children during delivery	Information and education aimed at women to create awareness of danger signs and their consequences during birth.	Radio Spots		Home-based Counseling by Traditional Midwives using Three-fold Leaflets

**IDENTIFICATION OF BCC ACTIVITIES
MOMENT: POST-PARTUM
AUDIENCE: POST-PARTUM WOMEN AND THEIR HUSBANDS**

IDEAL BEHAVIOR BY AUDIENCE AND KAP	ACTIVITIES	MEDIA USED ACCORDING TO COMMUNICATION TYPE		
		MASS MEDIA	GROUP COMMUNICATION	INTERPERSONAL
Breastfeed their newborn within the first hour after birth	Information and education on the importance of immediate breastfeeding for newborn survival	Television spots		<ul style="list-style-type: none"> • Counseling for women undergoing immediate post-partum by traditional midwives • Counseling for women undergoing immediate post-partum by nurses
Breastfeed their children exclusively	Information and education on the importance of exclusive breastfeeding (no other foods) for newborn survival	Radio Spots		<ul style="list-style-type: none"> • Postnatal Counseling at patient release by health provider (nurse) using flier. • Home-based Postnatal Counseling by community health workers (traditional midwife) using flier.
Recognize danger signs for themselves and their newborns during post-partum	Information and education aimed at women to create awareness of danger signs and their consequences for themselves and their newborns during the post-partum period	Radio Spots		<ul style="list-style-type: none"> • Home-based Counseling by Traditional Midwives using Three-fold leaflets

<p>Make timely decisions to seek care from a qualified community or institutional provider in case of danger signs during post-partum period</p>	<p>Information and education activities aimed at women to promote timely decision-making and care seeking from a qualified community or institutional health provider</p>	<p>Radio Spots</p>	<ul style="list-style-type: none"> • Home-based Counseling by Traditional Midwives using cloth bags with key messages (“Utilitarios”)
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DESCRIPTION OF ACTIVITIES:

All activities will be determined in coordination with the Cotopaxi Provincial MOH Office, clearly establishing how each one will be performed. The following elements will be taken into account for this task:

- **MEDIUM / FORMAT:** (Material, size, colors)
- **CONTENT:** texts and graphs to be used for each material, analyzed, tested and modified.
- **OBJECTIVE:** involves the message to be transmitted in order to reach the ideal behavior.
- **LANGUAGE TYPE:** considering the indigenous population in Cotopaxi speaks Kichwa and that the illiteracy rate is high, materials will be designed in both languages (Spanish and Kichwa) using colloquial speech.
- **WHO WILL USE IT:** description of persons (technical staff, facilitators, health workers, midwives) who will be responsible for transmitting the message and managing the respective materials
- **LOCATION:** describes the exact place (waiting areas in health centers, hospitals, and labor wards) where the Information, Education and Communication activities will be conducted.
- **TIME:** establishes days, months, hours when the strategy components will be applied.
- **PERIODICITY:** identifies the frequency for each activity.
- **DURATION:** each BCC strategy must have an implementation period assigned.
- **OTHER DETAILS**

BCC STRATEGY OPERATIVE PLAN – ECUADOR EONC PROJECT COTOPAXI 2010 - 2013

ACTIVITIES	FY 2011				FY 2012				FY 2013				PRODUCT / GOALS	RESOURCES	PERSON RESPONSIBLE
	Quarter				Quarter				Quarter						
	1	2	3	4	1	2	3	4	1	2	3	4			
Preparation of Technical Proposal	x													Technical and methodological resources	CHS Technical Team
Socialization, discussion and modification of technical proposal with the Cotopaxi MOH Technical Team	x													Funding Cotopaxi MOH Technical Staff	CHS Technical Team and Cotopaxi MOH Technical Team
Materials Design (spots, two-fold leaflets, three-fold leaflets, fliers, cloth bags)	x													Technical Staff Methodological Resources	CHS Technical Team and Cotopaxi MOH Technical Team

