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Maternal and Child Health Initiative



MCHI: A Leveraging Success Story

Summary of Study Findings



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Background

The Maternal and Child Health Initiative (MCHI) began in September 2003 and seeks to strengthen maternal and child health (MCH) services in the Russian Federation through the adoption of internationally recognized standards. The project, funded by USAID and implemented by John Snow, Inc. (JSI), has expanded its activities from 2 to 16 regions and has achieved significant programmatic results in less than 3 years. These results include, but are not limited to, family-centered and less invasive delivery practices, increases in exclusive breastfeeding; and better contraceptive coverage and decreased abortion rates, which have all contributed to declines in maternal and perinatal mortality. One of the factors that helped to achieve such results in a relatively short time period was MCHI's ability to leverage resources for program implementation. A special study was conducted January to March, 2006 to document MCHI's leveraging processes and achievements. The study found that MCHI was extremely successful in leveraging a range of resources to support program implementation, expansion, and future sustainability.

This paper presents a summary of the study findings.¹ The figures and information included in this report reflect the teams' best estimate of leveraging results using available information at the time of the study. Given MCHI's success in leveraging, it is likely that the Initiative will leverage additional resources prior to project completion.

Study Methodology

The study began in December 2005 with the development of a leveraging framework and an instrument for data collection. The team reviewed these with MCHI staff and USAID and based on their feedback, revised the data collection instrument. At the request of USAID, the consultants also agreed to primarily focus on the financial resources MCHI was able to leverage. The team used the revised questionnaire during a January field trip to one the MCHI project regions – Vologda Oblast. Here the

consultants interviewed MCHI counterparts to learn about their perception of the benefits of their association with MCHI and to better understand the type and amount of resources they contributed to program implementation. Based on information gathered in Vologda, the team developed additional questionnaires to collect data from other participating regions. A total of 5 regions completed the questionnaires – Vologda Oblast, Tumen Oblast, Primorsky Krai, the city of Barnaul, and the city of Krasnoyarsk. Although only covering 5 of the 16 MCHI regions, these responses demonstrated the breadth and depth of MCHI's leveraging achievements. The challenges associated with collecting this information retrospectively also highlighted the importance of including data on resources leveraged in routine monitoring and evaluation (M&E) systems and beginning data collection in the very early stages of project implementation.

A Leveraging Success Story

For every dollar MCHI spent in Vologda Oblast, it was able to leverage \$21 in support of maternal and child health.

For every dollar MCHI spent in Tumen Oblast, it was able to leverage \$70 in support of maternal and child health.

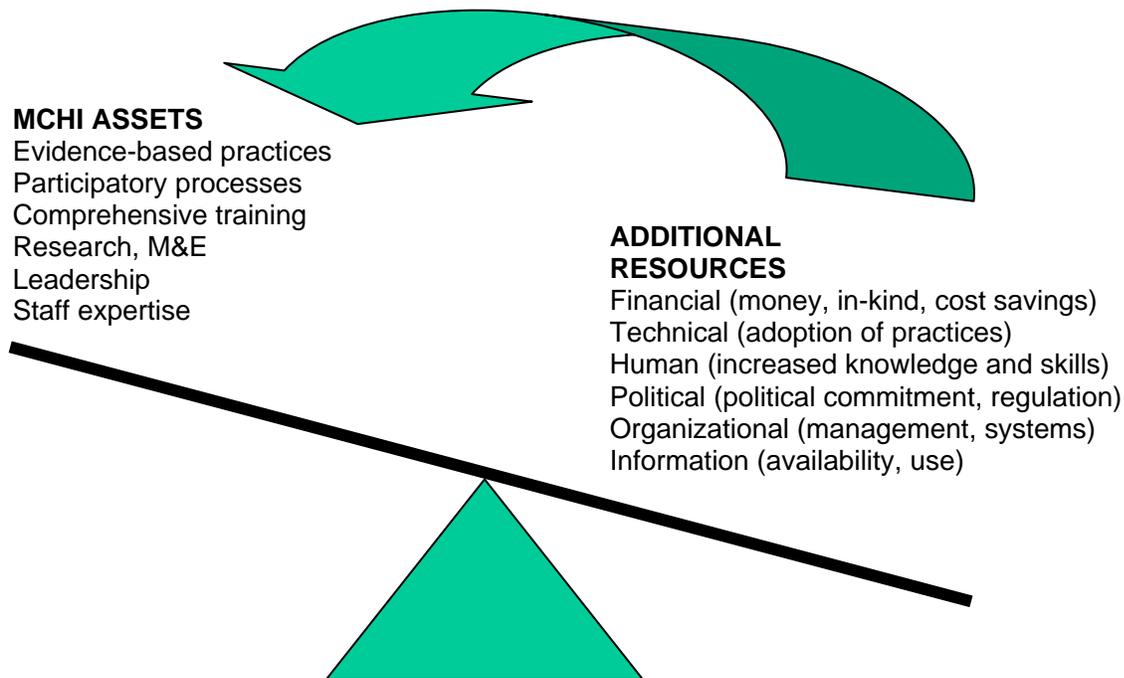
For every dollar invested by USAID, MCHI was able to leverage over \$6—based on data from only 5 of 16 regions. When extrapolated to all 16 regions, this figure doubles to \$12 leveraged for every dollar invested.