Design of Monitoring and Evaluation System for BCC Strategy	x		Monitoring and evaluation system, including tools, created and ready to be implemented	Technical resources Funding	CHS and Cotopaxi MOH Office
Validation of Materials	x		Materials validated and modified ready to be used	Validation Tools and Methodology Technical staff in charge of validation	Cotopaxi MOH Office
Creation and Reproduction of Materials	x		Materials reproduced in adequate quantities and ready to use	Technical resources (Graphic Design) Funding	CHS
Socialization workshop with staff responsible for applying and creating the implementation schedule	x		Execution schedule and implementation agreements established	Funding Methodological resources Human resources: Staff responsible for implementing the strategy	Cotopaxi MOH Office

Results Highlight

Innovative Ideas

The project's central innovative idea is the creation of a EONC Network, starting at the community level (home-based care by midwives) and reaching up to the highest level of complexity (Regional provincial hospital), including local partner institutions, such as the IESS and the SSC, in order to provide a high-impact and high-quality continuum of care for women and newborns. Currently, although several maternal & neonatal institutions and service providers exist in Cotopaxi and Ecuador, each one of them works in isolation, almost without any type of connection or coordination between them, causing fragmented, poorly integrated, low quality services as a result.

The Project to create the Cotopaxi EONC Network has started building Maternal and Neonatal Care Micronetworks at the parish level, enabling traditional midwives and formal health workers to coordinate actions that increase recruitment and coverage of Prenatal, Delivery, Newborn, and Immediate Post-Partum Care, as well as the timely detection of obstetric complications, through evidence-based practices carried out by qualified institutional or community health providers. We plan to build twenty-one parish micro-networks, six canton networks, and one provincial network, during the project's four years.

Promising Practice

The Project promotes local health governance at the parish level through the creation and training of Parish Health Councils (CONPAS) as a strategic and effective mechanism to promote involvement and shared responsibility in maternal and neonatal program management. Parishes have local governments elected by popular vote (Parish Boards) in charge of general issues, but weakly focusing on health, which is why main parish health problems are always addressed by the Health Center management. The concrete contribution from the EONC Network project involves the development and implementation of a methodological proposal to create in every parish a specific stance for coordination, support, oversight, social control and accountability of maternal and neonatal activities that take place in parishes. To date the project has created two fully functioning CONPAS in Pilaló and Angamarca parishes.

The Project intends to reduce cultural gaps in health services provided by public and private institutions through an intercultural approach based on improvement of user-provider interpersonal relations (“buen trato”) and respect for users' ancestral customs.

Best Practice

The operations research linked to this Project has as its central focus a scientific evidence-based practice sufficiently documented¹: visits to newborns by qualified health personnel (physician, nurse or formal midwife) or trained traditional midwives, within the first 48-72 hours after birth, in order to promote key neonatal care practices (early breastfeeding; skin contact; delaying first bath; umbilical cord hygiene and care; early diagnosis of complications and timely referral) and contribute to the reduction of maternal and neonatal morbidity and mortality.

In Cotopaxi almost 30% of deliveries are non-institutional deliveries², evidencing a significant lack of qualified care; in addition, women who have institutional deliveries are released before completing one day of post-partum care. Together these two factors prevent women and newborns from receiving competent care the first hours after delivery, which are decisive for newborn lives and well-being.

The Project will implement interventions to promote visits to women and newborns by qualified providers or trained traditional midwives within the first 3 days after delivery, independently of where the delivery took place. It is expected this intervention will not be limited to the life of the project, but that it will be sufficiently documented and proven effective to be adopted as a provincial norm and a maternal and neonatal mortality reduction strategy, eventually becoming a national norm.

¹ OMS – UNICEF. Home visits to newborns: a strategy to increase survival. Joint Declaration. 2000

² USAID-CHS – Cotopaxi EONC Network Project. Baseline Household KPC Survey on Maternal and Neonatal Health. Latacunga, April 2010.

Child Survival and Health Grants Program Project Summary

Aug-27-2010

Center for Human Services (Ecuador)

General Project Information

Cooperative Agreement Number: GHS-A-00-09-00008
CHS Headquarters Technical Backstop: Kathleen Hill
CHS Headquarters Technical Backstop Backup: Andrew Gall
Field Program Manager: Mario , Chavez
Midterm Evaluator:
Final Evaluator:
Headquarter Financial Contact: Andrew Gall
Project Dates: 9/30/2009 - 9/29/2013 (FY09)
Project Type: Innovation
USAID Mission Contact: Paulyna de Martinez
Project Web Site:

Field Program Manager

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Grant Funding Information

USAID Funding: \$1,749,934
PVO Match: \$437,483

General Project Description

Cotopaxi, Ecuador EONC Project: Child Survival in the Ecuadorian Highlands

In the remote and mountainous province of Cotopaxi, maternal and neonatal mortality rates are among the highest in Ecuador: 102 maternal fatalities per 100,000 births and 8 neonatal fatalities per 1,000 births in 2008 . Many of these deaths could be prevented if women had access to quality essential and obstetric neonatal care (EONC). Health facilities often are unable to respond effectively to emergency situations along levels of care. Cultural barriers also exist: many indigenous women deliver at home with a traditional birth attendant (TBA) who is not trained to provide emergency care.

The Cotopaxi, Ecuador EONC Project's central aim is to reduce maternal and newborn mortality in the province of Cotopaxi. The project builds on work done by the USAID Health Care Improvement Project (formerly the Quality Assurance Project, 1990-2008) and supports the Ministry of Health's strategy to address the country's underlying causes of maternal and neonatal mortality.

The project is developing an integrated network of care that will provide women and their families with a continuum of maternal and neonatal services and establishing referral systems between private and public health facilities at all levels of care. To expand access to disadvantaged and isolated populations, the project seeks to bridge the gap between traditional, culture-based care and evidence-based clinical practices.

The CHS project team offers key services to:

- Develop a network linking community-based providers and health facilities to provide quality EONC services
- Increase community access to, demand for, and use of EONC network services
- Monitor the impact of evidence-based maternal-newborn intervention services
- Work with TBAs to enable them to identify danger signs and risk factors in mothers and newborns and refer them to a skilled-care facility
- Coordinate activities among TBAs, mobile community health teams, facilities that provide skilled services, community leaders, and non-government organizations working at the community level
- Strengthen the cultural acceptability of services at health care facilities
- Strengthen the capacity of health facilities to offer technical assistance to institutionalize quality improvement methods that will increase the quality and availability of EONC care.

Project Location

Latitude: -0.93

Longitude: -78.61

Project Location Types:

Rural

Levels of Intervention:

District Hospital
 Health Center
 Health Post Level
 Home
 Community
 Other: Provincial Hospital

Province(s):

Cotopaxi

District(s):

Latacunga; Sigchos; Saquisilí; La Mana; Pangua; Pujili; Salcedo

Sub-District(s):

Matriz; Eloy Alfaro; Ignacio Flores, Juan Montalvo; San Buenaventura; Alauques; Belisario Quevedo; Guaitacama; Joséguango; Bajo Mulaló; 11 De Noviembre; Poalo; San Juan de Pastocalle; Tanicuchi; Toacaso La Mana; Guasaganda; Pucayacu; Pangua; El Corazón; Moraspungo; Pinllopata; Ramón Campaña; Pujilí; Angamarca; Guangaje; La Victoria; Pilaló; Tingo; Zumbahua; Salcedo; San Miguel; Antonio José Holguín (Santa Lucía); Cusubamba; Mulalillo; Mulliquindil; Pansaleo; Saquisilí; Canchagua; Chantilín; Cochapamba; Sigchos; Chugchilán; Isinliví; Las Pampas; Palo Quemado

Operations Research Information**OR Project Title:**

Role of Traditional Birth Attendants in Post Partum Care

Cost of OR Activities:

\$199,180

Research Partner(s):