¹ A copy of the full report is available upon request.

Definition of Leveraging

The study defined leveraging as the process of mobilizing additional resources to support program implementation, continuation, and expansion. The underlying principle behind leveraging is that something of value (organizational assets) is offered in exchange for these additional resources. Leveraging works as a *cyclical* process: once leveraged, additional resources become assets for MCHI and can, in turn, attract additional resources. Hence every cycle results in an expanded set of assets and new leveraging opportunities for MCHI. See Figure 1.

Figure 1: Leveraging Framework



Assets Used to Leverage Resources

MCHI actively used its assets to attract a wide range of additional resources. The study found that MCHI partners greatly value their work with the project and that this motivated them to contribute their own resources for project implementation. Interview respondents cited a number of real benefits to their participation in the program. These included:

- **Evidence-based practices:** Those interviewed consistently mentioned their appreciation of the evidence-based practices introduced by MCHI. In Vologda, people said that changing practices was extremely difficult as providers, administrators, and even clients were used to the old way of providing maternal and child health services. This view was expressed by a senior health administrator, who used to say “change anything you want, but not OB/Gyn practices.” However, once they saw the results of the improved practices, their perceptions changed and their willingness to contribute time, money, and other resources grew.

Box 1: Respondents' comments related to the changes in practices

- The hospital is no longer a jail for women and babies
- Before it was like a dairy farm—now women are treated humanely
- Changed mentality and stereotypes

- **Participatory processes:** Vologda respondents expressed their appreciation of the participatory processes used by MCHI. Their first exposure to this participatory approach was in the establishment of a regional level working group that included representatives of the health authority, participating facilities, area medical schools, and other key individuals. Respondents said MCHI's participatory approaches soon extended "both horizontally and vertically" and resulted in new partnerships between regions, within the regions, and within individual health facilities. This even extended to the broader population, where "patients became partners in the process of service delivery."
- **Comprehensive training:** Perhaps the MCHI asset that was most mentioned by counterparts was the exceptional training the project provided. As one respondent in Vologda said, the training "served as a trigger to change old practices and melt resistance." Respondents praised not only the technical content of the training, but also the participatory methodology and interactive approach that was used.
- **Research and M&E:** In support of its evidence-based practices, MCHI conducts research and established a robust M&E system. It provided technical assistance to its partners in M&E and in the use of the information collected for strategic planning and management. Although respondents mentioned that the burden of data collection had increased, those interviewed agreed that having and using data was an important benefit of working with MCHI. Respondents in Vologda said that their M&E activities provided evidence of improved facility performance, quality outcomes and high satisfaction of all parties involved (patients and providers).
- **IEC activities and materials:** One of the benefits provided by MCHI was clearly evident when touring participating maternal and child health facilities in Vologda—the IEC materials. All the pilot facilities used the MCHI materials, which were predominately displayed in waiting rooms, offices, and exam rooms. The team even saw MCHI materials in non-pilot facilities. The partners interviewed clearly valued the materials, using their own resources to adapt and reproduce them. They also appreciated the educational activities with the general population. As one respondent said, "It is such a pleasure to work with more informed and educated patients."
- **Leadership and staff expertise.** This area is less tangible than the other MCHI assets, but it clear to the team that MCHI's strong leadership and staff expertise served as a foundation for the other assets described above. One person described the MCHI Chief of Party as a driving force behind the success of the project and noted her highly successful "marketing" of the program to leaders at all levels. It was also noted that she was a model for creating change agents within the system at all levels.

Resources Leveraged

In return for these benefits, project partners offered their existing resources and mobilized additional ones to implement and expand the program in their regions and facilities. The study examined a broad range of resources, including political, financial, human, technical (technological), organizational, and information. The different types of resources are interrelated. Political commitment is likely to manifest itself in financial allocations. Financial resources, in turn, allow for human and technological inputs, which evolve from and with organizational and information resources. MCHI successfully leveraged all of these resources.

Financial Resources Leveraged

For every dollar invested by USAID², MCHI was able to leverage over \$6 in additional financial resources. This includes cash allocations, in-kind inputs (e.g. time, equipment) and the potential cost-savings from using the MCHI practices. The specific breakdown of financial resources by type and source of support is provided in Table 1.

Table 1: Resources Leveraged During MCHI's Implementation Period, USD

Level of Leveraging	Cash Allocations	In-kind Inputs	Potential Cost Savings
International	\$222,000+ ³	\$730,000+	Not available
Federal	\$23,857,167+	Not available	Not available
Regional & Municipal	\$18,107,575+	Not available	Not available
Facility	\$3,949,149+	\$1,616,932+	\$4,593,241+
<i>Subtotal by Type</i>	<i>\$46,135,891+</i>	<i>\$2,346,932+</i>	<i>\$4,593,241+</i>
<i>Total Leveraged Amount</i>			<i>\$53,076,064+</i>

The figures in Table 1 reflect:

- Increases in federal, regional, and municipal funding for MCH over the course of the project;
- Construction, renovations, and equipment to support MCHI practices;
- Expansion of MCH-related benefits, including provision of free contraceptives;
- Private donations and support from individuals and corporations;
- Increases in revenue earned from paid services;
- Support from other donors and donor-funded projects (e.g. UNICEF, Healthy Russia 2020);
- In-kind provision of time, space, equipment, and materials; and
- Potential savings from reducing unnecessary interventions during delivery and lowering the average length of inpatient stay for mothers and infants.

The figures are an underestimation of what MCHI has been able to leverage, as they only include the regional, municipal, and facility cash contributions from the five reporting regions. If the reported cash allocations from these levels were extrapolated to all 16 participating regions, the amount leveraged by MCHI would increase by \$48 million—almost doubling the leveraging figure from Table 1. This larger figure is supported by additional analysis of MCHI spending and the amount leveraged from two of its most active regions, Vologda and Tumen Oblasts. In Vologda, MCHI spent \$335,300

² The figure used as USAID's investment is \$8,499,000. This includes all funding allocated to MCHI by USAID, excluding a \$1 million sub-contract to the Vishnevskaya-Rostropovich Foundation and a \$500,000 sub-contract (pass-through funding) to Future of Russia Foundation.

³ Symbol "+" indicates that the figures are an underestimation of what MCHI has been able to leverage.

and leveraged over \$7 million, a ratio of 1:21. In Tumen, an economically strong Oblast, MCHI spent \$227,300 and leveraged over \$15.8 million, a ratio of 1:70.

As there was a significant variation among the regions that reported, the team is not confident that the average from the five regions that completed the questionnaires is an accurate reflection of cash allocations in other regions. Nor that the experience in Vologda and Tumen is representative of the other pilot regions. This is why the more conservative estimate of MCHI leveraging \$6 for every one dollar it spent is used in the report. Even this underestimation of \$53 million leveraged demonstrates MCHI's success at leveraging financial resources.

Other Resources Leveraged

Financial resources are only one type of resources that MCHI successfully leveraged. Highlights of other resources successfully leveraged by MCHI are presented below.