Ecuador Ministry of Public Health

OR Project Description:**Brief contextual Background and Problem Statement:**

The Cotopaxi province in Ecuador, with 384,499 inhabitants, has a large rural population (67%) a third of which is Ecuadorian Indian (28%) and the majority of which is poor (90%), with poor access to and low utilization of evidence-based skilled maternal-newborn health care services. Maternal mortality rate reached 180 per 100,000 live births in 2007, and newborn mortality 12 per 1000 live births in 2006, among the highest in Ecuador's provinces. Almost half of all women in Cotopaxi and 71% of Indian women in the province delivered their babies at home in 2004, despite a national institutional delivery rate of 75% at the time. Most deliveries by Indian women are attended by a traditional birth attendant (TBA) with little or no formal training. Typically, the TBA attends the birth but does not routinely provide post-partum services to the woman or her newborn. In general, TBA services for newborns are very limited to non-existent. Home- or facility-based early post-partum services for women and their newborns in the Cotopaxi province are rare, due to numerous variables including a traditional 40 day post-partum confinement period; low rate of institutional delivery; geographic, cultural and economic barriers; and lack of national/regional post-partum care standards and advocacy. Even for women who do deliver in facilities, the woman and her newborn are typically discharged less than 24 hours after birth, with no systematic early post-partum follow of the mother and newborn at the facility. For women with recognized complications at the time of childbirth or during the post-partum period, coordination of care provided by TBAs and that provided by MOH and other institutional facilities is nonexistent for the most part.

It is well established that the majority of childbirth-related deaths for mothers and newborns occur in the immediate post-partum period and during the first week after birth. There is strong recent international evidence for the impact of community-based early post-partum intervention packages for reducing newborn mortality (Baqui et al, 2009; Bang et al, 2005; see references). Early post-partum intervention packages demonstrating outcome impact for newborns have usually included a combination of early post-partum home care by a trained health worker that includes counseling for household best practices, assessment for danger signs, prompt referral and in some cases home-based management of newborn illness or complications (e.g. sepsis, low-birth weight); facility-based post partum care strengthening; and with varying success, community-based BCC interventions.

Problem Statement: Despite strong international evidence for the impact of community-based early post-partum care for improved outcomes for newborns, the majority of women and their newborns in the Cotopaxi province do not benefit from early post-partum care. Poor household compliance with healthy maternal newborn care practices, lack of home- or facility-based early post-partum services, delayed recognition of danger signs and care seeking and a lack of linkages and effective referral mechanisms between TBA home care and formal health system services all contribute to increased vulnerability for women and newborns in the first week after birth in the Cotopaxi province.

Proposed intervention(s) to address the problem and the expected result:

The intervention to be evaluated by the proposed operations research will seek to meet four primary objectives:

1. Introduce early post-partum home based care (within first 1-3 days) by trained TBA's or skilled parish health center workers (EBAS* teams where functioning) that includes high-quality counseling for best routine practices, assessment for and recognition of danger signs and referral of complications identified in mothers and newborns
2. Improve household knowledge and adherence with best practices, including danger sign recognition for mothers and newborns and prompt care-seeking or follow-through with referral for recognized post-partum maternal newborn complications.
3. Strengthen linkages between parish health centers and TBA's in parish health center catchment areas to increase coverage, quality and coordination of home- and facility-based post partum services with an emphasis on improving effective referrals.
4. Improve quality of parish health center early post-partum services for women and newborns as measured by compliance with evidence-based standards of assessment and treatment care, and referral to county or provincial hospital when indicated for identified complications

* An EBAS team (Basic Health Care Team, by its Spanish name) is a new strategy of the Ministry of Health of Ecuador to expand coverage to underserved areas, consisting of an ambulatory team of a doctor, a nurse, a dentist, an auxiliary nurse who do home visits according to a pre-defined schedule.

Partners

Ecuador Ministry of Public Health (Collaborating Partner)	\$0
Center for Population and Social Development Studies (CEPAR) (Subgrantee)	\$5,000

Strategies

Social and Behavioral Change Strategies:	Community Mobilization Group interventions Mass media and small media
Health Services Access Strategies:	Addressing social barriers (i.e. gender, socio-cultural, etc) Implementation with a sub-population that the government has identified as poor and underserved Implementation in a geographic area that the government has identified as poor and underserved
Health Systems Strengthening:	Quality Assurance Supportive Supervision Developing/Helping to develop clinical protocols, procedures, case management guidelines Developing/Helping to develop job aids Monitoring health facility worker adherence with evidence-based guidelines Monitoring CHW adherence with evidence-based guidelines Referral-counterreferral system development for CHWs Community role in supervision of CHWs Community role in recruitment of CHWs Development of clinical record forms Review of clinical records (for quality assessment/feedback) Pharmaceutical management and logistics Community input on quality improvement
Strategies for Enabling Environment:	Stakeholder engagement and policy dialogue (local/state or national) Building capacity of communities/CBOs to advocate to leaders for health
Tools/Methodologies:	LQAS

Capacity Building

Local Partners:	Local Non-Government Organization (NGO) National Ministry of Health (MOH) Dist. Health System Health Facility Staff Other National Ministry Health CBOs Other CBOs Government sanctioned CHWs Non-government sanctioned CHWs TBAs Private Providers (Other Non-TBA)
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Interventions & Components

Maternal & Newborn Care (100%)

Operational Plan Indicators

Number of People Trained in Maternal/Newborn Health
There is no data for this project for this operational plan indicator.
Number of People Trained in Child Health & Nutrition
There is no data for this project for this operational plan indicator.
Number of People Trained in Malaria Treatment or Prevention
There is no data for this project for this operational plan indicator.

Locations & Sub-Areas

Total Population: 384,499

Target Beneficiaries

	Ecuador - CHS - FY09
Children 0-59 months	23,590
Women 15-49 years	44,345
Beneficiaries Total	72,437

Rapid Catch Indicators: DIP Submission

Sample Type: 30 Cluster				
Indicator	Numerator	Denominator	Percentage	Confidence Interval
Percentage of mothers with children age 0-23 months who received at least two Tetanus toxoid vaccinations before the birth of their youngest child	194	462	42.0%	7.4
Percentage of children age 0-23 months whose births were attended by skilled personnel	333	462	72.1%	8.8
Percentage of children age 0-5 months who were exclusively breastfed during the last 24 hours	124	133	93.2%	17.0
Percentage of children age 6-23 months who received a dose of Vitamin A in the last 6 months: card verified or mother's recall	137	329	41.6%	8.8
Percentage of children age 12-23 months who received a measles vaccination	143	203	70.4%	13.1
Percentage of children age 12-23 months who received DTP1 according to the vaccination card or mother's recall by the time of the survey	185	203	91.1%	13.7
Percentage of children age 12-23 months who received DTP3 according to the vaccination card or mother's recall by the time of the survey	146	203	71.9%	13.2
Percentage of children age 0-23 months with a febrile episode during the last two weeks who were treated with an effective anti-malarial drug within 24 hours after the fever began	0	0	0.0%	0.0
Percentage of children age 0-23 months with diarrhea in the last two weeks who received oral rehydration solution (ORS) and/or recommended home fluids	71	131	54.2%	15.2
Percentage of children age 0-23 months with chest-related cough and fast and/or difficult breathing in the last two weeks who were taken to an appropriate health provider	61	88	69.3%	19.9
Percentage of households of children age 0-23 months that treat water effectively	300	462	64.9%	8.5
Percentage of mothers of children age 0-23 months who live in households with soap at the place for hand washing	383	462	82.9%	9.0
Percentage of children age 0-23 months who slept under an insecticide-treated bednet (in malaria risk areas, where bednet use is effective) the previous night	0	0	0.0%	0.0
Percentage of children 0-23 months who are underweight (-2 SD for the median weight for age, according to the WHO/NCHS reference population)	0	0	0.0%	0.0
Percentage of infants and young children age 6-23 months fed according to a minimum of appropriate feeding practices	85	329	25.8%	7.2
Percentage of mothers of children age 0-23 months who had four or more antenatal visits when they were pregnant with the youngest child	316	462	68.4%	8.7
Percentage of mothers of children age 0-23 months who are using a modern contraceptive method	213	462	46.1%	7.7
Percentage of children age 0-23 months who received a post-natal visit from an appropriately trained health worker within two days after birth	7	462	1.5%	1.6

Rapid Catch Indicators: Final Evaluation

Rapid Catch Indicator Comments