Political resources: During the team's discussions with MCHI staff and partners, it was clear that political commitment and support was a critical resource for the successful implementation of MCHI practices and a key driver for program expansion and continuation. Political commitment resulted in an improved policy environment for maternal and child health services, additional financial resources for MCHI-related activities, and strategies to expand MCHI practices beyond pilot facilities. An example of political commitment and support comes from Vologda, where the Regional Health Authority signed an order to launch MCHI activities, allowing MCHI practices although they differed from the national standards. It also prepared a strategic plan and allocated public funds to roll out MCHI's practices beyond the pilot facilities to include all facilities by 2007.

Organizational resources: This resource category includes changes in the organizational systems that are used in the implementation of MCHI practices, the organizational culture, organizational reputation, and established partnerships with other facilities/organizations/regions. Some examples of organizational resources leveraged by MCHI include:

- *More participatory and data-driven management and decision making in pilot facilities.* In Vologda maternity hospital № 1, a facility coordination committee that includes key management, administration, and clinical staff meets every quarter to assess business performance and quality of services and suggest any required improvements.
- *Increasing reputation and competitiveness of those medical facilities participating in MCHI.* More and more patients are choosing those facilities that have implemented MCHI practices. The delivery ward of the Vologda city maternity hospital № 1 serves about 26% of non-Vologda patients, who choose this facility over the regional maternity hospital where they would typically seek care.
- *Forming an informal MCH network within a region to ensure continuity of care.* The chief pediatrician of Vologda Oblast stressed that one of the strongest features of MCHI training was that it involved several different facilities and different specialties within the facilities. This served to make a fragmented system of care and disconnected practices to become more integrated, improving care for the patient along the entire continuum. This partnership is critical for improved health outcomes and has the potential to go beyond MCHI's practices.

Information resources: MCHI partners contribute a significant amount of information resources toward program implementation and expansion. These resources include the collection and use of information for managing program activities and sharing results, accessing and applying information on

evolving evidence-based practices, and development of materials to educate clients and inform the broader population on key family planning and MCH issues. The Vologda visit and other interviews provided a number of examples of the range of informational resources leveraged by MCHI.

- *Broad use of MCHI-related information.* Participants of an M&E workshop (Moscow, January 16-18, 2006) said that they used MCHI-related data and information for:
 - Planning and implementing quality of care improvement programs;
 - Planning training activities for staff;
 - Training students on healthy lifestyle issues;
 - Educating the public on MCH-related topics;
 - Reporting and disseminating key findings; and
 - Professional exchange and technical discussions on issues under debate (e.g. labor pain relief options).
- *Greater use of data collected from patients.* Respondents at the M&E workshop pointed out that only MCHI participating facilities and health administrations collected patient survey data. They found this data useful for many practices beyond those introduced by MCHI and said that they will continue to collect and process such data after the project ends.
- *Adoption of a multi-sectoral approach to communication.* Vologda respondents said that they learned a multi-sectoral approach to communication through their participation with MCHI. They mentioned how they had not been successful in introducing family planning early on in the project. However, based on what they learned in implementing other MCHI practices, they felt they were ready to focus once again on family planning. One of the first activities planned was a roundtable on the healthy family, which included participants from the health, education, social, and youth sectors.

Technological/technical resources: These include adoption of new clinical practices, ownership for innovations and enhancements made beyond the MCHI basic practices, intellectual inputs to support and expand project activities, ability to gain efficiency and effectiveness, and introduction of client relations/customer service. The Vologda region provided a number of examples of these resources.

- *Changes in clinical practice.* By bringing evidence-based approaches, MCHI has influenced the thinking and attitudes of managers and healthcare providers. Respondents said that they assess their practices differently and feel motivated from the innovations and improvements they make. For example, maternity hospital №1 in Vologda city not only trained personnel and implemented the clinical protocols proposed by MCHI, but also applied the same approach to clinical management and practice in other areas.
- *Adoption of MCHI practices into medical curricula.* Medical schools have adopted both MCHI's training content and methodology in their pre-service, in-service, and continuing education programs. For example, Vologda Nursing College adapted its current pre-service and in-service courses to incorporate some of MCHI's new practices related to breastfeeding, family planning, and antenatal care. It also developed a new certificate course to be introduced in the next academic year on modern technology in OB/Gynecology and budgeted money to cover region-wide roll-out.

Human resources: This category includes the number of people involved in implementing a program, the workforce composition, knowledge and skill-mix of health providers, evolutions in client interaction, and the attitude, motivation, and satisfaction of those involved in MCHI. MCHI was able to leverage all these aspects of human resources. Some highlights include:

- *Multi-disciplinary team building.* Many respondents emphasized that MCHI’s participatory processes connected and integrated people across governance hierarchy, specialties, facilities, and regions. Respondents said that this improved their work relationships, productivity, and performance. By involving different levels and specialties in the MCHI training, MCHI set a unified objective for all – healthy mothers and children. Instead of fragmented service delivery across facilities and physicians’ groups, an integrated approach became routine. Those involved in MCHI have applied these multi-disciplinary approaches to other areas of collaboration and partnering.
- *Composition of clinical staff.* MCHI partners have undertaken structural changes in their human resources to better implement the MCHI practices. These and other human resource changes are included in Box 2 below.

Box 2: Changes in Human Resources in Vologda

- Changed staff composition in participating facilities to include more midwives and nurses
- Changed roles and responsibilities among midwives and nurses (more responsibility and creative work)
- Introduced additional full-time equivalent positions
- Changed skill mix and knowledge of evidence-based practices
- Improved motivation and job satisfaction among providers
- Established new approach to interacting with patients and their families (appreciate patients' rights and awareness)
- More active in proposing and implementing changes and improvements

Conclusion

It is clear from the examples and data presented above that MCHI has been extremely successful in leveraging a full range of resources. These additional resources clearly contributed to achieving MCHI’s results by allowing it to better implement and expand its program activities. Specifically, the resources MCHI leveraged:

- Enabled it to cover more pilot regions and facilities;
- Provided regions with the opportunity to expand the program beyond pilot facilities;
- Allowed facilities to apply MCHI’s approach to other health services;
- Enabled partners to more rapidly and thoroughly implement MCHI practices; and
- Established a sense of ownership among pilot regions and facilities.

All of this led to the main result of MCHI and partners efforts: More women and children benefited from receiving services that met the highest international standards. They experienced better health outcomes and a greater level of satisfaction in the services they received. These results are summarized in Box 3.

Box 3: Illustrative MCHI Programmatic Results

1. Reached over ten million clients at 180 health facilities, including clients at over 73,000 deliveries.
2. Increased beneficial evidence-based practices from 50% to 76% at targeted facilities, while reducing non-beneficial non-evidence-based practices from 65% to 36% in less than two years.
3. Reduced the perinatal mortality rate (between 2003 and 2006) from 12.2% to 9.9% in selected regions and from 9.3% to 7.1% in targeted cities.
4. Reduced the abortion rate (between 2003 and 2006; per 1,000 women of reproductive age) from 47 to

- 45 in the selected regions and from 46 to 41 in targeted cities. This represents a more rapid reduction in MCHI intervention regions than the overall national downward trend.
5. Reduced unplanned pregnancies by 13% and increased use of modern contraceptives by 31% in MCHI regions.
 6. Increased client satisfaction with care and services offered at participating facilities

Leveraging also greatly increases the likelihood that the MCHI practices will be sustained and, in some cases, even expanded beyond the project period. The professional community is seeing the results from MCHI's practices and wants to apply them in their own facilities. The public has learned of the improved practices and is demanding that the services they receive comply with them. The findings also demonstrate that many of the MCHI practices have become institutionalized within the pilot facilities. As one respondent in Vologda said, "We can not imagine going back to the old way of doing things".

Why has the project been so successful at leveraging? It can be attributed to several factors. One was the competitive selection of participating regions, which brought real commitment and a willingness to change among selected regions. Another was MCHI's focus on evidenced-based practices, which produced visible and measurable results, encouraging participating regions and facilities to commit more resources for implementation and to apply MCHI approaches to other services and facilities. MCHI also developed synergies among facilities within individual regions and between participating regions that facilitated their ability to achieve results and mobilize additional resources. Finally, there was a favorable economic environment. During the years of MCHI project implementation, Russia experienced economic growth and annual increases in national health care spending, much of it focused on improving maternal and child health.

MCHI's experience in leveraging various resources presents a best practice that is worth emulating in other programs.